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Dick Bose

Nancy Adams

Babe Wilson

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“Mental Health Seminar”

May 21, 1975

Portland State University

PSU Library Special Collections and University Archives

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Transcribed by Taryn Yamauchi, June 16 – September 8, 2020

Audited by Carolee Harrison, February 2021

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Transcript note: This presentation includes a discussion period with participants in the seminar, whose names are not identified. First names are included when they were given.

MODERATOR: So, we decided we will talk about some drugs this morning, and asked Dick Bose, who is a director of Alpha House over in Northwest. And Dick was... is an MSW from Berkeley and I think he was a community mental health student there in their section or track, whatever they have there. And out of that he went to a couple of drug programs in California, and he's been up here at least about a year or something like that. And so he is gonna provide the program this morning, and I think he brought a couple of people with him who he will have to introduce.

DICK BOSE: This is Nancy Adams, Nancy's a counselor at Alpha House, and Babe Wilson, also a counselor at Alpha House. Really neat, I really feel good about coming over here. Being a... you know, I'm an MSW and I just went through this trip myself; I empathize with your... the agony and the ecstasy. I remember a dean once told me that... I had told him I had an interest in substance abuse, etc. He said, "Well gee, everybody wants to do that, and nobody wants to work with the older people in our society, or the broken-down people in our society." And he really didn't know what he was talking about, because I think that in many ways it's the exact opposite of that. So many people don't want to work with hardcore drug addicts; they are afraid of them. Any experiences that they've had with them they found rather unpalatable to them as professional people. The kind of pathology that you're dealing with is really frustrating,

it's thought provoking, and it usually makes you very uptight. Particularly if you are a Rogerian, which I am not.

But anyway, I thought that this morning, you know, Judy was telling me you would enjoy, or maybe not "enjoy," maybe that is the wrong word, [laughing] ...but want to experience some of the more confrontative kind of therapeutic—I don't like to call it therapeutic, but you probably relate to them that way—therapeutic techniques that we use in the drug field with hardcore addicts. I guess before we do that, y'know, I would like to spend a little time talking about drug treatment, and also what the problem is here in this metropolitan area, because I think you should know, okay.

I estimate that there are about 7,000 heroin addicts here in metropolitan area. That is, the four counties: Washington, Clackamas, Multnomah, and Columbia counties. And the way I determine that is by a good guesstimate based on my experience in other parts of the country. That if you have 10% of your population in treatment, you are doing rather well. So, if we have 700 people in treatment in a region, that tells me that there are 7,000 addicts out there. Also, the sources, my sources on the street tell the same kinds of thing. That's just the hardcore addicts of course. There are 35,000 addicts in Oregon who are not quote "hardcore" addicts but are... like there's 4, 5 thousand hardcore addicts in Eugene, and there's poly-drug abusers using barbiturates and alcohol, different combinations of drugs.

The drug problem has totally infiltrated the public-school systems here in Portland all the way down to the 4th and 5th grade level. We have gone out on many speaking gigs in the different, you know, grammar schools and elementary schools and things like that. And kids are telling us about the different drugs they use. Smoking dope at that age, dropping LSD sometimes on the weekends, in the 5th grade. These kinds of things are really frightening to me as a professional person.

And I think that the problem here in Oregon is nowhere near a plateau. I think we are still peaking. Because we... The experience of Oregon is not on the main traffic route for narcotics. Compared to say, Seattle, with its Canadian dope, and L.A. with its Mexican dope, Phoenix with its Mexican dope. San Francisco with Southeast Asian dope, New York with its Turkish and French connection dope. We have kind of been in a more rural and isolated area, and therefore it has taken a little longer for this kind of ripple effect to hit us, okay. And we are still rippling out from what is happening. And I thought that, like for a while there when I was working in San Francisco, I kinda felt like we have gotten somewhere, like I think we reached some kind of level and maybe we were gonna be dropping off in terms of the problem, but it's not really true.

So, we are faced with diminishing federal funds in this state. Because most of the major population areas have made the decision to deal with this in an even more rigid kind of criminal justice stance. For instance, New York City and the state of New York; they invested millions and millions of dollars in their different drug programs, billions probably. I remember Rockefeller in one of his last campaigns was saying, "That's the last drug treatment in New York; what we need are minimum mandatory sentences for street level dealers and other folks." And I think that kind of cynicism is just like saying to a cancer researcher, "Oh forget it, what you need to figure out is a better way to help these people to survive and cheaper burial costs, because this research, basic research is ridiculous. You guys are just wasting your time. People are going to die from cancer no matter what you do," and I don't believe that. We still don't... we have a lot to learn about drug treatment. And I think we have a lot to explore, areas that we don't really clearly understand.

So, this is why, I think, one of the reasons there is an Alpha House is because we are attempting to create a hybrid, a program which hopefully will integrate what we feel are the most significant things in drug treatment. To try to reduce, first of all, the length of stay, and try to increase the viability of success so that people can return to society and function in a constructive and positive way. Rather than to their former self-destructive lifestyles which also involve a secondary criminality, okay. The... I will just for a minute talk about how we got to this model, and then I think we ought to talk about that particular technique which is going to be demonstrated here. If that's all right. Just interrupt me; you don't have to feel like you are students with me. Okay? Thank you.

I guess I got into this thing kind of ass-backwards, because my mother was a chronic alcoholic. I think that primarily, when I look at why I am doing what I am doing, and if I want to be real with you, which hopefully I can do, I would have to say that probably the first reason I am doing what I'm doing is because my mother is a chronic alcoholic. And because I couldn't work with alcoholics... [laughing] I am working with dope fiends. But I didn't find that out until I got into this business for a while.

So, originally, my interest was rather academic in the institutionalization syndrome, that phenomenon which is the antithesis to community mental health, if you follow what I am saying. The notion of institutions in our society and the notion of community mental health are at odds with each other. And I was trying to figure out how can I speed this process, that is, the community mental health process, so that people are not ostracized from society and placed in these conclaves of insanity or sanity, however you want to look at those prisons and mental hospitals. And they can remain in their home community to be treated by people in their own counties, their own towns, their own whatever.

So, I looked at the big state hospital system, which was, at the time when I was in school, was kind of half falling apart. And felt like maybe I should get involved in this and go down and see what some of these places look like and what's happening in these back wards, and where people are and what is happening in terms of treatment. So, I went in to Napa State Hospital and I asked for the worst ward in the hospital and said, "I'd like to go and hang out with these dingbats and see what's happening." So, I got in there and these guys have been in there, they'd been schizophrenics, chronic schizophrenics, somewhere if you look in their records they were [...], [laughter] ...dementia praecox, and all that kind of antiquated talk. There wandering around the ward there in a phenothiazine daze, and I tried to make contact with them, and they tried to bite me on the neck and different things. You know, I really had a good time there, because I thought, what kind of a social structure can evolve there? What kind of cultural set... y'know, I am very interested in anthropology, and I think you'll see later on today how that fits in.

There are some cultural realities of a ward in a mental hospital. Different statuses and things that are given, some of the patients who have been there a long time and had certain places of responsibility in the staff that they negotiated somehow through their behavior with the technicians, who of course who run the hospital. These are the aides and technicians, whatever, the least educated people, but probably the hardest-working people in the hospital. But their consciousness is not always together. So anyway, I would try to work with these guys and finally I made some contact with them; you know, I moved some of them out of the hospital into foster care situations, even above the screams of their parents.

And I will never forget this one guy... there were many heavy, heavy things said to me during this whole process. One of them were... there was this woman and there was this guy who I believe had some kind of MS or something. He had a great difficulty in motor responses and trouble talking. He was brilliant; this guy was brilliant. He had been in there 21 years; his name was Gene. Anyway, he had introduced me to his mother one day, and she says, "Ms. Beverly has told so much about you." And I said "Oh, Beverly, right..." And they had little cookies there, it was around Christmas time, and she ate all these cookies that were there for the patients or volunteers. And I had just come in at the tail end of this, and she was just chomping down on another cookie. She says, "Beverly, tell them that the patients ate these." So this guy, in his craziness, in his bizarre motor functioning, comes back with, [in a deep, serious tone] "There is more truth than poetry in that, mother." [laughter] Well, it was crazy, it was crazy! So yeah, we got him out of the hospital. But this is the kind of thing that goes on. And I just said, well, y'know, I could sit here and try to get these guys out into foster home situations, but it is gonna

take... to do anything in this huge institution, I am going to have to go back to school, become a MD, psychiatrist and then wait 15 years. So, I don't think I'll do that.

