

97-1

INVOICE CHECK LIST

INURPA Subproject 97

AG Date of Original Authorization	Period Covered	Time Extended To	Allotment Number	Amount of Collection
11 August 1959	6 mos.		0525-1009-4902	\$ 8,750.00


Additional Authorizations	Period Covered	Time Extended To	Allotment Number	Amount of Collection
#2			0525-1009-4902	\$ 8,750.00

Invoice Number	Date	Amount	Balance
#1	25 Aug 59	8,750.00	_____
#2	2 Feb 60	8,750.00	_____

REMARKS:

97-2

Nov. 1, 1962



Final Accounting  C

Balance Sept. 30, 1960 8,247.02

Disbursements:

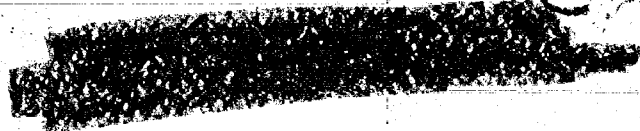
Salaries and wages	4,757.70
Supplies and Services	1,063.65
Equipment	2,059.89
Travel	<u>365.78</u>

Total Disbursements 8,247.02

This is a true accounting from the University of  on the balance in Dr  grant.

B

A



I have examined and approved the submitted expenditures.

A



Chief
TSS/Chemical Division

Date: 12/4/62

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September 19, 1960

Dr. [Redacted]

C

Dear Dr. [Redacted]

C

As you know, we have a requirement on all grants that a final accounting and report be submitted to the [Redacted]. The last two grants each in the amount of \$8,750.00 have not been accounted for. I would appreciate it if you could arrange to have the accounting sent to us as soon as possible.

B

This is purely an administrative matter and if you would prefer that I write to the University directly I shall be happy to do so.

I hope that you had a pleasant summer and that we will see you in [Redacted] in the near future. Best personal regards.

C

Sincerely,

A

[Redacted]
Assistant Treasurer

[Redacted]
A

97-4

January 28, 1960

Dr. [REDACTED]

Dear Dr. [REDACTED]

Attached is our check for \$4,375 which represents half payment for continuation of the research task of Dr. [REDACTED] on [REDACTED]

This payment is formal notification that support for this research has been extended for an additional 6 month period January 1, 1959 to June 30, 1960.

The conditions stipulated in the original grant apply equally to this continuation.

The Board of the [REDACTED] and its staff members are extremely pleased with the progress made under this project in its initial period. We anticipate a major contribution in the arts of psychotherapy as well as in the basic theories to result from this important study.

Sincerely yours,

A

[REDACTED]
Executive Secretary

Enc: 1

cc: [REDACTED]

No.

1524

975

Cost Account

1525-1109-440.2

Object Class

Date	Remarks and References	Obligations Incurred	Obligations Liquidated	Unliquidated Balance
1 FEB 1960	Whistle Lot 97 with #2	8,750.00		8,750.00
9 FEB 1960	Invoice #2		8,750.00	—

1524

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23 January 1960

MEMORANDUM FOR: CONTROLLER

ATTENTION : Finance Division

SUBJECT : MCOI/FA, Subproject 97
Authorization #2

Under the authority granted in the Memorandum dated 13 April 1953 from the DCI to the EO/A, and the extension of this authority in subsequent memoranda, Subproject 97 has been approved and \$8,750.00 of the over-all Project MCOI/FA funds have been obligated to cover the subproject's expenses and should be charged to Allotment 0525-1009-4902.

A [REDACTED]

Chief
TSS/Chemical Division

APPROVED FOR OBLIGATION
OF FUNDS:

A [REDACTED]

Research Director

Date:

FEB 1 1960

I CERTIFY THAT FUNDS ARE AVAILABLE:
 OBLIGATION REFERENCE NO. 1524
 CHARGE TO ALLOTMENT # 0525-1009-4902

ADMINISTRATIVE OFFICER

1 FEB 1960

Distribution:
 Orig & 2 - Addressee
 1 - DCM/CS
 1 - SSS/PAAS

[REDACTED]

97-7

2 February 1960

MEMORANDUM FOR: CHIEF, FINANCE DIVISION

VIA : TSS/Budget Officer

SUBJECT : ISULATA, Subproject 97, Invoice No. 2
Allotment 0523-1009-4902

1. Invoice No. 2 is attached covering the above sub-
project. Payment should be made as follows:

Cashier's Check in the amount of \$8,750.00
on a [redacted] Bank, payable to the [redacted]

2. Please forward the check to Chief, TSS/Chemical
Division through TSS/Budget Officer by Tuesday, 16 February
1960.

3. This is a final invoice. However, since it is
anticipated that additional funds will be obligated for this
project, the files should not be closed.

A

[redacted signature]

Chief
TSS/Chemical Division

Attachment:
Invoice & Certifications

Distribution:
Orig & 2 - Addressee
1 - TSS/FASB

9 FEB 1960
I CERTIFY THAT FUNDS ARE AVAILABLE
GENERAL LEDGER REFERENCE: 1524
CHECKS TO DATE: 1525-1009-4912

[redacted signature]

DIRECTOR'S OFFICE
YOUR ASSISTANT OF [redacted]

A

[redacted signature]

INVOICE

97-7

For services

\$8,750.00

B [REDACTED]

CERTIFICATIONS

(1) It is hereby certified that this is Invoice No. 2 applying to Subproject No. 97 of HSMETA, that performance is satisfactory, that services are being accomplished in accordance with mutual agreements, that a detailed agenda of the payments and receipts is on file in TSS/CR, that this bill is just and correct and that payment thereof has not yet been made.

Chief, TSS/Chemical Division

Date: _____

(2) It is hereby certified that this invoice applies to Subproject No. 97 of HSMETA which was duly approved, and that the project is being carried out in accordance with the memorandum of 13 April 1953 from the ICI to the DD/A, and the extension of this authority in subsequent memoranda.

Research Director

Date: _____

[REDACTED]

97-8

RECEIPT

Receipt is hereby acknowledged of the following:

E Cashier's Check **E** in the amount of \$8,750.00, drawn on **B**
the [redacted] payable to the [redacted]

B

A

[redacted]

Date: 2-25-60

97-9

23 January 1960

MEMORANDUM FOR: COMPTROLLER

ASSIGNMENT : Finance Division

SUBJECT : REQUISTA, Subproject 97
Authorization #2

Under the authority granted in the Memorandum dated 13 April 1955 from the DOI to the IS/A, and the extension of this authority in subsequent memoranda, Subproject 97 has been approved and \$8,750.00 of the over-all Project REQUISTA funds have been obligated to cover the subproject's expenses and should be charged to Allotment 6425-1003-4502.

A [Redacted]
Chief
TSS/Chemical Division

APPROVED FOR CHEMISTRY
OF FUNDS:

Research Director

Date:

Distribution:
Orig & 2 - AS/1220
1 - IS/A
1 - AS/1220
2 - TSS/CD

TSS/CD/[Redacted] (28 Jan. 60)

A

A 97-10

DRAFT
27 January 1960

MEMORANDUM FOR: THE RECORD

SUBJECT : Continuation of MKULTRA, Subproject 97

1. The purpose of Project MKULTRA, Subproject 97 is to supplement the research program of Dr. [REDACTED] University in [REDACTED] in accordance with the attached proposal and progress report.

2. Long term support for this study has been provided by two grants from the [REDACTED]. The present request is intended to supplement the project and provide a mechanism for evaluating certain techniques of influencing human behavior that may have Agency significance. This support will make it possible to have continued free access to the project and, when applicable, use the facility for consultation and support.

3. The project will be funded through the [REDACTED] for security and cover purposes and the University of [REDACTED] will supply the [REDACTED] with copies of the records of disbursements related to the operation of the project at its termination. Title to any permanent equipment purchased under this project will be retained by the University in lieu of overhead charges. Any unused funds will be returned to the [REDACTED] upon termination of the grant.

