

FINAL PAPER

TITLE: Psychopathology as a function of unconscious conflict and neuroticism with support for the projective hypotheses

RESEARCHER: Dr. Larry D. Smyth, Department of Psychology and Special Education

Clinical psychology has long been hampered by the lack of appropriate experimental paradigms and has had to rely on correlational approaches in the field to study psychopathology. This has been most unfortunate since causal relationships could not be established, and many variables that clinicians felt were important determinants of psychopathology could not be studied in the field. The psychotherapist's office simply did not offer sufficient control to study the variables in question in isolation, and it frequently confounded them. This was a particularly difficult problem for psychoanalytic constructs; and many individuals relegated psychoanalytic theory to the scientific waste-bin, since they felt that these constructs could not be tested empirically. Recently however, two line of research investigating psychoanalytic constructs have had sufficiently rigorous methodologies to pass the scrutiny of the scientific community. Lloyd Silverman of New York University has used subliminal perception to activate unconscious conflict already existing in neurotic and psychotic patients; and Joseph Reyher, of Michigan State University, has used hypnosis to implant unconscious conflicts in "normal" college students. Both approaches have successfully generated psychopathology in the laboratory; and in so doing, they have supported some of the major tenets of psychodynamic theorists.

The current research followed Reyher's lead in using hypnosis to implant conflicts which are activated post-hypnotically with the intent of generating psychopathology. The hypotheses tested were as follows: (H1) Psychopathology is a function of unconscious conflict; (H2) Psychopathology is a function of an interaction between unconscious conflict and Neuroticism as measured by Eysenck's Personality Inventory; (H3) Unconscious conflict involving aggression directed at an authority figure who is physically present and with whom the subject has interacted (interpersonal conflict) will be more pathogenic than an unconscious conflict involving aggression directed at a fictitious authority figure (intra-psychic conflict); (H4) The type of psychopathology experimental subjects manifest will be a function of an interaction between Neuroticism and Extroversion; (H5) The type of psychopathology experimental subjects manifest will be a function of their defensive styles; (H6) The amount of anger projected into the Thematic Apperception Test (TAT) is a function of the amount of anger the subject consciously experiences while taking the TAT; (H7) Experimental subjects given an unconscious conflict will project more elements of that conflict into their TAT stories than control subjects.

Procedure. Eighty-five students volunteering for research involving hypnosis were given Eysenck's Personality Inventory, the Group Embedded Figures Test, and the Defense Mechanisms Inventory. Then the volunteers were given the Harvard Group Scale of Hypnotic Suggestibility, and the 40 volunteers scoring the highest on the HGSHS were invited to participate in a second hypnotic session. During this session, the potential subjects were given the Stanford Hypnotic

Susceptibility Scale, Form C, to further assess their hypnotic ability. The 30 top scorers on the SHSS:C were then invited to participate in the research proper. They were advised at that time that "some subjects in similar types of research have experienced mild to moderate distress". All 30 initially agreed to participate, but 5 of them later declined. Four of the 5 were replaced with individuals taken from the remaining 10 potential subjects. These 29 subjects were split at the median of their neuroticism score into two groups, and then subjects in each group were randomly assigned to either the Control (No Conflict) condition, or one of the two experimental conditions (Intrapsychic Conflict, Interpersonal Conflict). At the beginning of the experiment proper, all subjects were again informed that "some subjects in similar types of research have experienced mild to moderate distress", and they were offered the opportunity to decline to participate. None did. Subjects then were hypnotized; one of three paramnesias (made-up stories) implanted, and amnesia (repression) for the paramnesia was suggested. Subjects also were told under hypnosis that they would reexperience the feelings associated with the paramnesia whenever the experimenter asked them to pick up a TAT card. In the case of experimental subjects, the feelings activated were of anger and of an impulse to rip up the TAT cards, while the feelings of the control subjects were of relief and a desire to touch the TAT cards. Subjects then were awakened and repression assessed. Three of the subjects were dismissed from the research at this point because they were able to recall most or all of the paramnesia, i.e. repression had not occurred. The remaining 26 subjects were then administered 5 TAT cards by a second experimenter, who was blind as to which paramnesia the subject had received; and the subjects were asked to make-up stories for each TAT card. After the last TAT card, subjects were asked to fill out the Symptom Checklist-90 (SCL-90), a self-report measure of psychopathology. The blind experimenter also rated subjects' psychopathology by filling out an SCL-90 for each. Subjects then were rehypnotized and the paramnesia removed, making sure that no subject was experiencing any negative sequela before allowing him/her to leave the experimental room. Seven to 10 days later, the subjects were brought back together again in a group setting and asked to fill out the SCL-90 once again. This time they were asked to rate how much psychopathology they had experienced since the end of the experiment. Finally, they were given the following three brief essay questions: 1) Do you feel you benefited in any way from your participation in this research? If so, how? 2) Do you feel you were in any way harmed by your participation in this research? If so, how? 3) Knowing what you now know, would you have agreed to participate in this research? If not, why not? After answering these essay questions, the subjects were debriefed as to the purpose and findings of the research in which they had participated.

Results. Hypothesis (H1) received support. Subjects receiving the conflictual paramnesias manifested significantly more psychopathology than did subjects receiving the neutral paramnesia. More specifically, experimental subjects experienced more depression, anxiety, obsessive-compulsive symptoms, phobic anxiety, interpersonal sensitivity, paranoid thoughts, and psychotic symptoms than did the controls. Somatic complaints was the only type of psychopathology on which the control and experimental groups did not differ. Hypothesis (H2) also received support as there was a very strong interaction between conflict and Neuroticism. Subjects who were high on the Neuroticism scale and who also received a conflictual paramnesia had much more psychopathology than did subjects who scored low on the Neuroticism scale and who also received a conflictual paramnesia. Hypothesis (H3) was not substantiated as there were no differences in the amount or

type of psychopathology generated by the two different conflictual paramnesias. In the case of hypotheses (H4) and (H5) moderate correlations in the predicted direction were obtained, but the correlations failed to reach statistical significance because of the small number of subjects employed in their calculation. Hypothesis (H6) was substantiated as the correlation between consciously experienced anger and the amount of anger projected into the TAT stories was significant, with the experimental subjects consciously experiencing and projecting more anger than the control subjects. Hypothesis (H7) was supported by a great deal of evidence indicating that unconscious material was projected into the TAT stories told. The results also indicate that unconscious material of a pathogenic nature is less well integrated and less disguised when it is projected into a TAT story than is unconscious material of a non-pathogenic nature. Finally, it was found that the experimental subjects experienced no more psychopathology subsequent to the experiment than did the control subjects. All 26 subjects reported that they felt that they had benefited from their participation in the research; and they all reported that they would participate again, despite some having experienced a significant amount of distress during the experiment.