

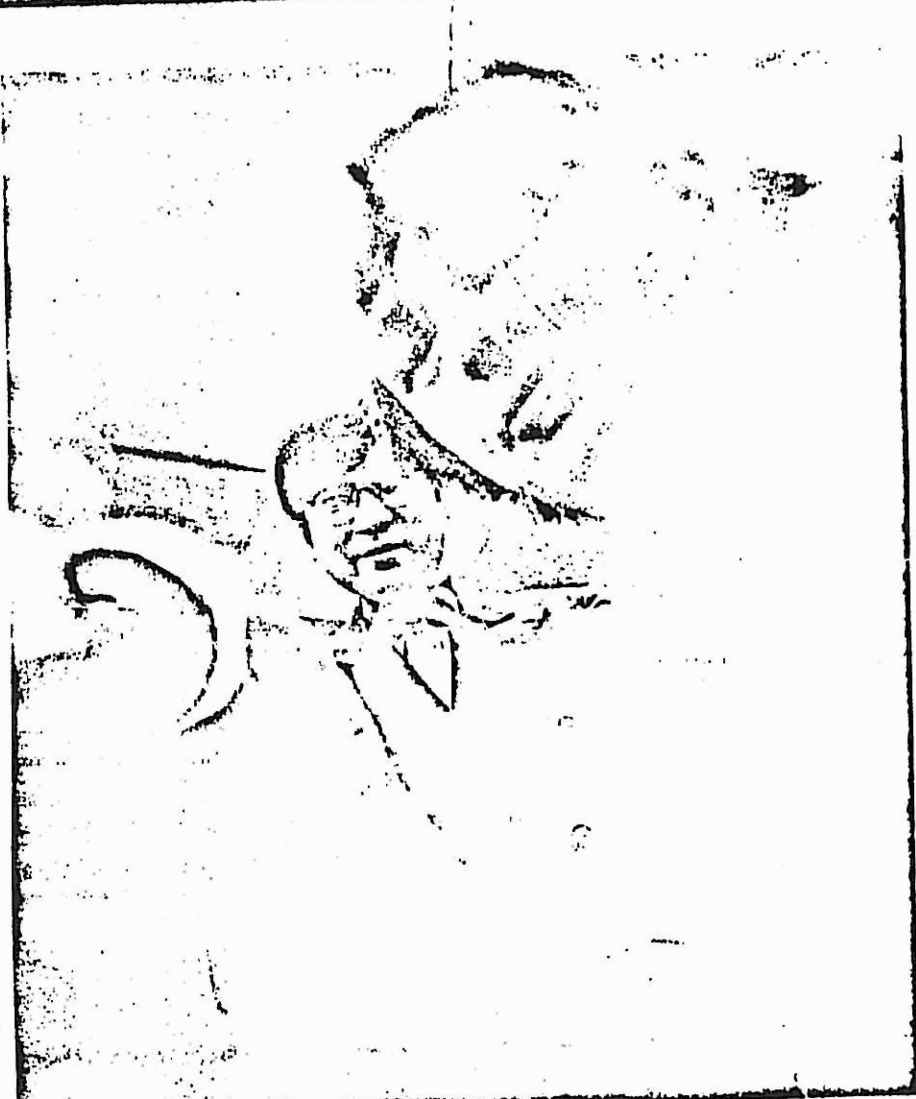
If there's no memory loss,
how can he obliterate a personality?

Issued as a service to the
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Laboratories, Division of
Hoffmann-La Roche Inc.,
Nutley, N.J. 07110
Prepared by
World Wide Medical Press

Frontiers of Psychiatry

File: *Green Dunge*

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Photographer's conception of a woman awakening in a confused, childlike state after electroshock shows what she might see upon opening her eyes: her husband offering her a baby bottle and calling her by a new name, and H. C. Tien, M.D., M.S.E.E., directing the "psychosynthetic" reprogramming process.