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4. The total cost of this project for a period of six months is estimated not to exceed \$8,750.00. Charges should be made against Allotment 0525-1009-4902.

5. Prof. [redacted] holds a covert Agency clearance and is witting of sponsorship, all others are unwitting.

A [redacted]

Chief
TSS/Chemical Division

APPROVED FOR OBLIGATION
OF FUNDS:

[redacted] A

Research Director

Date: 2/1/60

Attached:

- Proposed Budget
- Proposal w/Progress Report

Distribution:

Original Only

[redacted] A [redacted]

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Budget requested from

[REDACTED]

B

for period 1/1/60 - 7/1/60

Project Associate, Dr. [REDACTED] (Partial Salary)	\$2950
Project Associate, Dr. [REDACTED] (Part Time)	1875
Administrative and Research Assistant	1000
Research Assistant (Part Time)	1025
Supplies and Equipment-Magnetic tapes, tests, office supplies, minor equipment	1100
Total	58750

DR. [REDACTED]

WARNING NOTICE
SENSITIVE INFORMATION
SOURCES AND METHODS INVOLVED

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Progress Report of Research Project

University of [REDACTED]
December 1, 1959

97-10

Introduction

This is a report of progress during the period July 1, 1958, to December 1, 1959, on the above project. Funds during the period July 1, 1958 to the present have been supplied by two grants from the [REDACTED] Foundation through the University Research Committee. Additional funds since July 1, 1959 have been supplied by [REDACTED]. The majority of the professional time on the project has been volunteered by members of the Departments of Psychiatry and Psychology, University of [REDACTED] and members of the staff of [REDACTED] Hospital. Without this effective and voluntary cooperation progress on the project would have been impossible.

Part I. Synopsis of Proposed Research

Full details of the research plan are contained in an earlier proposal. If the reader is thoroughly familiar with this, he might wish to turn at once to Part II. What follows is a brief statement of the major elements in the research design.

General Purpose: The general aim of this research is to make an intensive study of the process of change in personality and behavior as it occurs in schizophrenic and normal individuals during the period of psychotherapy.

Central Hypothesis:

I. The degree and rate of therapeutic change will be positively correlated with the degree to which the "conditions of therapy" exist

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WATERBURY
SENSITIVE INFORMATION
CONFIDENTIAL

in the particular client-therapist relationship. The conditions of therapy are those hypothesized by [REDACTED] C

97-10

II. The process of personality change in psychotherapy will be found to be the same in the chronic schizophrenic, the acute schizophrenic, and the well-adjusted normal person.

III. The process of therapy will occur to a significantly greater degree in the group of individuals to whom therapy has been offered than in a control group paired and matched to the experimental group, in which such individual therapy has not been offered.

Design: Each of eight therapists is given a triad of clients which includes an acute schizophrenic, a chronic schizophrenic, and a normal. Each of these three clients has a matched control who does not receive therapy.

The design is a 3x2x2x2 factorial design indicated in the following chart.

		<u>Experimental</u>			<u>Controls</u>			
		<u>Acute</u>	<u>Chronic</u>	<u>Normal</u>	<u>Acute</u>	<u>Chronic</u>	<u>Normal</u>	
MALE	Old ¹	High ²	E ³	B	H	x ⁴	x	x
		Low	A	H	G	x	x	x
	Young	High	G	G	A	x	x	x
		Low	C	F	D	x	x	x
FEMALE	Old	High	B	D	F	x	x	x
		Low	F	G	G	x	x	x
	Young	High	H	A	E	x	x	x
		Low	D	E	B	x	x	x

1. Old and young refer to age compared to median for group.
2. High and low refer to educational-occupational status.
3. Letters refer to the therapists, assigned to a randomly selected triad.
4. Each control (indicated by x) will receive the same battery of tests and measures as the experimental individuals, but no therapy.

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Major Design Variables

- 1. Experimental subjects (24) and control (24). 48 individuals in design.
- 2. Acute - Chronic - Normal.

Acute: Less than 8 months total hospitalization, and current staff diagnosis of schizophrenia.

Chronic: More than 8 months hospitalization and staff diagnosis of schizophrenia within last five years.

Normal: Individuals selected by tests and ratings as well-adjusted, who match the hospital population on characteristics below.

All six individuals in any horizontal column of the chart are matched on the next three items.

- 3. Age: Matched as "old" or "young" in terms of the median age for chronics (33) and acute schizophrenics (33) in the state of [REDACTED]

- 4. Sex.

- 5. Education-occupation: Classed as high or low, using a modification of the Hollingshead-Redlich Scale.

Each experimental-control pair is not only matched on the above items, but also on the following.

- 6. Rating of degree of psycho-social disturbance made on basis of modified Laborsky Health-Sickness Scale.

- 7. Matching ages, with discrepancy of no more than nine years within the general classification of "old" or "young".

The member of the pair to receive therapy is selected by the toss of a coin.

Criteria for Selection of Hospital Population

- 1. Diagnosis of schizophrenia without complications such as brain damage or mental defect.
- 2. No more than 50 treatments of ECT and/or IRT prior to selection.
- 3. No psychosurgery.
- 4. Normal intelligence (80) confirmed by project administration of Wechsler Adult Intelligence Scale.
- 5. Age between 15 and 59.



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Recruitment of Populations

Hospital: Every patient who meets the above criteria is admitted to the project regardless of ward. In order to identify all the patients who meet the criteria a distillation of all hospital records has been made.

Normals: High educational-occupational normals were recruited from a local church couples' club.

Low educational-occupational normals selected from a general hospital personnel list of low income employees.

Another group representing the agricultural element evident in the hospital population is coming through references from rural social work agents.

Tests: Initial and at Six Months Intervals

Experimentals and controls receive the same battery of tests which consists of:

Rorschach, MMPI, TAT, Q Sort (a series of eighty cards each containing a self-referent statement which are placed according to a specified distribution from those statements least like the individual to those most like him), WAIS, The Stroop Interference Test, F Scale, (or Fascist scale as it is also known, has been useful in distinguishing between people who respond to therapy and those who do not), Truax Anxiety Scale, Handwriting sample.

This battery is administered as soon as a subject is admitted to the project, and at six month intervals.

Tests: Initial and at Three Months Intervals

In addition to the above there are other measures which are given at shorter intervals.

Sampling Interview: Both experimentals and controls are given an half hour recorded interview conducted by a psychiatrist who is not one of the project therapists and who has no other contact with the patients. From this data the following material will be available.

1. Instruments developed for the therapeutic interviews will be applicable to the sample interviews.
2. For experimental subjects, comparisons are possible between their behavior with two different interviewers.
3. All subjects can be compared in their interaction with one standard interviewer.

Wittenborns Behavior Rating Scale: Applicable to hospital population only
filled out by ward personnel.

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Millen Scale: Applicable only to experimentals and is filled out by the therapist.

Relationship Inventory: Developed by Barrett-Lennard. Administered to therapy patients and their therapists in order to measure the therapeutic relationship. Also administered to controls who are asked to fill it out in regard to "the person who has meant the most to you in your trouble."

The testing schedule is maintained whether the patients are in the hospital, transferred or discharged.

Part II. Progress Already Made

Selection of Matched Populations

Hospital: 32 of the 48 cells in the design are to be filled by hospitalized individuals. 31 of these have been filled.

In three instances thus far, the individual refused to be tested, refused to be seen in therapy, or refused to have interviews recorded. Thus major blocks of data were unobtainable. In these instances alternative individuals were selected and placed in the design. However all possible data is being collected--tests, therapy notes, etc.--from the original selectees, so that the degree of bias (if any) involved in the use of these alternates can be estimated. Thus 34 individuals have been selected in filling the 31 cells.