And I start looking around at different institutions, counterinstitutions, alternative institutions. And again, the interest was in institutions. It seemed to me that the most ignorant people in the professional field were in drugs and alcohol. So of course, that is where I went, because I felt that, being naive and ignorant myself, I thought maybe I could learn something. Plus, they didn't seem to be afraid to experiment. So, they were trying all kinds of crazy ideas. Different environments, different outpatient techniques. They weren't afraid to seemingly talk the truth to their clients. They weren't lying to them or telling them they were something they weren't. Some of them were, but a lot of people in the field seemed to be groovy. So, I got involved in that.

And... so it went. First, I was in outpatient and I had a... for a couple of years I was at Marin Open House, which was a really very highly respected program just north of San Francisco; at least respected by different organizations, the World Health Organization. And IMH saw it as a prototype program, kind of a development center for the West Coast to try out new modalities. We had all kinds of bread and quite a few talented people. But seemingly nobody was getting better. Except the staff; they were getting fatter. We were enjoying ourselves. Groovy times. Go to Tassajara hot springs for retreats, eat zen bread and blow nose flutes with each other. There were a few things that weren't happening for the clients.

And so, I kinda looked around at some of the older, more traditional places like Synanon. And had some friends who were from Synanon. And they got me kind of in touch with some of the Synanon people and I would go to talk to them, rap with them and see where their heads were at. Very arrogant. "You are nothing, there is only one drug program, Synanon, and you know it." They are the grandfather of all drug programs so they can talk that way. And they're also a 40-million-dollar-a-year corporation, so when they talk that way, you listen to them. They got 45 hundred addicts living with them, so they must know something. They got something.

So I was paying attention, and I got introduced to John Maher, who was the head of Delancey Street, who at one time was also a member of Synanon, very high up in the Synanon organization. It was a highly structured organization, to be sure. So, John had a philosophic split, as many people around the country did with Chuck Dederich, on a variety of different types of issues. And most of the major therapeutic communities—and when I say therapeutic community, I am talking... that is, an entity which involves all of its parts in the treatment process; that is, the residents, the staff, the secretary, whatever, everybody's involved in the treatment—and there's a peer pressure system and and culture which goes with that. So all these therapeutic communities around the country are kind of offshoots of Synanon in one way

or another, whether the people were directly a split from Synanon or whether they got most of their ideas from Synanon. But that's not very relevant. In fact, Synanon is a spring from which all therapeutic community drug treatment in this country flows.

Maher had this split with Dederich over the fact that Synanon was an alternative society; it was more than an alternative institution. Haha. It was an alternative *world* in a way, an alternative culture, an alternative lifestyle. And he felt, Maher that is, that the place for drug programs was in the streets and right within the political and social structure of our society. Because he felt this is where the problem is. He created Delancey Street, and it has only been operative for 3 years, I think. And already in that time... this guy is really amazing. If you ever get to San Francisco and you're there on a Friday night, make sure to take a Delancey Street orientation, because it will give you a thrill, okay. But uh... they have built themselves in a very rapid period of time into a very highly-respected short-term residential treatment program. They claim they're short-term. I am not so sure of that, yet. It's only been around for 3 years. I don't know what happens to their graduates. I think they're still somehow connected to this organization.

But anyway, my idea for residential treatment was recognizing the certain problems with those more traditional therapeutic communities. That is, this heavy peer pressure system created control over behavior and over attitudes that was out of control. But it took a tremendously long period of time to internalize those controls, okay. Does everyone follow me? What we felt is that if we can somehow blend psychotherapy with this therapeutic community treatment, or this heavy peer pressure system, that in fact we could achieve internalization much, much faster. Much, much more rapidly. Okay? So that a person wouldn't have to stay in a drug program say 2 years, or the rest of his life. But maybe they can do it in 6 to 9 months. But we don't know if that's true yet. We are speculating.

This is the way this model is set up. It is a total blend of some of the most positive things both in this therapeutic community and in professional treatment. We use different therapeutic techniques; we have used T.A. in the past which was kind of dismal failure. We've used reality therapy, sometimes gestalt therapy, sometimes sensitivity training. Sometimes we use this guy... we have a new treatment director; he is an expert in biofeedback. We will be getting a biofeedback system. One of our clients we sent out to get Transcendental Meditation training. There's lots of different ways you can go at this. We don't know which one is going to click for us or those individuals. So we keep trying on different things. That's the one side.

So we are kind of scanning intellectually, trying to understand which cycle of therapeutic techniques is going to be most appropriate. We are also going to get training in psychodrama. I really believe in psychodrama; I think it's good for drug addicts. I think it is a very appropriate

method for drug addicts. And my staff, we are setting up a workshop with [...], because when [...] and I get together it's going to be gangbusters! [laughing] Anyway.

The staff is a combination of paraprofessionals; the majority of the people are paraprofessionals, recovered addicts. There are only 3 quote "professional" people, whatever this means; you can look it up in your literature. Does anybody have the page? Professional in the sense that they have a master's degree. Or they have a professional ranking, because I just promoted quote a "paraprofessional" to professional status with the wave of my administrative manipulative wand. That line is very ill-defined in our program because that's the way I think it ought to be. When you are talking about community mental health you better be talking about *community* mental health. And *community* is when you have people who are involved in that community, involved in that mental health program. I mean that is the essence of what community mental health is all about, as far as I am concerned. It isn't some conclave, some satellite center sat out there in each neighborhood. This is your community mental health center and there is your community mental health professional, and next to him is a mental health psychiatrist. You know, it's all bullshit. That is clinging to the past. The future is: people can treat themselves when given the appropriate tools and when given the right kind of training. We as professional people, I think, ought—need—to admit that to ourselves and need to facilitate that process. Or eventually be run out of the business on a rail. And if you don't believe me, the Council on Social Work Education, that great and powerful body located somewhere in the Western hemisphere, has recently been talk about accreditation for AA degrees, BA degrees. What is that all about? I am suggesting to you that this is the way, this is the wave of the future. And I think we ought to anticipate it. So this staff is a blend of all these different kind of folks.

Now, any questions about Alpha House and anything that I said so far?

AUDIENCE: How do you get referrals?

BOSE: Referrals can come from anywhere; self-referrals, private agencies, from criminal justice systems, but they all need to be funneled through our central intake unit. We have a central intake unit which evaluates through the dater, which is a drug abuse referral system developed by a very bright guy down in Berkeley named Stephen Patel. Which helps people who are not too experienced working with drug addicts to make appropriate referrals to different modalities which seemingly fit who they are, their pathology, their life history, etc. Plus, they do medical screens and things like this for us. So they all go through that unit. But we could get referrals from anywhere. Any other questions?

AUDIENCE: But your clients are entirely voluntary?

BOSE: Oh no, oh no. Most of them are there by coercion. When you say voluntary... what I think is they walk in off the street and they say here, treat me. What do you mean?

AUDIENCE: When you mention the criminal justice system... but they are not committed somehow. They are voluntary, at least on paper.

BOSE: Yeah. Although if they do not successfully complete our program, they will go to the penitentiary. That's why I said that it is not very voluntary. We do have about 2 or 3 volunteers right now who do not have no criminal justice ties.

AUDIENCE: What is your population? How many?

BOSE: How many? 15. But we... for next year, this is a real problem here in Oregon. There is only 2 of these places for adult hardcore addicts in this state: Freedom House and Alpha House. This is about 29 treatment slots, static slots. Where in methadone they are talking 700 outpatient, maybe 4 or 500. We feel, and I am lobbying very, very strongly to get more of these residential treatment centers to be set up around the state. In fact, one of the reasons for the Alpha model is to provide communities with a model that can be replicated. Many of these T.C.s operate on just pure energy. Pure kind of charisma. There is no written model, there is no scenario, there is no substance which could be reproduced. What we are trying to do here is to develop one in Oregon that can be reproduced. Hopefully it is not too costly. Okay, so...

AUDIENCE: How many people there are addicts?

BOSE: We don't know. They are not all addicts in the sense that and addict... well, yeah, I guess they are all addicts. What we like to think of is not just heroin. We think we can treat anybody who is motivated, who has been on a serious self-destructive life pattern. We have 1 guy who has 2 master's degrees. One in secondary education and one on pharmacology. Haha. He used to be a certified pharmacist and the guy got into Darvons. He was taking 50 – 60 Darvons a day. He developed a very compulsive behavioral pattern around pills, and he could take anything. He was not a heroin addict, but I would say that he was on a self-destructive life pattern. By age 30 he had 3 wives, 3 families. Lost an innumerable number of jobs. Very brilliant young man, greatly troubled. Has a wonderful smother. [laughter] That's an example of one of the kind of people who is not a heroin addict who we treat.