**Changing
Concepts**

Electroshock: key element in personality-changing therapy

AT THE CORE of "psychosynthesis," the television-linked cybernetic system of private family psychiatry developed by H. C. Tien, M.D., M.S.E.E., of Lansing, Mich., is the use of "electrolytic" therapy or "ELT," a 3-phase process that includes inducing the patient to recall disturbing memories, selectively "erasing" those memories with electroshock, then "reprogramming" the patient's personality. Part I of this article

[see ROCHE REPORT: FRONTIERS OF PSYCHIATRY 2(18)1, Nov. 1, 1972] focused on Dr. Tien's use of TV cameras, monitors and videotape machines to assist in eliciting and storing the verbal and non-verbal "information" that needs to flow between patient and therapist or patient and patient.

Part II continues Dr. Tien's discussion of the case of Peggy, who wanted to save her marriage to Nick by becoming

ing a new personality named "Belinda." Candidates for personality change ordinarily receive one series of 10 ELT treatments. Peggy/Belinda, however, required a second series.

"During that first series, Peggy went through an acute paranoid episode, almost akin to a paranoid schizophrenic reaction, accusing the nurse of poisoning her and saying that people were watching her from outside and trying to shoot her. But this cleared quickly," Dr. Tien continued in the interview with ROCHE REPORT. "Belinda requested the second series of ELTs, saying, 'I know I need more. Peggy is still there.' There was no paranoid reaction the second time around. Belinda is more balanced, more mature and adaptable in social situations than Peggy was. Now, as Belinda, her marriage is reasonably stable. The improvement in the marriage had a direct impact on Kyle, who was practically mute and troubled by nightmares, sleep disturbance, bedwetting, hyperactivity and aggressive behavior. He became a relatively normal boy after Belinda completed the second ELT series."

"The transformation of Peggy into Belinda brings up an interesting question," Dr. Tien continued. "Why can't an established personality be easily transformed with simple psychotherapy or marital therapy? I suspect it may be because the paranoid phase that Peggy went through was the locus of her resistance—a tremendous paranoid barrier to any kind of modification. There is room for a great deal more theoretical work on this as well as its practical implications, especially in the use of ELT in penology."

"Classical electroconvulsive therapy does not take advantage of retrograde amnesia, nor does it include reprogramming," Dr. Tien went on. "Instead, the effort there is to reduce memory loss as an undesirable side effect. But we have gone in the other direction. Our attempt is to selectively maximize memory loss—and for a very good reason."

"Norbert Wiener's book, *Cybernetics*, should be required reading for every psychiatrist. He has a chapter on psychopathology and memory—and the principle is there. What disturbs the disturbed patient is the memory. Erase the

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Psychosynthesis

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memory, and it cannot disturb the patient any longer.

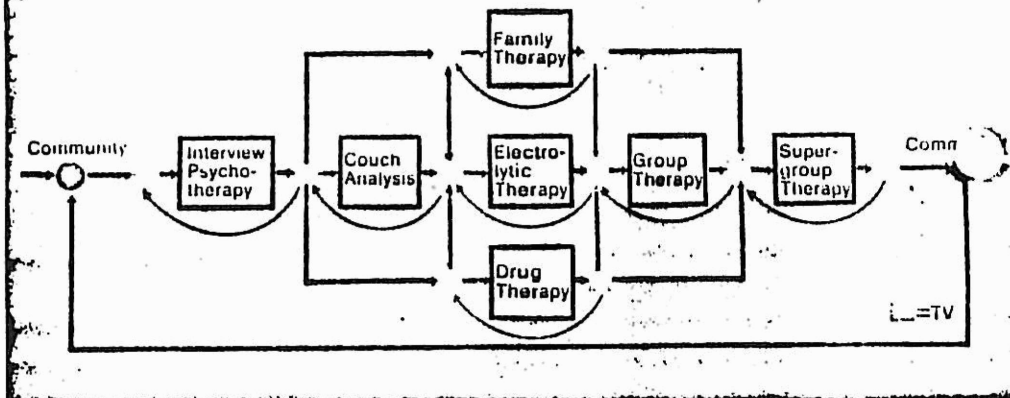
"I had been using the classical approach for some time. Then I tried activating the patient, bringing his traumatic experiences to the fore, then using the current to erase the information. But I didn't do reprogramming. That didn't start until 1964."