Normal: Of the 16 normals to be selected 5 have been selected and 8 others are in process of being selected from an available group of 40. Progress has been handicapped by lack of funds and lack of psychometrist time.

Administration of Tests and Measures

Initial: The initial battery has been administered to the experimentals and controls admitted to the study. Since it has not been possible to administer every test to every individual and since the battery is still in process; the number of tests given varies somewhat

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from test to test as follows:

Rorschach	35
MMPI	35
TAT	31
Q Sorts	37
WAIS	30
Stroop	34
F Scale	38
Truax Anxiety Scale	31
Handwriting	27
Sampling Interview	38

Three Months Tests and Measures

The first three month period has already been completed for a number of individuals, and from this source the following tests are available. (These are in addition to the initial tests.)

Sampling Interview	27
Bitterborn	20
Millieu Scale	8
Relationship Inventory (Therapist)	10
Relationship Inventory (Experimentals & Controls)	13

Six Months Battery

The six month battery is being administered to 9 experimentals and 6 controls. The following have been completed.

Rorschach	5
MMPI	12
TAT	10
Q Sort	10
WAIS	9
Stroop	12
F Scale	11
Truax Anxiety Scale	10
Handwriting	7
Sampling Interview	16

Therapy

Fifteen of the experimentals have been engaged in therapy, but of the 15, 13 have been willing to have all of their therapy

interviews recorded, and we already have 113 tape recorded interviews

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from this group. In addition there are a few dictated accounts of interviews held in the isolation room or under other circumstances where the recorder failed or recordings were not possible.

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Additional Data

Complete records of patients' medication and the number and relationship of visitors has been collected to date and is being maintained.

From the survey of patients' records we now have complete data on all patients in the hospital concerning age, diagnosis, somatic therapy in excess of 50, location in state, and file number.

Complete sociological data is about to be compiled on the patients in the project.

Transcriptions

Work has begun on transcribing interviews.

Part III. Current Evaluation of Project

The Barriers to Therapy

One of the greatest difficulties we have encountered is one which had been partially foreseen, namely the absence of motivation or conscious desire for help.

When individuals are selected by objective criteria of the sort we have used, it means that many of them feel no need for therapy, and are not regarded by hospital staff as good bets for therapy. When in addition many of these individuals are of relatively low socio-educational status, where according to Hollingshead and Redlich, therapy is not a part of their expectation, the difficulties are multiplied.

We realized at the outset that this was as severe a test of psychotherapy as could be devised. Our experience to date merely causes us to underscore that statement.

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The Barriers to Rigorous Design

It has often been maintained that the type of data collected in this project and the type of recording, stratification and control procedures attempted in it are impossible in a hospitalized setting. The difficulties are said to place such limits upon experimental rigor as to make the results scientifically questionable.

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The difficulties we have encountered in this project certainly show that most of the published discussions of the difficulty of such research are very nearly accurate.

Most difficulties concern arrangements between people. For example, one persistent difficulty lies in finding, and remaining in contact with, specific individuals. It has often taken many hours of effort, expended over a period of a week or more, before a given patient actually spends one hour with a psychometrist. Often many attempts must be made before one test is successfully administered. Sometimes many weeks of such efforts are required before an individual completes a test battery. Unforeseen events interfere with the patient's availability. Drugs, transfer, discharge, or change in his psychological condition sometimes invalidate the results of many weeks of effort.

The amount of time and work to be expended for a given research result is so magnified that it is often difficult to distinguish a standstill from painfully slow progress. Only a devoted staff can endure this.

If the enormous time expenditure is once accepted, the basic question is: does this very slow progress add up to a sufficiently rigorous research to allow scientific conclusions? Or does even the slowly accumulated data suffer from limitations which throw doubt on its value? In the present stage of the project we can begin to answer this

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question. We have come far enough to be able to distinguish sheer difficulty and time loss from inherent limitations placed on scientific rigor.

Barriers to Data Analysis

One of our greatest barriers has been lack of funds. Although there is a great deal of data accumulated already we have been unable to make even a small start on its analysis due to lack of funds and personnel. This problem is becoming more acute as the test protocols, recordings of sampling interviews and of therapy interviews, and other measurement data continue to pile up.

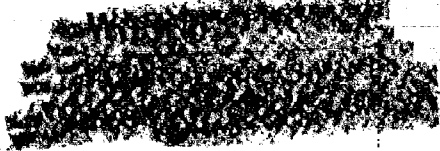
The Assured Aspects of the Research

From the progress already made it appears that the following are definitely possible:

- a) A population selected according to a stratified design of variables, age, sex, social class, and length of hospitalization.
- b) Experimental-control pairs matched on these variables and on an interview rating scale of the degree of disturbance.
- c) A periodic test battery consisting of the Rorschach, MMPI, TAT and several other measures.
- d) Periodic recorded sampling interviews of all experimentals and controls with one standard interviewer.
- e) Recordings of almost all therapy hours.
- f) Comparative analysis of the process of therapy in schizophrenics and normals, in the many ways already planned in this study, and in any new ways which may be devised.

The Possibilities Inherent in the Data

The great range of the data we are collecting is important both for testing our own hypotheses and for the testing of hypotheses by others when the data is published or otherwise made available. Many significant investigations become possible.



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The stratifying variables--age, sex, chronicity, degree of [REDACTED] socio-educational level--can be studied in relation to the individual's acceptance of therapy, process changes in therapy, outcome of therapy.

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The various measures--of the client personality, of the client's behavior, of the therapeutic relationship, of the process changes in therapy--can be studied in their many interrelationships.

The relationship of measures applied to the sampling interviews to measures applied to the therapeutic interviews opens a wide field of investigation. A first study in this area will be to compare, in a series of patients, the first interviews held by the therapist with the first interviews held by the sampling interviewer.

The relationship of various psychometric instruments to indices of process in therapy, and to degree of movement in therapy, can be studied.

In short, it already appears clear that the design can be carried through, approximately as planned, with a satisfactory degree of rigor. The groups can be located, the individuals can be matched, the tests can be administered, therapy can be offered, recordings can be made, in most instances. Thus we will be able to test not only the major hypotheses set forth in the beginning of this report, but a wealth of additional hypotheses which the data makes possible.

Nature of the Findings

It now seems clear that the findings of the research will be of the order suggested by the following statements.

It is (or is not) possible for therapists to establish the same conditions of therapy with schizophrenics as with normals.
The process of therapy involves (or does not involve) the same characteristic changes in schizophrenics as in normals.
The conditions of effective therapy and the process of effective therapy in schizophrenics and in normals is (or is not) the same as the conditions of therapy and the process of therapy as previously investigated in neurotic individuals.

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The process of therapy involves changes a, b, c, etc, in all groups, but not changes x, y, s, etc.

There is (or is not) a positive correlation between the existence of the conditions of therapy in a relationship and the degree of movement on the process continua.

There is a positive correlation between the conditions of therapy and process changes a, b, c, etc, but no such correlation with process changes x, y, s, etc.

The conditions of therapy are (or are not) equally associated with process changes in individuals desiring therapy and those not desiring it, with individuals of higher and lower socio-educational status, with males and females, with markedly disturbed and less disturbed schizophrenics.

Condition a in the relationship is more positively correlated with process change in the client, than are conditions b, c, or d.

Part IV. New Projects

It was stated in the original proposal that as we worked, new projects having to do with therapy with schizophrenics would doubtless be developed. One such is under way and will be described very briefly.

In thinking about new ways of dealing with the problem of motivation, we devised a way of making therapy available, and are trying this out on one ward. In this ward there are 24 chronic psychotic patients, mental defectives and organic cases having been transferred.

Nine therapists have set up a schedule making themselves available, usually for two hours per week, on the ward. A room has been reserved for their use. This means that some therapist is available each day Sunday thru Friday. On any given day two to five hours of therapist time is thus available. A patient may come in for a short or longer contact, or the therapist may go out on the ward to offer contact. All interviews however, are voluntary. None are held at the request of the therapist.