Then we have other people who are speed freaks, shot crank, methedrine, mainlined crank. Got one kid who I guess I would say is more of a psychiatric patient. He is suffering from what I think is a grief syndrome. Had a death wish out on his father and his father died, aged 43, he was a farmer. Specialty farm, big farm in eastern Oregon. And he was the number one son, right... almost killed him. He got into tequila and cocaine. So anyway, we have different kinds of folks. We got one guy that I don't think he was ever a drug addict. But he said he was. And before that he said he was an alcoholic. And before that he said he was a homosexual. I think that... so we are trying different things; we do little experiments to see if marginal people who are not quote "hardcore" can work in our facility. I think that the present population has developed, has evolved. This therapeutic core which is so essential for the operation of a therapeutic community.

This is the essence of the peer pressure system. Some of these people who I described, in fact all of them now are part of this therapeutic core. Which is really neat. That means they're senior residents; it means their behaviors and attitudes have changed significantly. That means that they had no criminal or illicit activities, drug usage. They are employed, they have to be employed to be a senior resident. Majority of the people in our house are now working. That isn't always the case. This particular group that's going through, we have more in the senior resident category right now than we have ever had before. Which is positive very, very positive. When a new person comes in, they get the full impact of all the things these guys have learned in that setting.

Let's talk about the Synanon Game, or the Delancey Street circus, or the Alpha House confrontation techniques or whatever you want to call it... What is this all about? Why in the world would anybody subject themselves to this? Whatever it is. I know we are all terrified; I'm scared myself. I guess the first time I came up against it I was in Napa. I was just a kid just like I am now, I haven't grown up at all. Anyway, I walk into this place and here is this Black dude sitting across this table and his name was Charlie. And he is a coordinator for the Napa family. I said well, okay, "I came here to learn more about your program, man." And he says, "You're prejudiced." I said, "Well, you know, I don't know what you're talking about." "I said you're prejudiced." And I said, "What?" And he kept driving on me, right. And I am going, sheesh, what the hell is happening here, this guy is crazy. And it was about 10 minutes into this show, I am getting hot and getting angry at this guy, and finally I jump up and said, [loudly] "What the hell are you doing, man!? I came down here to find out about your program and this is the kind of shit you are going to lay on me! Who do you think you are, sucker?" This guy cracked up; he starts laughing. He said well, "If you are going to come in here, man, this is what you have to deal with. So I just wanted to see where you were at." Okay. Far out. And I think that was... uh, I am laughing about it now, but I mean, man, I didn't understand it. It was a cultural shock to me.

Something that I guess, you know, I have never experienced. That directness. That raw energy. Which he was laying on me and that I was experiencing. That was my first experience with it. And my reaction was terror. Then later I went to Delancey Street and I was part of their circus club, which... excuse me, let me get a cup...

AUDIENCE: He's all winded. [laughter]

[some background conversation]

BOSE: I hope you aren't bored.

AUDIENCE: We would be very direct if we were.

BOSE: So, one of the things I found out about this business, this game, this circus, whatever you want to call it, this confrontation, is that first of all it is not therapy. Anybody who does this will tell you that. Anybody who understands this and knows how to use it will tell you that. So, I would never call it "attack therapy," because that is bullshit. What it is, and I think it's most appropriately described by John Maher is "emotional gymnastics," okay? Just like you would want to run on a track and strengthen your leg muscles and exercise, which I could use a lot more of. This allows a person to exercise that part of their consciousness which they need, first of all, to survive out on the street. That is that kind of directness that is needed to survive out on the street. That's one of the things that that is all about. When you see a dope fiend out on the street and you're recovered, right, and you're walking down the street, this guy wants to pull you into the sewer with him. Because every cleaned-up junkie tells him that he is not together or whatever. So, he is always going to try to suck you back in with him. Because you were partners before, because you did burglaries before, because you hit old ladies over the head together before, because you sold your old ladies into prostitution before, whatever, it was all right. So, he really has a need, that junkie out on the street, to pull those people who have rehabilitated themselves back to where he is.

So you need this directness, because you got to be able stand up in somebody's face who you ran with on the street, who you were part of the dope fiend code with, who you trusted, who you thought was cool. And you got to stand to his face and say to him, "I don't want to know you, I don't want you near me, get out of my life," *boom*, walk away. Don't talk to him. Don't listen to his sniveling. Don't speak to this man. Just lay it on him and walk away. Because every time you flirt with this guy, you are flirting with your own death. You see, we believe that drug issues are life and death issues. Most of the people who do not succeed spend the rest of their lives in total institutions or are discovered in the morgue. Are beaten senseless. We had one

guy who did not graduate from our program who got hit with a lead pipe a number of times and is now kind of a vegetable. Another guy who got into a bad dope deal, a very young man maybe 23 years old, lost an eye with an ice pick. These are serious issues. These are heavy, heavy issues and we do not underplay that a bit. Out of necessity, we sometimes have to talk tough. We have to talk confrontative. Another part of this, and that is when you look at the self of somebody who has made the choice—and I believe it is a choice—to go on an addictive search, whether it's for alcohol, whether it's for a combination or drugs, whether it is heroin. I don't think that people do that, for example, out of boredom. I don't think that they become hardcore addicts because they want to cheat death.

I used a lot of drugs when I was down in San Francisco. What I thought were a lot of drugs, anyway. Probably nothing. But I never became a dope fiend. My life did not become disrupted and I didn't enter into some self-destructive life pattern. And it is curious to me that the majority of the people that I am involved with, this... the drugs are only really symptomatic of larger and greater problems within themselves. Very different, different kinds of personality disorders. I don't want to get into labeling them. But essentially, the drugs help to mask that, insulate them from them. In some... there are some rare cases that I have seen of people who were... got into it for economic reasons. Mostly this had to do with ghetto populations. Who, y'know, the kids grow up in an environment where they see this kind of stuff going on, and people playing the numbers and people think they are a lot more [...]. They think, well, I can get into this and not get hooked. Become a big time dealer, because a big-time dealer is not a dope fiend. Haha. Don't kid yourself. Very clever capitalist to be sure. So anyway, these guys try to get into this entrepreneurship and *pssssh*. Eventually, after time, when they keep tasting their own wares, they get hooked, but that is the rare exception. By and large you are dealing with people who have serious personality disorders, and difficulty in interpersonal functioning, poor self-image, lots of old skeletons in the closet from their families, et cetera.

So, in order to get to that stuff, in order to get into the proverbial center core, right? The way I like to visualize it that you have the self, and it's kind of a sphere-shaped thing. And on the outside of this sphere there is about 2 feet of armor, and this armor, or what is commonly known as defense mechanisms, is very resilient, tough, hardened, and armor-like. I didn't always believe that. But I believe it now, because I have seen over a period of time probably close to about a couple thousand addicts, and this armor manifests in many different ways but it's there. And it is there out of necessity. Because of the subcultural set from which these people come, because of the criminality which is involved, because of the clandestine kinds of activities that out of necessity the drug addict has to resort to maintain his habit. This armor is formed over and over and over and over and over, okay. So that a drug addict feels no compulsion, for example, when his mother is sleeping in the bed there and she's got a diamond

ring on her finger, and he slips it off and goes and pawns it for \$10. Or, somebody, have a ten-speed in here? Your ten-speed there, parked outside somewhere, tied to a nice lamp post. He has some cable cutters in his pocket, walks up... *pow*. That is a great hustle. A ten-speed is one of the best hustles there is for a drug addict.

Then of course you get into other kinds of drug addicts. You get the paper hanger, we've got a paper hanger who probably owes some half a million dollars around the country to different banks. You have the robber, the drug store robber, the burglar 1st, 2nd, 3rd degree—the booster, the prostitute, the dealer, the burn artist; all these folks, and through all these experiences. Plus being ex-cons, coming from foster homes, having pathological or dysfunctional family structures, going to the penitentiary for 5 years and becoming a punk. Getting screwed in the ass by some big convict. And another... a variety of other social events and experiences that people have when they're a drug addict.

So, this armor is formed, and it is formed for survival. But it also... it does serve a purpose out on the street, okay. But in order to treat, in order to get through this armor, by necessity you need to use these what I call "20-megaton therapeutic techniques." This is what the Synanon Game is all about. This is what the circus is all about. And this is what those confrontation techniques at Alpha House are all about. To explode this defense, this heavy armor. You cannot persuade them to drop it, you cannot cajole them, you cannot tease them into it. Literally it has to be ripped off or blown off. And believe me I have tried the other, and the other just continues that self-destructive and kind of colluded behavior of the therapist, which they have learned so astutely because of all the institutions they have been in. And all the wonderful open-toed social work ladies that they talked to, and other people. And so y'know, they fall right into this therapeutic rap. Oh yes, yes, I know just the story that is going to appease this person, and the pain I don't have to experience, etc., etc.