Who participates in the reprogramming of a patient is important. Dr. Tien selects that person on the basis of a number of criteria, the main one being someone who initially is alienated from the patient emotionally but with whom the patient wants or needs to be closer. In cases similar to Peggy's, the choice is obvious, since the couple had grown apart but really wanted to stay together. Nick was the one to be trained in the reprogramming technique. In other cases, stepfathers, mothers, siblings or even friends have been asked to serve as re-programmers.

Dr. Tien uses chocolate milk in the reprogramming process because adults seem to prefer it to plain milk. During the first few ELT sessions, he stands by, directing the programmer as necessary in what to say and do. As the programmer becomes more skilled and knowledgeable in what to do, Dr. Tien may leave after the lytic phase to attend another patient. "ELT represents a union between Pavlov and Freud, conditioning as well as transference," he said. "In the patient's reorientation to the world, the reprogrammer is the primary contact."

The level of current used in ELT usually approximates that of classical electroshock. Sometimes, however, Dr. Tien uses a somewhat higher current to achieve greater erasure. Also, with patients who have aggressive tendencies, he uses intramuscular phenothiazine to ward off hyperactivity during the post-lytic infantile state. "But I do not use any anesthetic," he said emphatically. "That would reduce the patient's ability to communicate. And besides, ELT contains its own built-in electroanesthetic."

Psychosynthesis as a total, television-linked therapeutic system began to evolve in 1956. "I was at a crossroad myself in which way to go," Dr. Tien said. "Traditional approaches to therapy were being criticized. At the same time, the demand for service was very great. Many of my colleagues took the psychoanalytic path. But I began to feel that even if all physicians became psychoanalysts, we still would not have enough. We needed something more. That was when I began to turn toward technology as a way of solving the manpower problem and improving services



Block diagram shows variety of therapies patient in "psychosynthesis" may receive and how modern TV technology is used to connect the system and to increase information flow between patient and therapist.

to patients." For Dr. Tien, turning toward technology also meant acquiring a master's degree in electrical engineering.

Dr. Tien estimates that a hard-working psychoanalyst can see at most 10 patients a week in 40 visits of ¼ hour to 1 hour each and at a weekly cost to the patient of \$100 to \$250. An equally hard-working eclectic psychiatrist, seeing couples and children and using brief sessions for chemotherapy, he says, can see 50 patients a week in 100 sessions, ¼ hour to 1 hour each, at a cost of \$10 to \$150 per week per patient. A psychosynthesisist, however, with no other psychiatrist on staff, can handle 200 persons a week, in 400 visits lasting from ¼ to 1½ hours each—without counting as visits the therapeutic hours in the coffee shop. Further, some families in psychosynthesis have produced what Dr. Tien describes as "negative fees." By working in the coffee shop and getting paid for getting well, some have earned as much as \$25 a week more than the cost of therapy. Thus, he states, the cost per week to a family in his program ranges "from -\$25 to +\$100."

"I am not trying to do something *de*

Group therapy for up to 30 patients focuses on situational problems and seeks realistic solutions.



novo as much as trying to build on other people's work," Dr. Tien continued. "This is a distinct departure from the competitive schools of thought in psychiatry. The Freudians, Sullivanians, Adlerians and the others all compete. But here we are trying to apply unifying principles—information flow with television as the means of communication in the 'general systems' approach prophesized by Grinker and von Bertalanffy."

"A psychosynthesisist is a generalist, a family practitioner receiving referrals from all sources—physicians, schools, relatives, friends or families of patients or former patients. This is part of our 'general systems' approach," Dr. Tien continued. "I see acutely psychotic patients, patients with compulsive neuroses, depressions brought on by diabetes or ulcerative colitis, behavior disorders in children, shoplifting in teenagers, alcoholism, drug addiction—you name it. This is probably not very different from the usual range seen by eclectic psychiatrists. But in the preventive area, I do try to work to avoid recurrence. For example, the family of a teen-ager caught shoplifting does not want to go through the experience again, so we have family therapy on a preventive level."