This project has been under way five months. To date there has been some contact with 23 of the 24 men on the ward. There have been

100 recorded interviews, some brief, some a full hour. As

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might be expected a large number of the interviews are with a small number of individuals, nearly one third with one man.

There is already clinical evidence that some of these chronic state hospital patients are already showing therapeutic movement. We seem to be dealing, with some effectiveness, with the problem of making therapy psychologically available to "back ward" patients.

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September 30, 1959

[Redacted]

Dear Dr. [Redacted]

Enclosed please find the [Redacted] check in the amount of \$4,375.00 which represents the second half of the grant being made to your University for the study [Redacted] which is under the direction of Dr. [Redacted]

Sincerely,

A [Redacted]
Assistant Treasurer

Enc.

cc: Dr. [Redacted]

Dear Dr. [Redacted]

The accountings arrived a few days ago. Many thanks.

A [Redacted]

97-12

August 3, 1959

[Redacted]

C

Dear Dr. [Redacted]

[Redacted]

The Directors have approved a grant to the University in the amount of \$8,750.00 for the study proposed by [Redacted] on [Redacted] a check is enclosed for \$4,375.00 which represents payment of the first half of the grant. The second payment will be forthcoming on or about October 1st.

The same requirements that applied to the previous grant to your University are applicable.

1. A terminal report is to be submitted after the completion of the phase of research covered by this grant.
2. A terminal accounting of funds expended in obtaining, processing and reporting data shall be provided for our records.
3. Equipment purchased with these funds shall be conveyed to the University [Redacted] in lieu of any increased overhead rates.
4. Any technical reports or papers which grow out of the study supported under this grant shall contain the following notice: This study was supported in part by a grant from the [Redacted]

13

Other than the above conditions, it is required that the funds be expended entirely for the research designated and that no profits accrue to any individual.

The Board of Directors and the scientific advisors to the [Redacted] are enclosing you with in this envelope. Please call upon us for any assistance that we may be able to provide.

Sincerely,

[Redacted Signature]

Assistant Treasurer

[Redacted]

C

9713

August 3, 1959

Dr. [REDACTED]

C

Dear Dr. [REDACTED]

Q1

Mr. [REDACTED] is taking a much earned rest for a few days after a strenuous course at the [REDACTED]

A

I telephoned him when your letter of July 29th arrived. He is sorry about the delay and unfortunately has been unable to get the authorization for a larger amount at this time.

I am forwarding a check for \$4,375.00 to the University which represents one-half of the grant. The second payment will be made on or about October 1st.

Best personal regards.

Sincerely,

A

[REDACTED]

Assistant Treasurer

Enc.

[REDACTED] B
[REDACTED] B
July 3, 1959 97-14

Hr. [REDACTED] B

Dear [REDACTED] A

I appreciate very much indeed your letter of July 30. It is most helpful to me to know that we will be officially assured of the grant of \$8,750. The delay in deciding whether it might be a larger sum will not create any difficulty here but uncertainty as to whether the lesser amount could be counted upon has been troublesome.

We will count on receiving the check for this amount in late July as indicated in your letter. Knowing that it is coming, I can borrow money from different sources to meet the necessary payroll items for July.

I appreciate very much your efforts to expedite this matter, and I am, again, very grateful to the society for the grant which comes at a most opportune and crucial moment so far as the research is concerned.

I have talked with [REDACTED] and know his enthusiasm for the conference on physiological measurement. I am glad to know that it seemed very valuable to you too. I read your memorandum on this with interest.

Very best regards.

Sincerely,
[REDACTED] C
[REDACTED] C

97-15

June 30, 1939

[Redacted]

Dear [Redacted]

I am in a rather hectic period, we are still attempting to obtain the larger amount. It appears as though I should be able to give you a yes or no next week but please accept this letter as confirmation of my telephone conversation that the lesser amount of \$8,750 was approved and will be transmitted in one payment (if the larger amount is not approved) in late July.

I am still enthusiastic about the success of our first meeting on physiological measurements and am continuing administrative efforts in preparation of our next meeting.




Sincerely yours,


A [Redacted]
Executive Secretary

97-16

RECEIPT

Receipt is hereby acknowledged of the following:

^E Cashier's Check  in the amount of \$8,750.00, drawn on
the , payable to  ^B

^A 
dated Sept 15, 1959

97-17

No. 399

Cost Account 0525-109-1902

Object Class _____

Date	Remarks and References	Obligations Incurred	Obligations Liquidated	Unliquidated Balance
12 AUG 1959	Sub 97	8,750.00		8,750.00
8 SEP 1959	Inv 7		8,750.00	-

97-18

25 August 1959

MEMORANDUM FOR: CHIEF, FINANCE DIVISION

VIA : SES/Budget Officer

SUBJECT : LMSFA, Subproject 97, Invoice No. 1
Allotment 0525-1009-4902

1. Invoice No. 1 is attached covering the above subproject. Payment should be made as follows:

Cashier's Check in the amount of \$5,750.00, drawn on a [redacted] bank, payable to [redacted] B

2. Please forward the check to Chief, SES/Chemical Division through SES/Budget Officer by Tuesday, 8 September 1959.

3. This is a final invoice. However, since it is anticipated that additional funds will be obligated for this project, the files should not be closed.

[redacted signature]

Chief
SES/Chemical Division

Attachments:
Invoice & Certifications

Distribution:
Colg & H - Addresses
L.A. - SES/SES

1 COPY TO BE MADE AVAILABLE
Checked by [redacted]
Checked by [redacted]
299
8 SEP 1959
0525-1009-4902

E [redacted]

A [redacted]

[redacted]

INVOICE

97-18

For services

\$8,750.00

B

Certification

(1) It is hereby certified that this is Invoice No. 1 applying to Subproject No. 97 of *ISOLTRA*, that performance is satisfactory, that services are being accomplished in accordance with mutual agreements, that a detailed agenda of the payments and receipts is on file in TSS/CD, that this bill is just and correct and that payment thereof has not yet been made.

Chief, TSS/Chemical Division

Date: _____

(2) It is hereby certified that this invoice applies to Subproject No. 97 of *ISOLTRA* which was duly approved, and that the project is being carried out in accordance with the memorandum of 13 April 1953 from the DCI to the DD/A, and the extension of this authority in subsequent memoranda.

Research Director

Date: _____



97-19

6 August 1959

MEMORANDUM FOR: CONTROLLER
ATTENTION : Finance Division
SUBJECT : MARIANA, Subproject 97

Under the authority granted in the Memorandum dated 13 April 1953 from the DCI to the ID/A, and the extension of this authority in subsequent memoranda, Subproject 97 has been approved and \$3,750.00 of the over-all Project MARIANA funds have been obligated to cover the subproject's expenses and should be charged to Allotment 0525-1009-1902.

A [Redacted Signature]
Director
TCS/Chemical Division

APPROVED FOR OBLIGATION
OF FUNDS:

Respected Director

Date:

Distribution:
Orig. to 1 - TCS/CA
1 - TCS/PAGB
2 - TCS/CD

TCS/CD [Redacted] (6 Aug-59)

A

[Redacted]

~~Subject~~

97-20

B

TO: TSS/OC

1. Date of Obligation: N/A
Support of

2. Purpose of Project: Dr. [REDACTED]
work in [REDACTED]

[REDACTED]
[REDACTED]

3. Progress to Date: N/A

4. Expiration Date: N/A

5. Project Monitor: [REDACTED]

FROM: TSS/CD

[REDACTED]

C

[REDACTED]

DRAFT
6 August 1959

97-21

MEMORANDUM FOR: THE RECORD

SUBJECT : MKULTRA, Subproject 97

1. It is requested that Subproject 97 be approved in order to supplement the research program of Dr. [REDACTED] University

[REDACTED] in accordance with the attached proposal.