And so really the person is deluded into believing he is being treated. And you also are deluded. Until they walk into the clinic and they are blue right here, and their lips are blue, and they fall down in the lobby, and you call an ambulance and you are pushing on their heart. Then you know that the whole thing was a joke, the whole thing was a scam, and the whole thing was just bullshit. I have had this happen; anybody in the drug field, who worked in it long enough, knows what that that feels like. Had you talked straight to this guy, had you not allowed him to see, for instance, Valium as an alternative to his addiction, or alcohol as a safe way to go instead of heroin; if had you been straight, perhaps this guy wouldn't be laying there on the floor. So I took up a stance... a guy would come into the clinic, I would say, "Gee, are you still alive? How's that?" And he says, "Huh?" "What? I'm really surprised to see you alive right now.

I thought you would be dead by now, the way you are acting.” Through these kinds of shots, you are chipping away at this armor. That’s in an outpatient setting.

The neat thing about a residential area is that they’re there 24 hours a day, 7 days a week, for like 6 to 10 months. You can deal over a long period of time. The first step, however, to successfully rehabilitate an addict is deal with his behavior, control that behavior, get him to control it. So that they don’t get into this compulsive behavior patterns, going and taking all these pills or whatever; their attitude isn’t spilling venom all over the place. The way you do that is you go right to these defense mechanisms. Don’t avoid them, don’t run away from them, don’t ignore them. Go straight at them—[making pounding noises]—you know, a battering ram. And you might say, “Geez... what is this? Case methods, here? Don’t you want rapport, trust?” Sitting there with your legs crossed like this. Welcome to my office; here’s my Kleenex box, here’s my tape recorder—don’t be afraid of my tape recorder, it won’t hurt you. Now let’s talk.”

The dope fiend gets nowhere with this, so out of necessity we use these techniques. We try to be careful with them. We know that they are treatment-readiness techniques. They are not therapy. Like I said, we have to blow this away before we can deal with that stuff, that soft stuff, that inadequate self-image, you know, all those kind of things. That hurt place. We got to get rid of this first or we are never getting in. So this is treatment readiness. It is going to be rather bizarre; some of you will wonder if you just met the Marquis de Sade. But I am really not that bad a fellow. I want to tell you that this may be different, so I hope you’re ready for different-ness. [laughing] Do you have any questions about what I have been saying? Or...

It is important to remember that not everything is going to be said, okay. You know how in a lot of therapeutic techniques you feel feelings. I had a real feeling last night. I told all the residents about it. I worked late on some budgets and ate some macaroni at the house. And it was like pretty heavy. God, I got a real feeling, I just ate some macaroni. Not all that’s real... what we are going to do, and I think the best way to relate to it is that it’s not rational. Feelings are not rational. We are not always rational. What we are going to do is pretty near rational, and I have been trying to show everybody the whole time that I have been talking that in some ways I am rational and make some sense. So you are going to have to trust me in this. I want you to feel free to say anything you want. In any way you want to say it. To anybody you want to say it. When we get into this. I am building up to this, because I want to make sure that everybody understands what they’re getting into. Does anybody have any questions? Are you... I am understanding that everybody in this room wants to take part in this, is that right?

AUDIENCE: Hm... [laughter]

MODERATOR: I'd like to say when we interviewed Dick, he told us that this is really pretty powerful. And if anybody wants to go out that is cool.

AUDIENCE: I wish you would just get on with it.

AUDIENCE: What I am wondering about is the timeline.

BOSE: What time is it?

AUDIENCE: Well it is 10 after 9, but a lot of us have a class at 10.

BOSE: Well, that's fine, we will be finished long before then. Let me explain to you some of the rules. First of all, keep in mind, keep in mind what we are doing. And don't get lost in your own thinking process. Try to stay in your guts. Okay. And there are certain techniques. One of them... well, there are certain rules. First of all, don't leave your seat under any circumstances. Nobody leaves their seats. The second rule...

AUDIENCE: Is it so you don't get beat up?

BOSE: Yeah, that, essentially. The second rule is always support the probe. You may, in this conversation, get attacked by being supportive of somebody who is currently feeling the weight of the probe. You understand what I'm saying? You will. You can use techniques called, y'know, like carom shots. I think you ought to watch carom shots because they're very dangerous. As Nancy knows, I just hit her with one last week. A carom shot is where I would say, you know, to... what's your name?

AUDIENCE: Rosemary.

BOSE: I would say something to Rosemary. I would say something like, y'know, whatever... say something about you that was rather uncomfortable, not nice. But it hits somebody else... that is a carom shot, it is *poom, poom*. You know how a carom shot is. That's what that is. I expect you folks, because you know each other, that you have some business that you want to deal with. That is my expectation; if you think we are gonna sit here and do this [...], you are wrong. I think there is probably business in this room. How long have you spent together here?

AUDIENCE: A couple terms, 3 terms...

BOSE: *Three terms!* God. Are you sure you want to stay? [laughter] Okay, everybody ready? You know this guy over here, this guy Jay Conrad, I think this guy is a cheapskate. He takes us down here, man, takes our good time, we come down here and the cat doesn't even offer us an honorarium. And what the hell is that? Can you believe this, a big school like this, fancy building? I don't know man, I think this guy is a shuck. He wants us to come down here and talk to all these kiddies.

BABE WILSON: Yeah, right. I don't think none of them understand a word you said, man. I don't think none of them understood nothing.

BOSE: Well, they are children. This is the way they like to be treated. Students in social work school, I know where they're at. All right, kids. Nothing but what they used to call house niggers. Right? That's what they are, house niggers, all of them. Letting these professors run all over you. Then scream because you can't do what you want to do. Not willing to get off your ass and do anything, right? Isn't that right?

WILSON: Yes.

BOSE: Social workers, what a despicable lot. Tell them about social workers, Babe. You ran into a few. Tell one of them about it. Who looks like the biggest social worker in this place? Who do you think it is? Pick one out. Go ahead.

WILSON: Sure is hard. [laughter] How about this cat here? The scared one. Um, what profession are you going into in social work?

AUDIENCE: Mental health.

BOSE: Mental health? What are you going to *do*?

AUDIENCE: Probably work in a clinic.

BOSE: Work in a clinic? What would you do in a clinic?

AUDIENCE: Uh probably counseling.

BOSE: Counseling? What do you know about counseling?

AUDIENCE: Not a whole lot.

BOSE: Not a whole lot? You mean you're going to go out there and deal with people's lives and you don't know a whole lot about counseling?

AUDIENCE: That's right.

BOSE: God damn, man. How do you think people get fucked up in this society? How do you think Babe, man, fifteen years a hardcore dope fiend, man, if people like you helped him do it? What do you think of that?

AUDIENCE: I think there's a lot of truth to that.

WILSON: Is that why you going to go out there and do the same thing?

BOSE: This guy is so agreeable. What the hell are you gonna do that for? Why don't you drive a truck? It's safer? ...No comment.

AUDIENCE: I think people can have an effect on other people. I don't think I'm gonna...

WILSON: You are right, you are going to have an effect on 'em. You sure are. You are dealing with people's lives, man, and you're going to go out there. And your life is all fucked up, if you are not together. You are trying to tell him how to get his to get together.

BOSE: What do you think about pot, do you smoke pot? Do you smoke pot?

AUDIENCE: Occasionally.

BOSE: What do you think about it, do you think it's safe?

AUDIENCE: He smokes it more than occasionally.

BOSE: You ought to know.

AUDIENCE: I ought to know, I am his partner. [laughter]

BOSE: What do you think, pot's okay, man? Or what?

AUDIENCE: Yeah.

BOSE: Is that what you're going to tell the kids when they came up to you? Fifth-graders. "Sure, smoke pot, it's good for your health."

AUDIENCE: No, I let them decide.

BOSE: You let them decide? A 5th grader?

AUDIENCE: Yeah. I don't tell them, I don't tell them what they can do and what they can't. I am not their parent.

BOSE: You are not their parent, man, but you gonna let them kill themselves? A 5th grader can make those kinds of bad decisions.

AUDIENCE: Well, they're are going to make it whether I do or not. It's not gonna be up to me.

BOSE: Oh, I see. So you disavow responsibility or social consciousness in any way to these young kids out on the street. Is that it?

AUDIENCE: Mm-hmm.

BOSE: Yeah, I know your type.

AUDIENCE: Because they're going to decide, they're they are going to pick out what they're gonna do and they are gonna do it. And if they come and ask me...

BOSE: What are you going to say, "Well, whatever you do, it's your decision, man."

AUDIENCE: No, no, when they ask me I say, if I don't know them very well, I just say that it's my personal business.

WILSON: If you don't know them very well?

AUDIENCE: Yeah, and if I know them very well...

BOSE: You mean they come in for advice, and you tell them “It’s my personal business” when they’re asking you for advice. What the hell do you guys teach these people in this fucking school? Goddamn.

AUDIENCE: Well, sometimes they come up to me in a classroom and they go, “Hey do you drink, do you smoke, do you smoke dope?” I go, “That’s not the purpose of this class. The purpose of this class is to help you think about what you want to do, not what I’m doing.”