Dr. Tien does not "terminate" patients in the usual sense. As a family psychiatrist, he tells patients that they can come less or more often as they feel the need. "I'm here," he says, "and there is no termination. I am beginning to see the second generation now. Patients who first came to me when they were in college are now raising their children. The child may have a bed-wetting problem or whatever. They know I'm here. I believe a psychiatric service should be just like general medicine—a right that everybody should have in the long run. The only reasons it has been otherwise are because of preconceived notions of unavailability or ineffectiveness or economic hardship on the families."

Dr. Tien gets considerable personal satisfaction out of his work. "I am happy

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Psychosynthesis

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to go home and happy to go to work," he said. "Whenever you have results you can see, then the process is personally rewarding. This is probably true of any kind of activity. Good results reinforce the work, overcome self-doubt or other anxiety-provoking feelings." He feels there is less pressure on him now than before. He has even had time to serve as the editor of the *World Journal of Psychosynthesis*, a monthly publication, and to send regular progress reports to all physicians who refer patients.

Psychosynthesis, Dr. Tien believes, should work even better in a city larger than Lansing. "Psychosynthesis is an expanding system," he said. "Our equipment is now of medium size. Like any form of technology, as you serve more people, the per unit cost goes down. Then, too, a certain amount of continuous growth is necessary in order to innovate. I don't know what the optimum size is yet. It would be possible to enlarge the staff, have additional psychiatrists, TV programmers and others."

Dr. Tien estimates that his investment in video equipment is something on the order of \$100,000. But his is "an elaborate system" that has grown over the years. A psychiatrist who wanted to start out in a small way, he says, would need only about \$3,000 for a basic system.

No waiting list

Before his system of psychosynthesis was devised, Dr. Tien used to have a 6-month waiting list. Now there is no waiting list, and he feels that with more equipment and treatment rooms he could handle more patients. "We are also creating a new parapsychiatric profession, that of a TV programmer," he said. There are 2 full-time TV programmers on his present staff. Both are graduate students, one in psychology, the other in sociology. The rest of the office staff consist of a full-time receptionist, 2 part-time secretaries, a part-time bookkeeper, the registered nurse and an editorial assistant.

Dr. Tien is not bound by notions that the therapist should or should not be directive. "If you are a physician, you cannot stand by and let somebody bleed to death," he said. "In psychosynthesis, we respond as the occasion demands. A patient once threatened to kill his wife and her lover. I couldn't be wishy-washy in a crisis of that kind. I hospitalized and sedated him. With his permission, I let his wife see the videotape of our discussion and suggested for her own safety that she move to her mother's place. She did this, and a possible tragedy was



"Supergroup" therapy in patient-run coffee shop provides testing ground for new personalities.

avoided. On the other hand, if the problem is one of guidance—a student, say, who is undecided as to what profession he wants to go into—then I am nondirective. We explore the alternatives and the student makes up his own mind."

"As a video psychiatrist, I can see that a new branch of medicine is emerging," Dr. Tien said as the interview drew toward a close. "I call it videology. It's very much like radiology. The radiologist takes a film of the chest, then studies it and interprets his findings for the internist. Similarly, there is no reason why the internist or general practitioner with a depressed patient could not make a videotape of that patient and send it to a psychiatrist for evaluation. The technology is here; the art is not yet developed, but it will come—perhaps sooner than many people think!"

To psychiatrists who are humanistic both by training and personal inclination and who have not yet had the experience of working with psychosynthesis or seeing the system in actual operation, the approach may seem mechanistic and impersonal. "This is not so at all," Dr. Tien summarized. "The system is linked by technology but infused with warm human communication. The fusion of many ideas, many minds, releases tremendous amounts of creative human energy. With the help—not the domination—of modern TV technology, the psychiatrist can organize all the patients and families under his care into a truly therapeutic community, where families learn from the psychiatrist, the psychiatrist learns from the families, the families learn from each other, and all work together unceasingly for world community mental health."