2. Long term support for this study has been provided by the [REDACTED]. The present proposal is intended to supplement the project and provide a mechanism for evaluating certain techniques of influencing human behavior that may have Agency significance. This support will make it possible to have free access to the project and, when applicable, use the facility for consultation and support.

3. This project will be funded through the [REDACTED] for security and cover purposes and the University [REDACTED] will supply the [REDACTED] with copies of the records of disbursements related to the operation of the project at its termination. Title to permanent equipment purchased under this project will be retained by the University in lieu of overhead charges. Any unused funds will be returned to the Society upon termination of the grant.

[REDACTED] A

97-1

97-21

4. The total cost of this project for a period of six months is estimated not to exceed \$8,750.00. Charges should be made against Allotment 0525-1009-4902.

5. Prof. [REDACTED] holds a covert Agency clearance and is witting of sponsorship, all others are unwitting.

[REDACTED]

Chief
TSS/Chemical Division

APPROVED FOR OBLIGATION
OF FUNDS:

[REDACTED] A

Research Director

Date: 8/11/59

Attached:
Proposal & Budget

Distribution:
Original Only

[REDACTED]

97-21

PROPOSED BUDGET

97-21

C	Principal Investigator (Dr. [redacted] part time)	\$5,000
C	Project Associate, research coordinator [redacted] Ph.D.)	2,000
C	Consultant [redacted] D. (part time)	2,500
C	Therapists, (part time) [redacted] Ph.D. [redacted] s, Ph.D. [redacted] M. D. [redacted] M.D. [redacted] M. S.	4,250
		13,750
	Less support available from University [redacted]	5,000
	B	
	TOTAL	\$8,750.

Dr. [redacted] C

[redacted]

97-1

97-21

[REDACTED]

[REDACTED]

A Research Investigation

Drafted for the Project Group
by

C

[REDACTED]

General Purpose

The general aim of this research project is to make an intensive study of the process of change in personality and behavior as it occurs in schizophrenic and normal individuals during a period of psychotherapy. Several therapists will each undertake psychotherapy with a trio of clients simultaneously. One member of the trio will be a chronic schizophrenic, another a more acute schizophrenic and the third, a person of better than average adjustment from the community. The tests and research instruments administered to this group of clients, and the recorded client-therapist interviews, will be the primary material for analysis and comparison.

The research is based on two assumptions for which there is empirical support: (1) That the conditions which facilitate therapeutic change are measurable in the relationship between therapist and client or patient; (2) That the process of psychotherapy is, in some of its aspects, an orderly and measurable process.

The central hypotheses are as follows.

C (1) It is hypothesized that the greater the degree to which the conditions of therapy exist in the relationship the greater will be the evidences of therapeutic process or movement in the client. (The conditions are those hypothesized by [REDACTED] as necessary and sufficient for therapeutic change. These hypotheses have received some support from recent research.)

(2) It is hypothesized that, given equivalent conditions of therapy, the indices of process or movement will be the same in the chronic schizophrenic, the more acute schizophrenic, and the well adjusted person.

(3) It is hypothesized that the process of therapy will occur to a significantly greater degree in the group of individuals to whom therapy has been offered than in a control group paired and matched to the experimental group, in which such individual therapy has not been offered.

Background of the Study

The work of this investigation will build upon several streams of previous research. There are primarily: studies of psychotherapy with schizophrenics;

[REDACTED]

studies of psychotherapy with clinic clients; studies of the essential conditions of therapy; and work elucidating the process of therapy. Each of these strands will be commented upon very briefly. 97-21

Although a considerable amount of research has been done on schizophrenia, reviewers concur in the opinion that almost no conclusive studies have been made (2, 2a, 9, 31). Basic questions relating to the psychological and organic factors involved in the origin, development and treatment of schizophrenia have not yet been answered. Since the bulk of research in this problem area has been conducted from an organic point of view, psychological investigations are especially lacking. Psychological publications on schizophrenia, and particularly the psychotherapy of schizophrenia, are mostly case reports, observations and theoretical formulations. Only five studies have been found which attempt to investigate psychotherapy with schizophrenics experimentally, using controls, pre and post-testing and statistical techniques (3, 14, 27, 29, 30). Three of these five have investigated certain gross aspects of the therapeutic relationship as correlated with outcome. The other two make a beginning in investigating certain phases of outcome. The present project pushes beyond these in its study of more crucial and subtle aspects of the relationship, and in its investigation of the process of change, rather than focusing on the more gross aspects of outcome.

As to non-hospitalized individuals, a very considerable amount of research has been done to measure the outcomes of psychotherapy in maladjusted and disturbed individuals. (24) The senior investigator has been much involved in this work. Some of the most useful studies have been studies of individual cases (9, 17, 18, 20, 21), both successful and unsuccessful in their outcomes. In these studies, using methods developed by [redacted], the populations for study consist of large numbers of responses at one point in time which can be correlated with large numbers of responses at a later point. By taking such measures before, during and after psychotherapy, and at a later followup point, we have been able to make valuable empirical studies of the process of change in one individual, using correlational techniques, factor analysis, and other appropriate statistical procedures. This study will utilize many of these same research procedures, and some new ones, in work with hospitalized psychotic patients, and well-adjusted normal individuals.

Two recent theoretical developments have stimulated the formation of tools which will be useful in this investigation. The first of these is a theory of the necessary and sufficient conditions for therapeutic change (22). This has been tested out on clients coming to a clinic (1, 8). The findings tend to support the theory, and instruments have been developed for measuring subtle relationship conditions such as quality of empathy, degree of positive regard, degree of genuineness in the therapist.

A second theoretical development has been a theory of the process of psychotherapy (23). An operational [redacted] has been based on this theory (25) and there is beginning evidence that the Scale has some reliability and validity (28).

SO [redacted]

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97-21

Building on these foundations of previous work the present study aims to test the following general proposition. It hypothesizes that to the degree that the theoretically defined conditions for therapy exist in the relationship, one will find indices of movement or process in the individual client, whether that client is schizophrenic or normal. This hypothesis is held for the neurotic client as well, but since a considerable body of research evidence exists for that group the present study will concentrate on the process of psychotherapy in two extreme groups--the hospitalized schizophrenic and the thoroughly adequate normal individual.

THE OVER-ALL DESIGN OF THE STUDY

The research involves the following general steps. As given below, the steps are in roughly chronological order.

Brief Description of Phases of the Research

- I. Using definite criteria, three population groups will be selected. Group A will be a group of chronic schizophrenics, group B of more acute schizophrenics, group C will be normally well-adjusted individuals.

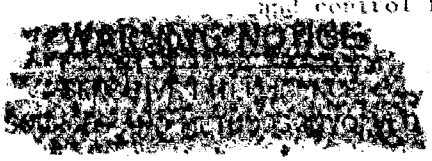
Group A is so defined as to include patients from [redacted] Hospital who meet the following criteria: a hospital diagnosis of schizophrenia; hospitalized 8 months or more; living within driving distance of [redacted] B; no prior evidence of mental defect; not lobotomized; less than 50 EST or IST; no somatic therapy in past 2 months.

Group B includes those who meet similar criteria, except that they have been hospitalized for less than 8 months.

Group C, the normal or well-adjusted group, will be chosen in the following manner. These individuals will be recruited from church and other groups. They will be asked to volunteer for research in personality. No mention will be made of the possibility of therapy. It will be explained that some will be asked to devote a short period of time, others longer periods, but that if they are asked to devote a longer period of time to the research, it is believed that they will find the experience useful and educational. It is felt that this method avoids the selective factor which would operate if people volunteered for therapy. It selects a well-adjusted group who have not previously indicated any desire for therapy.