BOSE: What do they get out of the that? Yeah, he smokes, he drinks. Haha!

AUDIENCE: They know I smoke and drink. I mean, kids know.

BOSE: Why don’t you tell them then?

AUDIENCE: For one, I would get hassled by the school.

WILSON: You always like lying to little children?

AUDIENCE: Because they are so gullible...

BOSE: Little kids are gullible, huh? Shit, they’re a lot straighter than these people in this room.

AUDIENCE: I don’t think he is being straight.

[AUDIENCE and WILSON talking over each other]

AUDIENCE: How am I acting?

AUDIENCE: Because I don’t think you are saying what you believe.

AUDIENCE: Shit, I am telling you the truth. Okay, what did I say?

AUDIENCE: You are smiling while you are doing it.

AUDIENCE: You are smiling.

AUDIENCE: I think you were not being straight when you said you would allow them to make the choice.

AUDIENCE: That's true.

AUDIENCE: You are being straight.

AUDIENCE: I'm being straight.

WILSON: You would let them make the choice?

BOSE: A little fifth-grader comes up to you... Tough guy huh? Mr. Chump. "Okay Mr. Chump, what do you think about this, smoking pot?"

AUDIENCE: And you say, "Oh don't do it, don't do it, you are going to die, man." My friends tell me the ones that counsel drug addicts they know where it's at, they know that if you smoke, you're gonna die. Drink and drive...

BOSE: How do you know where we are at?

AUDIENCE: That's what you have been intimating.

BOSE: Intimating? You never asked me anything directly. Why don't you give them the latest scientific data. Why don't you tell them what you could do as a professional, man, and let them know where it's really at, because no one knows anything about pot yet.

AUDIENCE: I know that. That's why I am not gonna tell them.

BOSE: So you're not gonna tell them anything. There is a calculated risk every time they smoke that joint.

AUDIENCE: No, I am going to tell them the pros and cons that I know right now.

BOSE: That isn't what you told me. You told him you'll let them make their own decisions. This guy, you better watch out for him. Dangerous.

AUDIENCE: There is no contradiction from what I said.

[arguing over each other]

BOSE: You told me, man, what you said was you know, yeah, they would come up and I wouldn't give them any advice at all. Good Rogerian, nondirective kind of counselor.

AUDIENCE: No, I said I would let them make their own choice.

BOSE: Yeah, right, but you wouldn't give them any data to help them.

AUDIENCE: I didn't say that.

BOSE: That's what you said.

AUDIENCE: No, I didn't.

WILSON: You know they are incapable of thinking.

AUDIENCE: They are incapable of thinking?

WILSON: When they got you for their counselor, haha.

AUDIENCE: They are never incapable of thinking.

BOSE: You are like Muhammad Ali with a rope a dope, man.

AUDIENCE: You guys are acting like a counselor has this big influence and he doesn't.

BOSE: Oh, I see, doesn't have any influence on little children, huh. Fifth-graders.

AUDIENCE: Little children. You're making it sound like...

BOSE: Well that's what they are, little kids, man, little kids. Fifth-graders. Nine, ten-year-old kids.

AUDIENCE: My heart just breaks.

BOSE: I'll bet it does, I can see it. I can see you are really concerned. What about you, why are you a social worker? Are you like him?

MARCIA: Do I like him?

BOSE: I said are you like him?

MARCIA: Am I like him? I don't know. On a specific issue?

BOSE: Do you know him?

MARCIA: Yeah, I know him.

BOSE: So, you don't know if you are like him or not?

MARCIA: No.

BOSE: And you are going to be a mental health counselor?

MARCIA: Yeah.

BOSE: You must be pretty perceptive.

MARCIA: I don't understand that.

BOSE: You don't understand that? God, you have been in here three terms; you known this guy, sat in the same classroom with him. And I ask you, are you like him?

MARCIA: Mm-hmm.

BOSE: And you said, "I don't know."

MARCIA: Right.

BOSE: Okay. Seems to me you have to have some natural ability. Some perceptiveness. Some... I can tell you right now. I am not like him. I don't have a beard.

MARCIA: Thank god.

BOSE: "Thank god," hah, right. For sure. You don't have a beard either. You don't smoke a pipe either. Do you?

WILSON: No kind of pipe?

MARCIA: Occasionally.

BOSE: Occasionally, okay. So why are you a social worker? What do you do?

MARCIA: I guess because I get along well with people, for the most part.

BOSE: How come you are holding your stomach, do you have a stomach ache?

MARCIA: No, because it's big.

DICK BOSE: It's big? So is mine. See that. So, you have no motivations, no reasons, no... you have no idea why you are in this room.

MARCIA: Why I am in this room? Because I am required to be in this room.

BOSE: Oh, you are required? Well, you can leave anytime.

MARCIA: I know that.

BOSE: Why do you want to be a social worker? That's what I want to know.

MARCIA: Because I like it.

BOSE: What do you like about it? That's what I want to know.

MARCIA: I like being with people.

BOSE: You can be with people in a bunch of different ways. That right? Be a bus driver, be with people all day. Lots of things you could do to be with people. Why a social worker?

MARCIA: I couldn't answer you.

BOSE: You mean, you don't understand your own motivations for being a social worker?

MARCIA: I don't know that I am not saying I don't understand it, I am saying I can't verbalize it.

DICK BOSE: How about in a nonverbal way? Can you show us why you want to be a social worker?

MARCIA: Mm-mm.

NANCY ADAMS: How long have you been studying this?

MARCIA: How long have I been studying this?

ADAMS: Yes, how long have you been in school?

MARCIA: Just a year.

ADAMS: Yeah, but you have been in social work longer than that. And you don't know why you want to be a social worker?

MARCIA: I didn't say that I didn't know. I said I couldn't verbalize it. I answered that I liked it, I like it, and I feel that I am good at it.

BOSE: You like to be around people, and you feel that you are good at it. But you don't know why? I know why.

MARCIA: Why?

BOSE: Well, because my mother was a chronic alcoholic. And I had this obsession, see, to help these poor devils and to help myself understand why I didn't have a mother. Why I cancelled my mother as a human being because she was an alcoholic. I mean psychologically. I say maybe that's the reason.

MARCIA : Have you gotten that out of that being in social work?

BOSE: I would say so. Yeah, I would say so, probably.

ADAMS: You said you had been in the business a lot of years before you found that out about yourself.

BOSE: Yes, that's true.

AUDIENCE: Yet, you want to us to know our motivation right now.

BOSE: I just want to see if you know. I don't want you to do anything. Do what you want to do. Eat a pizza if you want to, I don't care. I had one last night. God, it was horrible. See, I was on a self-destructive pattern from doing 2-4 budgets. So, I ate that macaroni, then I went out and ate a pizza late at night.

ADAMS: I don't understand how you got into this school if you don't know why you want to be a social worker.

BOSE: Didn't you have to do a biographical sketch?

MARCIA: Oh yeah. That was bullshit though.

AUDIENCE: Oh, right, that's to get in. You write that to get in and kind of find out what they want.

AUDIENCE: And tell them what they want to hear.

BOSE: That's a part of the academic game.

JUDY: That's what makes me angry. I really feel I know why I want to be a social worker. Why I was attracted to it...

BOSE: Well, aren't you self-righteous.

JUDY: Yeah, well. I feel I do know why I want to be a social worker.

BOSE: Well, congratulations, what is it?

ADAMS: Does that make you think everyone else should know, though, to go into it?

AUDIENCE: Are you taking the heat off of her?

JUDY: That's fine.

BOSE: Right I'll cop out. You're doing great. Would you stand up and say that again?

JUDY: What?

BOSE: What you just said. I would like you to stand on top of that table right there and say it out to everybody.

JUDY: I would rather not. I can say it.

BOSE: Go ahead. What's the matter? That's a good place to say it.

JUDY: No, I will say it from here.

AUDIENCE: Too revealing.

BOSE: Well, you know. We ought to have a soap box here. So, she can stand up there and be self-righteous and say, "Well, shit, I got it together."

JUDY: I didn't say I had it together.

BOSE: Oh, what did you say then?

JUDY: Let me finish, and I will tell you. I said that I felt I had some understanding as to why I was interested in the field of social work. And it surprised me that Marcia didn't have some feeling or some understanding and that she couldn't verbalize it. Because I know she's a very...

MARCIA: I just got through saying it. I said I like it and I am good at it. And I think that for me that's adequate.

WILSON: What makes you think you are good at it?

MARCIA: Feedback that I get from clients and feelings that I have about myself.

WILSON: They could just be telling you what you wanted to hear.

MARCIA: That's entirely possible. They have done that.

WILSON: And that makes you feel good?