- II. Within these groups there will be matched pairs of individuals, matched for age, sex, socio-educational status and degree of psycho-social malfunctioning. One member of each such matched pair, chosen by a toss of a coin, will have individual psychotherapy made available to him. The other will serve as a control.

Careful rules have been set up for carrying out the matching of these pairs. The matching in socio-educational status is based on the scales used by Hollingshead and Redlich (10). The matching in degree of malfunctioning is based upon a modification of the Luborsky Health-Sickness Scale (16).

- III. A battery of research instruments will be administered to both therapy and control individuals or filled out by those staff members who deal
- 

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A Graphic Summary of the Individuals in the Research

Controls

The Control Group

Groups A, B, and C (more chronic, more acute, and normals) are matched for age, socio-educational status and sex.

In the charts to the right, Y and O stand for "young" and "old", that is, above or below the median age of the group. H and L stand for high and low socio-educational status, M and F for male and female.

Group A more chronic	Group B more acute	Group C Normal
HYF	HYF	HYF
HYM	HYM	HYM
HOF	HOF	HOF
HOM	HOM	HOM
LYF	LYF	LYF
LYM	LYM	LYM
LOF	LOF	LOF
LOM	LOM	LOM

The Therapy Group

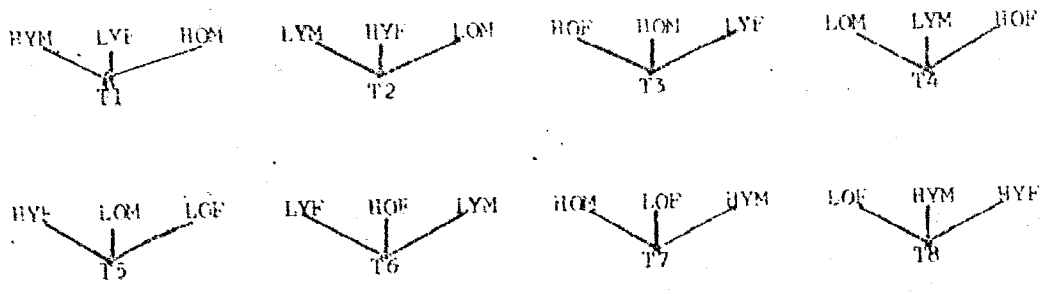
This group is stratified in a fashion identical with the controls, and each individual is paired with the corresponding individual in the control group. These pairs are matched not only for age, socio-educational status and sex, but also for degree of psycho-social disturbance. The decision as to which member of the pair receives therapy is made by flipping a coin.

Therapy Group

Group AT more chronic	Group BT more acute	Group CT Normal
HYF	HYF	HYF
HYM	HYM	HYM
HOF	HOF	HOF
HOM	HOM	HOM
LYF	LYF	LYF
LYM	LYM	LYM
LOF	LOF	LOF
LOM	LOM	LOM

The Therapists

Each of the eight therapists carries on therapy with a diversified trio, made up of one chronic, one acute, and one normal individual. The cases with which each therapist works is indicated



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2. Our triads will be selected in such a way as to give each therapist a variety of cases with which to work, so that if the process is similar, this will show up across individuals of differing characteristics.

3. Each therapy case will be matched in age, sex, and socio-educational status with a paired control individual to provide an adequate test of the third hypothesis that there will be a significant difference between a group which has therapy and one which does not.

V. Six or more therapists differing rather widely in amount of therapeutic experience and differing to some degree in approach to therapy will undertake the psychotherapy. Each therapist will work with the trio of cases selected for him, one chronic schizophrenic, one acute, and one normal individual. Interviews will be held as frequently as necessary or feasible. All interviews will be tape recorded.

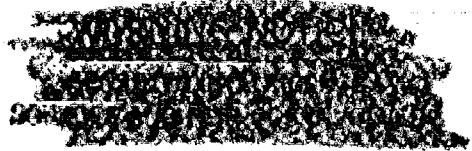
The therapeutic interviews will be continued as long as desired with members of all three groups. If the patients are discharged from the hospital during the period of therapy, they will continue to be seen on an out-patient basis.

In addition to trained therapists it may be possible, during the course of the project, to utilize one or more lay persons selected for their naturally therapeutic attitudes. Such persons would be encouraged to spend an amount of time equivalent to therapy with one or more patients who would be studied in the same fashion as those in the therapy group. The aim here would be to see whether therapeutic attitudes, even without professional training, may be influential in producing personality change.

In all of the hospital therapy cases the patient will be placed in charge of one of the physicians cooperating closely with the project. This physician will have the final responsibility for the therapy and for the patient's welfare. It will be a part of his responsibility to avoid the use of EST or chemotherapy unless absolutely necessary. The purpose of this condition is to give as much of a trial as possible to the process of psychotherapy without other treatment means being utilized.

VI. The battery of research instruments will be readministered at intervals to all therapy cases and all controls. Some measures will be repeated every 3 months, others every 6 months. This will give repeated measurements of the degree to which the conditions of therapy exist for any given individual either in the therapy relationship or some other meaningful relationship. It will also give repeated measurements of some of the indices of the process of therapeutic change. (Most of the indices of process will, for the therapy group, be derived from the recorded interviews.)

Since the length of therapy is likely to be different in the schizophrenic and normal subjects, the only schedule which can be set up is that the battery of research instruments will be repeated every 6 months after therapy is over, for a minimum total period of 18 months. Testing should be carried on for one year after therapy is completed. The matched control individual will be tested as long as the therapy case with which he is matched.



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VII. The data from the research instruments and (equally importantly) the data from the recorded interviews will be analyzed to test the general hypotheses mentioned previously: that the greater the degree to which the conditions of therapy exist, the more marked will be the therapeutic movement; that the process of therapy will not be significantly different in the three therapy groups; that the process of therapy will occur to a significantly lesser degree in the control than in the therapy population.

More extended comments upon the way the data will be analyzed so as to test these hypotheses is contained in the section which follows on Analysis of Process.

VIII. The findings will be prepared in article or book form for reporting to the professions of psychology and psychiatry.

The recorded interviews, test data, and other materials from the project will be carefully preserved so as to be made available to any qualified research worker who wishes to pursue further study of the material. Some of the recorded interviews may be made available for teaching purposes with psychologists and psychiatrists.

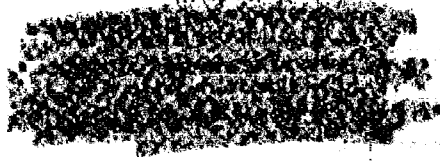
Analysis of Process

Since this investigation focuses largely upon the process of therapy rather than upon its outcome, it seems worthwhile to define our use of this term, and to discuss the ways in which we expect to test hypotheses relating to process.

In the experiential flow of events in a series of therapeutic interviews, certain characteristic sequences have been noted clinically. These may be thought of as evidence of therapeutic movement or process, of the changing which is going on. Since research can never study flow itself, process becomes defined operationally as those discriminable characteristic sequences which exhibit change over relatively short periods of time. Thus the individual may become more expressive of self-related feelings now than he was a month ago, or communicate less of non-self material, and more of self-description. Though such indicators of process are related to outcome, they come from a different order of discourse, and represent points in a sequential flow of events, rather than single end-points such as cure, recovery, or social adjustment, which are terms relating to outcome.

As a basis for testing our propositions regarding movement in therapy we will have various "samplings" of behavior gathered at different points in time. There will be the interview interactions between client and therapist; the interaction between the client and appraisal interviewer; the samplings of client behavior by means of objective and projective tests; the observations of his behavior. Our hypotheses are such that they predict sequential change in these samplings, in defined directions.

In order to clarify the directions, we have set up some thirty continua which define the qualities of change associated with psychotherapy or with the development of a more integrated or more optimum personality. Some of these continua have to do with: the way the individual perceives himself; his attitudes toward himself; the manner in which he experiences



himself; his degree of freedom to communicate himself. Others have to do with: the manner in which the individual relates to his problems; his relationship to his own feelings; his manner of experiencing; his manner of perceiving. Still others have to do with: his manner of construing experience; his manner of relating to others; his manner of problem-solving; the degree of rigidity in his behavior. In each of these continua we have operational means (sometimes crude) for determining the placement of any given sample of behavior.

To list a few of these continua and the way in which behavior samples may be located on them, may give a clearer picture of the method. The two ends of each continuum are briefly defined, and the instruments on which the measurement is based are listed.

- 1. Client perceives self rigidly, in defensive fashion

Client perceives self as fluid, changing person, reasonably related to self-ideal.

- 9. Avoids all experiences of self as initiator of choice, action, or values.
Maskin Scale of Locus of Evaluation (19).

Acceptantly experiences self as initiator of choice, action, and values.

- 14. Feelings exhibited, but denied as feelings.

Fearful experiencing of feelings.

Acceptant experiencing of feelings and personal meanings.

Process Scale

- 19. Perception is stereotyped, poorly related to reality.
Jonietz Scale for analyzing Rorschach (11)

Perception is reality oriented, more tentative, more fluid.

Using these concepts of samplings of behavior and process continua, the hypotheses of the study can now be stated in operational form, in an order suited to their logical presentation.

- I. Samplings of behavior taken from the control group at early, middle, and late points in the study will show no significant movement on the process continua.
- II. Samplings of behavior taken from the therapy group at early, middle, and late points in the study will show significant movement on the process continua and will show significantly greater movement than is found in the control group.
- III. The findings regarding movement on the process continua will not be significantly different for Group A (chronic) Group B (acute) or Group C (normal).
- IV. Process changes from left to right on the continua for the whole group (Groups A, B, C, and controls) will be positively correlated with the degree to which the conditions of therapy (as operationally defined) are perceived by each individual as existing in his relationship experience.

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Nature of the findings

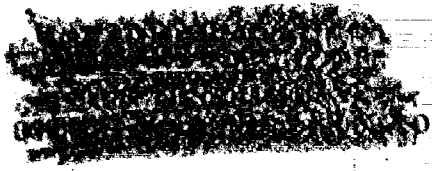
It is anticipated that the findings of the research will include statements of this order.

- It is (or is not) possible for therapists to establish the same conditions of therapy with schizophrenics as with normals.
 - The process of therapy involves (or does not involve) the same characteristic changes in schizophrenics as in normals.
 - The conditions of effective therapy and the process of effective therapy in schizophrenics and in normals is (or is not) the same as investigated in neurotic individuals.
 - The process of therapy involves changes a,b,c, etc, in all groups, but not changes x,y,z, etc.
 - There is (or is not) a positive correlation between the existence of the conditions of therapy in a relationship and the degree of movement on the process continua.
 - There is a positive correlation between the conditions of therapy and process changes a,b,c, etc, but no such correlation with process changes x,y,z, etc.
 - The conditions of therapy are (or are not) equally associated with process changes in individuals desiring therapy and those not desiring it, with individuals of higher and lower socioeducational status, with males and females, with markedly disturbed and less disturbed schizophrenics.
 - The attitudinal conditions of therapy are (or are not) as well established by lay persons as by professionally trained persons.
 - Condition a in the relationship is more positively correlated with process change in the client, than are conditions b,c, or d.
- These statements may suggest the nature of some of the findings.

Significance of the Investigation

Some of the significant aspects of this program may be mentioned briefly.

- Interviews will be recorded, providing valuable data not only for this study but for other investigations of schizophrenia.
- The control procedures are extensive, and will permit accurate interpretation of positive or negative findings.
- By selecting reasonably representative groups the therapists will be forced to deal with two very difficult problems which have not heretofore been studied: therapy for the individual who does not consciously wish therapy, or consciously resists it; therapy for the individual of lower socio-educational status, a problem highlighted by the recent study by Hollingshead and Redlich (10).
- It will be possible to study, in directly comparable groups, the process of psychotherapy as it operates in psychotics, and as it operates in healthy individuals. This should throw light on a variety of basic issues.



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In addition, whether the findings of the project are positive or negative, they should throw light on the nature of schizophrenia or schizophrenic behavior; should throw further light on the nature of psychotherapy and the therapeutic relationship; should add to our knowledge as to the process by which personality changes; should indicate whether this process is the same in the neurotic, schizophrenic and normal; should be theoretically significant in indicating the degree to which personality and behavior can change; should indicate whether well-adjusted individuals can profit from psychotherapy; may suggest the basis for large-scale therapeutic procedures with psychotic patients.

Present Status of the Program

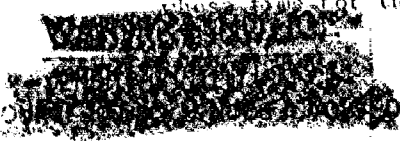
On the basis of an initial grant from the [redacted] through the University [redacted] Research Committee, this program is already under way. At the date of this writing (April 15, 1959) sixteen hospitalized schizophrenics and two well-adjusted normals are tested and matched, and more than 100 interviews have been held with the therapy members of the pairs. Five therapists are conducting the therapy and three other therapists are ready to begin. A project group of ten individuals is actively at work on the various phases of the study--selection and matching of individuals, testing, appraisal interviews, therapy. Dr. [redacted] serves as the coordinator of this group, and he and Dr. [redacted] carry the major investigative responsibilities. The project has the approval of the Research Committee of [redacted] Hospital and of the Clinical Director, Dr. [redacted] and the Superintendent, Dr. [redacted] and the approval of the Director of the Division of Mental Hygiene, Dr. [redacted]. The generous cooperation of these men and of the staff at [redacted] has helped to make the project possible.

The Development of the Program

It is no doubt evident that the study described above is simply another step in a continuing program of investigation of many aspects of psychotherapy with many types of individuals. Out of this study will come leads for further work. While it cannot be predicted with certainty what directions the continuing program will take, two possibilities, already under consideration, will indicate some of the current thinking.

Depending on the findings with the first block of 48 individuals, a second block of similar basic design may be inaugurated, selecting the new block in such a way as to settle issues raised in the initial study.

Another quite different possibility will almost certainly be carried out in one form or another. This will be to make therapy available, on as simple a basis as possible, during given hours on a given ward of either chronic or acute psychotics. A therapist will spend perhaps two hours two days per week in a ward, and will see for brief interviews (probably 20 minutes) each patient who wishes to see him. All interviews will be recorded, and will be available for various types of analysis. This will extend the range of types of disturbed individuals seen, will investigate the extent to which therapy will be sought if easily available, and may set a pattern which could be followed by hospital psychiatrists and psychologists whose time for therapy is very limited.



The reason for mentioning these two future possibilities is to indicate that the basic plan involves not simply one project but a continuing investigation of the possibilities and limitations of psychotherapy with individuals with varying degrees of disturbance, and the nature of the process of personality change in psychotherapy.