MARCIA: They also... There are also been times that they have told me things when it isn't just what I want to hear or what they think I want to hear.

WILSON: That's your thinking?

MARCIA: That's my thinking.

BOSE: I'd like to hear your reasons that you say you're in social work.

JUDY: Okay, it started when I was in college. Running around from one subject or one major to another major and not really find anything that I felt applied to me. And social work was the one field that seemed to be talking about things that were happening now, and people that were happening now. And somehow maybe I could get a better understanding of who I was.

BOSE: You know that's not the real reason. Why did you say that?

JUDY: I feel that is the reason.

BOSE: I feel you are a liar.

MARCIA: That sounds like something that you wrote on your biographical statement.

JUDY: Yeah, it is.

BOSE: I feel you are lying. Then why are you lying to these people? Don't you trust them? You must not trust them because I know the real reason you are in social work, and you didn't tell them.

JUDY: I don't trust them, no.

BOSE: Oh, okay. How come you don't trust them then?

JUDY: I don't know them.

BOSE: You don't know them. So you got to know them to trust them?

JUDY: Yeah.

BOSE: You mean when you get on a bus, you trust that the bus driver that he wouldn't run off a cliff.

AUDIENCE: She's not telling her life story to the bus driver, is she?

BOSE: Well, she actually said she might.

AUDIENCE: That's really coming out the wall. That was a ridiculous analogy.

BOSE: Oh, it was?

AUDIENCE: Yeah, because when you go and trust a bus driver...

BOSE: So what. So what. What do you know? I can say anything I want to do.

AUDIENCE: Sure, you can. Everybody's is just gonna write you off too. You are full of shit.

BOSE: So what? What do that mean?

AUDIENCE: Well, you are going to go out and feel like shit. Aren't you?

BOSE: No, no, I am not. I don't feel like shit. You are the students.

AUDIENCE: Well, that's okay.

BOSE: You are the ones who feel like shit. I mean I already got my MSW.

AUDIENCE: That's a low blow... and I am not trying to take the heat off of Jim, either, but I think that is a low blow, because you didn't go into school to learn how to be a social worker. You apparently have a knack already. But I think that is a pretty low blow. Most of us are in here for MSW no matter what else.

BOSE: Oh yeah, I know that.

AUDIENCE: For one thing, it pays good.

WILSON: Honesty, finally somebody. Honesty.

AUDIENCE: Amen, brother. Never make no mistake about that, I am in the field because it pays good.

AUDIENCE: Is it honesty because you wanted to hear it? Is that what you are waiting to hear? One comment, and you go, "Oh, that's honesty. That's what I want to hear."

AUDIENCE: Because it is what you believe. So you see it as honesty in somebody else.

BOSE: That's right. It feels good when somebody says what you want to hear.

WILSON: Because I am listening, and no one can come up with why they want to do this. So what's left is the money.

AUDIENCE: Judy said why she wanted to.

BOSE: Yeah, but that wasn't the real reason.

JUDY: That's not true, Dick.

BOSE: What are you talking about? I know you and you told me.

JUDY: That is exactly what I told you when I came for that interview.

BOSE: Oh, and that was bullshit. It was only until later you told me why you were really there.

JUDY: What did I tell you?

BOSE: I am not going to tell, because you know what it is. And if you don't trust these people why should I trust them with *your* life story, see. I am not going to do that. It's up to you.

MARCIA: What other responses would you have accepted besides money?

AUDIENCE: Ha. Good line, Marcia.

WILSON: Maybe anything you threw out there, maybe you haven't thrown anything out there yet.

BOSE: Something solid. Something that says, y'know...

MARCIA: So it has to be something concrete? It has to be something you can latch on to.

BOSE: No, it has to be something that is the truth. Something that's real.

JUDY: It was because my father was clubbed to death when he was 43 by a dope addict, and so now I am going to go through life trying to find out... I'm going to get him, somehow. Is that closer to something honest?

BOSE: Well, maybe that is what it is, I don't know. If that is what it is for you. Maybe that is why you are here.

JUDY: It sounds to me you want something really hard and bloody and gritty that you can see as something honest, and if somebody comes on and says, "I want to do it because I really think I can help people," you would say "Bullshit."

BOSE: Ah, so you guys are all being careful of your ideals. Is that what you're saying? You are guarding your ideals here in this room. You are afraid to say, "I want to help people," because you know I will laugh at it, right. "I really want to do good." Is that unacceptable?

MARCIA: Yeah, but everybody wants to do good.

BOSE: Is that right? Jesus, then why is the world such a fucking mess then.

AUDIENCE: Just social workers.

MARCIA: It depends who they want to do good for.

AUDIENCE: Yeah, do good for. [laughter]

BOSE: Why do you want to be a social worker?

AUDIENCE: Are you talking to me?

BOSE: The one that was truthful in telling me I made an inane comment.

AUDIENCE: You made a lot of them.

BOSE: It won't be the last.

AUDIENCE: I want to have some influence in the system, and I want to be in some kind of decision-making place that people can be a little more mutual with each other.

BOSE: How come you aren't you a political scientist, or a lawyer? Then you could be a politician.

MARCIA: Why can't you be a politician without being a lawyer?

BOSE: Well, it just makes it a little bit easier if you are a lawyer. There aren't too many social workers, you know, who are.

MARCIA: That may be a problem. They may be one of the problems.

BOSE: That may be a problem.

AUDIENCE: I would rather do a different kind of advocacy. Rather than...

BOSE: You mean on a kind of 1 to 1 client level?

AUDIENCE: No, not on a 1 to 1 client level.

BOSE: How do you propose then to change this model, to change this...

AUDIENCE: Infiltrate the system, for one thing.

BOSE: Infiltrate. So, you see yourself as kind of a [...] revolutionary...

AUDIENCE: No.

BOSE: How do you think you are going to infiltrate the system? I want to hear this, this is good.

AUDIENCE: I think you can make contacts, you know, with people and be in the right place at the right time in terms of seeing that programs are funded, or not funded. People get an opportunity that they haven't had before. I think there are simple ways you can infiltrate the system. And turn some people's heads around, to help them see a broader view.

BOSE: Are you are going to engage in the bureaucratic grind then? Is this what I am hearing you say? That you are going to grind your way to the top or something?

AUDIENCE: I would rather be a little bit on the margin, and be more of a critic than... But I know I have to play the bureaucratic game at some point. It depends where the action is for me.

BOSE: Okay. I hope you can do that.

AUDIENCE: The other seems so paternalistic to me.

BOSE: What, what other? Being a case worker?

AUDIENCE: Yeah, it really feels paternalistic. It doesn't seem...

BOSE: Well, wait a minute. There has to be someone in here that wants to be a case worker.

AUDIENCE: It doesn't mean that I don't respect them.

BOSE: Oh, of course not. You wouldn't want them to think you are putting them in a second-class situation because you are interested in social policy and change.

AUDIENCE: No, no way. Social policy and change doesn't make sense without the people on the line doing it on a one-to-one basis. But I think we have to change the way...

BOSE: But you don't see yourself on the line.

AUDIENCE: Yeah, but there's different lines.

BOSE: There's different lines, okay.

PROFESSOR: I think you want the same thing case workers want: control, power to manipulate people.

MARCIA: Is that what you want, Jay?

PROFESSOR: Yeah.

BOSE: Far out. Ruthless. That's why he's the professor and you're the student.

AUDIENCE: Give us our time, man, what do you think we are doing?

BOSE: I can see what you are trying to do with that beard and pipe. You're trying to take over. Where's your... you've either got to have a tweed coat or a corduroy coat, where is it? Didn't bring it with you, okay. So, power! Somebody wants power. Far out. This lady wants power. This

guy here says he wants power over people being a brilliant manipulator. Which he's already got. Which you want more of, right? What do you want to be, Dean?

PROFESSOR: No no, no. [laughter]

BOSE: I am sending him to Siberia. Academic Siberia. Making him Dean of the School of Social Work.

PROFESSOR: That's contributing to my self-abuse trip.

BOSE: Self-destructive lifestyle, yeah, right, for sure. You don't want to become a human fossil. Is that right?

PROFESSOR: Not any more than I am.

BOSE: How do you see yourself in this power trip? I mean, how would you visualize it? What's your fantasy about it?

PROFESSOR: Um, I guess I really like more power to maintain... exercise the kind of control that I call being effective or whatever. Generally, on my terms. So that I can... it would be easier to do with people what I want to do. I think that's probably what most of us want. I say for myself that's what I want.

BOSE: So decision-making and responsibility and ability to put things into... to actualize.

PROFESSOR: That is how you make change.

BOSE: Yeah okay. How do you think that's working in this room? Today?

PROFESSOR: My impact is very slight, probably. Very slight.

BOSE: So, you must be an unhappy person? Are you?

PROFESSOR: Sometimes, yeah.

BOSE: Me too.

PROFESSOR: Frustrated, angry.

MARCIA: You know, Jay, you engage in border skirmishes with us. You come in periodically, you kind of nip at our flanks and let us know how dissatisfied you are with the lot of us. And then you dodge back out of sight again and then that's it for a while, until you get up to here with us again. Then you kind of come in and let us have it a little bit again; then it's like you let us get way out of hand with all of our bullshitting and complacency before you will step in and say, "Listen, you dumb heads." I wish you were in there and mixing it up a little bit more on a day-to-day basis.

PROFESSOR: More enthusiasm. More stuff going on; it gets boring.

AUDIENCE: But you're so disengaged from the whole process. How can you even sit there and speak?

PROFESSOR: What do you mean, disengaged?

AUDIENCE: Like, what are the... energy you are doing that you want us to do.

AUDIENCE: You choose when you want to come and when you don't want to come, and when you want to mix and when you don't want to mix. I don't see you having any responsibility.

JUDY: And you act so removed. The time when you enter in is when you come in and make a cynical statement and you let us know and you are tired of us being dead heads.

BOSE: Like I said, you guys are house niggers. You know you are just students, that ain't nothing. What are you doing here, you are laying out a trip on this cat; what are you doing in this back room to seize power, lady?

JUDY: I never said I wanted it. He's the one who said he wants power.

BOSE: Oh, but you said you don't dig him exercising his power? You don't like him nipping at your flanks?

JUDY: I didn't say that, I said I would like him in there mixing it up...

BOSE: Why don't you organize him? You know what a social work school is, it's an empty box.

MARCIA: What a wonderful metaphor.

BOSE: That's what it is. So, you get what you put in. I don't care if it's Portland State, whether it's UC Berkeley, or USC or wherever you go. The nature of our profession creates these vacuums, and you have to get out of that what you put into it. By virtue of your being here, you have already demonstrated you are some kind of an academic game player. Isn't that right? So, everyone in this room are all academic game players, and it seems to me that we can just play that game, that academic game. There is nothing to us because we made it into grad school. We can do all that shit, write those papers. Go up to that library, dig those periodical things and put together something. But the real thinking, the real creativity, that's what the empty box is. If you think this guy can fill up your empty box you are crazy. He has trouble of his own.

MARCIA: What *are* you talking about?

BOSE: So what? You don't know what I am talking about? Then you must be dumb.

AUDIENCE: Why are you defending him?

[voices arguing at once]

BOSE: I am not defending him.

AUDIENCE: The hell you aren't.

AUDIENCE: Shit, we were putting the heat on him and you just go, "Come on, back off..."

BOSE: Am I? He needs it.

AUDIENCE: He can't stand on his own; you are saying he is a weak person, aren't you? You are meaner than we are. You are a lot crueler than we are. We felt like he was strong enough to take it. But you think he is weak.

BOSE: But I am not as mean as you. At least I tell fifth-grade kids what the problems are with marijuana.

MARCIA: Oh, you are dodging.

BOSE: Dodging what? So far no one has hit me. I don't need to dodge.

JUDY: You change the subject every time it gets close to you.

BOSE: Yeah? Well, why don't you talk about me then?

AUDIENCE: You know why you are so good is because social workers are hard to nail down. They're like slippery eels, and everybody here is a slippery eel, and they go, "Oh, it all works, it's all cool." You know. And you are just a real good role model. Because you are hard to nail down too.

WILSON: Don't do yourself like that, man. Don't try to feed your own ego. Counselors aren't slippery eels, man, you are not slippery. Just grab you just like that, man. Think you are slippery?

AUDIENCE: You have been having trouble nailing us down.

WILSON: Don't say "us," I was just talking about you. He's a spokesman. Y'all are gonna be a construction worker.

AUDIENCE: Back up what you say. You are just throwing out generalities and you don't...

BOSE: What did you throw out? You haven't thrown out nothing since you came here. You wouldn't even join the circle until you had something...

WILSON: Thought about if whether or not you felt comfortable doing it. Whether you wanted to be part of this or not.

AUDIENCE: That's not true. That's not true.

WILSON: What was the reason?

AUDIENCE: Well, I had to be late for something that was important to me. And I just came in.

WILSON: How long ago?

AUDIENCE: About 10 minutes ago.

WILSON: We were just doing this 10 minutes ago.

AUDIENCE: No, I have been listening. I didn't want to be outside of the group, and today I realized I would be outside of the group if I was sitting here...

BOSE: Why do you want to be a social worker?

AUDIENCE: Well, I want to be a social worker because as a child I saw a very bright mother who was very frustrated. And from that point on, I decided there had to be something more to life than being a wife and a mother. If I was going to use myself. So I started reading biographies of people when I was 7, because I thought that childhood affected adulthood, and I wanted to see what kind of children made it through the world in terms of using themselves. I particularly read biographies of women because I thought that would be helpful. One that was particularly important to me was Jane Addams. And I guess I have studied that all my life. And human potential is very important to me, so if I can do anything to facilitate anyone to use their potential, then that's what I believe in. Because I think each person has it within themselves to find their own answers.

WILSON: You believe that?

AUDIENCE: I believe that.

BOSE: What do you need a social worker for, then?

MARCIA: I get the feeling you guys aren't coming from any place real.

WILSON: Let her answer that. Let her answer that.

BOSE: What are you talking about?

AUDIENCE: That was good, Marcia, you just got right into this.

MARCIA: Well, I think what's going on is that you are looking for places to jump in on people. But you are not necessarily coming from what you think. But you are just looking for places to latch onto people.

WILSON: No, I was digging what she was saying. I seriously like her answer there. If she thinks that.

AUDIENCE: Why does someone have to be a social worker?

JUDY: Why does anybody need a social worker if everybody has the power to do it for themselves?

AUDIENCE: Well, I think that the one thing that someone who demonstrates by example that they are genuinely interested in hearing someone can help someone by giving them that opportunity to have a relationship that can give someone the courage to find themselves.

BOSE: Okay, um, if there are no objections, I am going to call the game off. And I will tell you why. I feel you are all in imminent danger of going stark raving sane; therefore, you are all certified as sane people and we cannot continue the game. See, to make a game, to make a circus, there has to be an element of insanity, and there has to be—in its most bizarre form—and there has to be irrationality. What we have degenerated into in this particular game is a highly rational, logical thinking process which we don't have time to overcome.

And I thought that in the remaining time we can talk just a little bit about some of the things that happened in the game so far. Like you were saying, you said, "Geez, you are not coming from any place real." Well, that's true, right? That's the whole purpose of the game. It is use irrational techniques to get people into that irrational place. Which is their feelings, which is their defense mechanisms. And so a lot of the things that we were saying I disavow any responsibility for. None of it comes from my consciousness. You have to look at it like the plumber's wrench. When you use these kinds of techniques working with alcoholics and drug addicts, this is the way that you understand it. It is one of the techniques, one of the methodologies that you have available to you to get people into that feeling place. To blow off that defensive kind of armor that we were talking about. It is very hard to do that with a group of folks who are unwilling to engage in that kind of... [audio cuts out, tape is silent for about a minute]

Now, if you can imagine the heat, the emotional heat from this. Being focused by 25 people, all who are playing, not just observing and being participant-observers. So you increase whatever you were feeling by say 10, 15, 25 times. Then you get an idea of the power of this particular this technique. Like I said before, out of necessity, it has to be this way. Like I threw out hooks on students which I know to be a very sensitive area myself. What we perceive in others is what we dimly perceive in ourselves. Threw hooks out on the social work, the whole concept of social work and social workers, it is probably one of the most sensitive areas you can get into. I know that because if anybody calls me a social worker they are liable to have a broken nose. You know there were a number of things that I tried to get people—*grrrrrr*—ground up. And I saw some people who were ground up and I picked them up and tried to get them to share where they were at and come back at me heavy. Some of them did, and I think you did really good for beginners in this game.

But in order to really play it, see, like some of the things we would have done, you would have picked up and *boom!* Everybody would have *pow-pow-pow-pow-pow*, there would have been like 10 people doing what we were doing [rapid-fire shooting sounds]. That is the only way I can describe it. So, we all would've fell into a solid line and *bang-bang-bang-bang-bang* like this on somebody. And that is the group dynamics of what happens in a game, and it didn't work here because we are all acting as individuals. We are all acting as rational, sane people.

AUDIENCE: Well, all your hooks sounded so phony. A lot of them, 2/3 of them.

BOSE: I don't know anybody here, okay.

AUDIENCE: I understand that makes it hard, but...

MARCIA: Well, I understand, you only had cliches to come at us with. You know, students in social work...