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REFERENCES

1. Barrett-Bennard, G. T., Dimensions of the client's experience of his therapist associated with personality change. Unpublished Ph.D. dissertation, University of Chicago, 1959.
2. Bellak, L., Dementia praecox: the past decade's work and present status: a review and evaluation. New York: Grune and Stratton, 1948.
- 2a. Bellak, L. (ed.) Schizophrenia: a review of the syndrome. New York: Lcpes Press, 1958.
3. Betz, R. J. and Whitehorn, J.C., The relationship of the therapist to the outcome of therapy in schizophrenia. Psychiatric Res. Reports no. 5. American Psychiatric Association, Washington D. C., 1956.
4. Praaten, L. J., Some exploratory studies of the discomfort-relief quotient and related measures. Counseling Center Discussion Papers, University of Chicago vol. 2. no. 24, 1956.
5. Brody, F. B., and Redlich, F. C., (eds) Psychotherapy with Schizophrenics New York: International Univ. Press, 1952.
6. Butler, J. M. Assessing psychotherapeutic protocols with content coefficients. J. Clin. Psychol. 1952, 8, 199-202.
7. Butler, J. M., and Haigh, G. V., Changes in the relation between self-concepts and ideal concepts consequent upon client-centered counseling. C. R. Rogers and R. F. Diamond (eds) Psychotherapy and Personality Change Chicago Univer. Press, 1954, pp. 55-75.
8. Halkides, G. An investigation of therapeutic success as a function of four therapist variables. Unpub. Ph.D. dissertation Univer. of Chicago, 1958.
9. Hartley, M. W. A Q-technique study of changes in the self-concept during psychotherapy. Unpub. Ph.D. thesis, Univer. of Chicago, 1951.
10. Hollingshead, A. B., and Redlich, F. C., Social Class and Mental Illness Wiley, 1953.
11. Jenietz, A. K., A study of changes in perception in relation to psychotherapy. Unpub. Ph.D. dissertation, Univer. of Chicago, 1950.
12. Kauffman, P. E., and Rainy, V. C., Two methods of assessing therapeutic progress. J. Abnorm. Soc. Psychol., 1949, 44, 379-385.
13. Kirtner, W. L. and Cartwright, D. S., Success and failure in client-centered therapy as a function of initial in-therapy behavior. Jour. Consult. Psychol. 22, 1958, 329-333
14. Lindsley, O. R., Operant conditioning methods applied to research in chronic schizophrenia. Psychiatric Research Reports no. 5. American Psychiatric Association. Washington D. C. 1956.

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15. Lewis, Nolan C. C. Research on Dementia Praecox. Washington, D. C. The National Committee on Mental Hygiene, 1936.
16. Luborsky, L. B., A health-sickness scale. Unpubl. Manuscript made available by the author.
17. Nachand, D. W., A factorial study of client-centered therapy; the case of Miss Bibe. Unpub. M. A. thesis, Univer. of Chicago, 1952.
18. Nunnally, J. C., An investigation of some propositions of self-conception; the case of Miss Sun. J. Abnorm. Soc. Psychol. 1955, 50, 87-92
19. Raskin, N. J., An objective study of the locus-of-evaluation factor in psychotherapy. In W. Wolff and J. A. Fracker (eds.) Success in Psychotherapy. Chap. 6. New York: Grune and Stratton, 1952.
20. [REDACTED]
21. [REDACTED]
22. [REDACTED]
23. [REDACTED]
24. [REDACTED]
25. [REDACTED]
26. Stephenson, W., The study of behavior. Univer. of Chicago Press, 1953
27. Stotsky, E., Dasten, Paul G., and Vardask, N. An evaluation of the counseling of chronic schizophrenics. J. of consult. Psychol. 1955 2, 248-255.
28. Walker, A. W., Rablen, R. A. and Rogers, C. R., Development of a scale to measure process changes in psychotherapy. Paper given at APA convention, 1958.
29. Whitehorn, J. C., A comparison of psychotherapeutic relationships between physicians and schizophrenic patients when insulin coma is combined with psychotherapy, and when psychotherapy is used alone. Am. J. Psychiat. 901, April 1952.
30. Whitehorn, J. C., and Betz, J. J., A study of psychotherapeutic relationships between physicians and schizophrenic patients. Am. J. Psychiat. 111-321, 1954
- [REDACTED]

31. Will, O. A., Jr., Psychotherapeutics and the schizophrenic reaction.
J. of Nerv. and Mental Dis. 1958, vol. 126, 2, 109-140.
32. Wittenborn, J. P., Wittenborn psychiatric rating scales. N. Y.
Psychol. Corp. 1955.

97-21



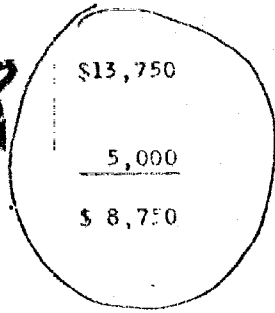
Budget requested from .

97-21

[Redacted] B
for period 7/1/59 - 1/1/60

Budget for carrying on program at optimal level for 6 months (see [Redacted] request, previous page) B	\$21,189
Support available from the University of [Redacted] Research Committee for this 6 months period B	5,000
Funds requested for optimal program	\$16,189

Budget for carrying on program at minimal level for 6 months, until optimal funds available	\$13,750
Support available from the University of [Redacted] B Research Committee for this 6 months period	5,000
Funds requested for minimal program	\$ 8,750



[Redacted]

Proposed Budget

97-21

Personnel

Requested from Other Source

Principal Investigator, <u> </u> Ph.D. (part time)	0	B \$5000
Project Associate, research coordinator, <u> </u> Ph.D.	\$6000	2000
Consultant, <u> </u> , M. D. (part time)	0	2500
Therapists (part time) <u> </u> M. D.	0	8500
<u> </u> Ph.D.		
<u> </u> Ph.D.		
<u> </u> M. D.		
<u> </u> M. D.		
<u> </u> M. S.		
Project Associate (full time, data analysis)	7500	
Project Assistant (one full time or two half time) (psychometrist)	6000	
Administrative Assistant (selection, matching, intake of patients, scheduling appointments)	5500	
Records Secretary (half time)	1800	
3 Research Assistants (part time)	6000	
Hourly help (clerical tasks)	2000	
Social Security and Retirement	2303	
	<u>\$37103</u>	\$37103

Permanent Equipment

Tape recorders and microphones	600
Files and cabinets	200
Typewriters	325

Consumable supplies

Recording tapes	2000
Folders, Cards, Office supplies	250
Psychological tests	100

Travel

For staff to do followup testing	300
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Other Expenses

Payments to control subjects for testing time	500
Sound-dampening of offices for recording	1000
	<u>\$5275</u>

Subtotal	\$ 5275
Overhead (15%)	\$42378
	6357
	<u>\$48735</u>

Second year	44000
Third year	44000
Fourth year	40000
Total Request	<u>\$176,735</u>

B

[REDACTED]

97

97-22

April 24, 1959

MEMORANDUM TO: The Directors

SUBJECT: Project Proposal - Dr. [REDACTED]

Attached is a proposal by Dr. [REDACTED] for the initiation of his observations on the process of personality change during psycho-therapy. Its focus is upon schizophrenics with a control composed of normal individuals.

He has proposed an optimal and a minimal program both of which should be considered. In conversation with him, however, I developed the feeling that the minimal program would meet his needs and would encourage concentration on his aspect of the proposal.

A [REDACTED]
Executive Secretary

[REDACTED] A

Page 3

97-93

April 22, 1959

Dear [redacted] A

I am attaching a description of the research program in psychotherapy with schizophrenics and normals which a group of us here are carrying on with initial support from the University of [redacted] Research Committee. B

I would like to ask if this program could be considered for temporary support by the Board of the [redacted] while we are endeavoring to obtain substantial and continuing support from the [redacted] To this end you will find attached to this letter: B

- a. A description of the program and its research design. G
- b. The budget request which we are planning to submit to [redacted] B
- c. A double budget request to the [redacted] for the six months period beginning July 1, 1959. This request is stated in terms of an optimal level of support, and also in terms of a minimal level of support which would enable us to continue until we can obtain more substantial backing. B

If in your judgment this is an appropriate request to submit to the Board, I would be happy to have you send copies of this material (and this letter) to the members of the Board for their consideration and evaluation.

Sincerely,

[redacted signature]

[redacted]


enc.

97-24

4 August 1959

MEMORANDUM FOR: THE RECORD

SUBJECT: REGULTRA

The amount of \$339.72 remaining in this project will be accounted for by the University  in their final accounting of Subproject 97.


B

A



TSD/Research Branch