BOSE: Sure, sure. Well, I know those to be sensitive areas. Those aren't exactly the most comfortable things to talk about. At least that's my guess. I might be wrong; you guys might be a lot healthier than I was in grad school. I got angry when people treated me like I was unintelligent, unimaginative kind of an automaton, and I was on this track, and I was travelling down this track and as I went, people were handing me Social Work 302 and Social Work 405. And when I came out the other end, they slapped this thing on me, *bfft*, there he is. MSW, an IMH fellow, and there he goes off into the world, far out. [laughing] That, to me... I was using something out of my own experience which I knew to be hurtful and kind of traumatic.

Especially some of you people who have been in the field and who are now coming back, like this lady here. Says she's coming back to get a MSW; she has probably been working in social work for a long time. And there are other folks, perhaps there are other folks who have worked in social work for a long time and want that MSW. These are all... it's difficult for folks who have been in the field, who have something to offer from an experiential base, to be treated in such a manner, is what I'm saying

AUDIENCE: Are the questions more violently personal when you do this in a group? I was expecting...

BOSE: A lot more.

AUDIENCE: Yeah. To come back, I was sort of thinking well, as a response, I would likely come back at him with, "You are turning into an incompetent middle-aged bureaucrat." Just stuff that is...

BOSE: My hope was everybody would pick up the spirit of it. If you would have done that to him, *boom-boom*, it would have been more effective.

AUDIENCE: Yeah, I had a feeling that there wasn't anything that you could say to us that would be that threatening, because you don't know us and all you could throw out was cliches. Just a minute... I think the times when some of us would start to feel the heat a little bit was when somebody would pick it up and the lines would start moving across this way rather than from you. Every time that happened, somebody would take the heat off and bail them out, because intuitively that those were the only real vulnerable spots. Because we all know each other enough so that we could probably all say some mean, nasty things. We have all been sitting here pretty quietly for three terms and observing each other and not saying a whole lot to each other.

BOSE: Smart lady. Far out. That's neat. I think you interpreted it really well. Thing is, like it is dependent on somebody having to play. And like when you go to Synanon or one of these places if you don't open your mouth, you don't play. That's just the way it is. They may attack you, but if you don't open your mouth you don't get in trouble. Or you don't feel this heat. Did anybody really experience some tension or some uncomfortability when the probe was on them? Talk a little bit about that.

AUDIENCE: I think the sense you have when you get into that is that um... 1, you want to take on one at a time, but you can't necessarily do that. And they are not necessarily connected; there are different kinds of attack, that's one. And 2, you can see where the... if you got that over time enough, that you might be able to fight the hooks, and I guess that was what you were talking about in terms of the purpose originally, that when the guy goes back on the street, he has to defend against the intensity of the suck-in. If you got enough attacks, I suppose you develop some skill in battling that. But I don't know whether that would simply mean if you had developed a different kind of armor or not. I'm not sure about that.

BOSE: In a way, yeah. If you are talking about the classical Synanon Game, that's...

AUDIENCE: I had a feeling that... Well, I have always felt that, but I think that's something that probably all of us could use more of, is developing the kind of skill to respond in terms of verbal open defense kind of thing rather than time...

AUDIENCE: I got really uncomfortable sitting here, because I was sitting here remembering a time when I was a student and we went around the room saying why we were in social work and I was the last one. I was with a group of students I didn't know because they were from a different school, and they were saying, well, because this and they want to do all these things. And when it got to be my turn, I said, "I am in school because I don't know what else to do," got up and went to the bathroom and threw up. [laughter] So, I was really uncomfortable with the subject.

BOSE: What were you feeling, Marcia?

MARCIA: Yeah, right. I could really relate to what Barbara was saying, because I was sitting here thinking on the one hand that I really wanted to be honest with my responses. I felt like I *was* being, but nobody was accepting it. So, I was getting really frustrated and I was getting kind of pissed off.

BOSE: You know what I was hoping. I will tell you, that's exactly what I was doing. I was trying to frustrate you into jumping psychologically and saying, "You arrogant, fat motherfucker! What are you doing?!"

MARCIA: The problem was I was too aware of what you were doing.

BOSE: Yeah, nobody really...

AUDIENCE: We were good at observing you.

BOSE: Yeah, right, right. Yeah, so. What were you guys feeling?

PROFESSOR: I was feeling vulnerable and trying to protect myself. Not feeling like I could really be straight about what I was feeling. Because I do know that I am in a situation where I do see people all the time and I will see them for the next year. A little self-protecting.

AUDIENCE: What made me feel really vulnerable was I was trying to imagine myself in a situation where I was dealing with largely street people or addicts, and it is a very different situation than we have here. What I would do is become very self-conscious of my intellectual language. I really feel vulnerable to that. I would just be ready to be attacked so fast. And I think that there... that is what we have to operate with; we are well-educated people, we can't pretend we aren't. But I feel really self-conscious about that.

BOSE: It does come up, too.

AUDIENCE: Yeah, I'll bet. I can imagine.

BOSE: I think one of the things, if you are going to work with people from a different culture or from a pseudo-subcultural kind of experience, then you need to adjust to that language and you need to learn that language.

AUDIENCE: There is a difference, though, between adjusting to it and copying it. Because some of the people who sound the most phony are the people who are trying to sound just like they do.

BOSE: But you've got to be able to get down with them right where they are. And to deal with them at that level. This is what I'm saying. Shift gears in other words.

AUDIENCE: I think a good example of that voice is the kind of language that [...] used when they came on Thursday and Friday. For me, I could really tell that they've talk to ordinary people on the street. Because here they both are, Ph.D.s and real intellectuals, and yet they really didn't use 50-cent words. They spoke really basic. There is no excuse that we can't speak basic to whoever.

BOSE: Judy, how did you feel? I mean, you have seen this work. How good of a feeling tone did we generate in the little time we had?

JUDY: I think we could have... I think we generated more feelings than have been shown in here for a long time, which I am pleased about. I think a lot of us have wanted to have some more feelings. So you did that, and I was glad for that. I think we have a lot more potential to go even deeper. But I think we did something. That's what I wanted you to do.

BOSE: What about... what is your name?

ZANE: Zane. I got into it, man. I was trying to hold myself back because I thought, "Now, they want other people to be able to speak." I can't keep coming on too strong, but I was getting ready to get down to it.

WILSON: You're going to be all right, man.

ZANE: I was ready to jump in. My heart was pounding. I was just ready to jump in at 2 feet. It felt good too.

BOSE: I could tell it was coming.

WILSON: I was feeling good about this guy too.

BOSE: It was kind of hard. I wanted to give you a taste of it. But at the same time, I have had the experience. Like one time I went down to Monmouth, down to... what is that? Oregon... ? OCE, right. They wanted one of these numbers, and um... we ran out of time and there were people who had to go to other classes, and they were like zipping out. It was really heavy too. We really got down. There was a minister in there, you know, and I was telling him, "Why you don't go in and testify then, instead of just sitting there talking crap!" He stands up on his chair doing all this. It was wild, you know. But never got to a place where we could get around to see where everyone was at. I felt bad about that, so I wanted to make sure that this time we did have a little chance to talk about the way it felt. Like that, okay. Anybody else have any questions?

AUDIENCE: I was just gonna make one other comment. I think one of the benefits of this kind of technique is to deal with authority and independence-dependence conflict, because most of us feel compelled to respond when something is directed to us out of training, but there really isn't any obligation to do that. You can just say, "Screw you, I don't want to talk to you," whatever, or you can just sit mute, kind of, if you wanted. I think that would really help deal with that.

AUDIENCE: Yeah, I was getting at that when you told Marcia to cool it, that you had something on your agenda. And she cooled it. And I thought, well, damn it, you don't have to be quiet because he wants you to be quiet. Just say whatever you want.

MARCIA: I probably wanted to be quiet at that point.

AUDIENCE: That's what I was trying to get at. And I think, too, that tapping into our group on an emotional level is probably one of the toughest things you can try. There's a lot of things you can tap in to, but the emotional level is just one that's...

BOSE: Yeah. Does anybody have any, like, reservations about this, or you know any bad feelings about this kind of technique, okay?

AUDIENCE: I guess I want to know more about it. The way Jay was explaining it, it helps you build up some ability to deal with things. But it seems like it also was designed to get at feelings. So, what is the outcome of... really, why do people come back and participate in another group?

BOSE: You know, it is interesting. I can't really speak from the Alpha House experience, but I can speak from the Synanon and Delancey Street experience. There are thousands of straight people—straight people being non-dope fiends—who love this. This is entertainment to them. This is their trip. And when you go to Synanon or Delancey Street, you know, most of the games and most of the circuses will be made up of straight people. There will be a few people from Delancey Street, they have one night where they do these straight games. And... I don't know. See, I think people really don't have an opportunity to go up to their grocery clerk and say "You, you are the one! You raised prices on this stuff, what the hell is this!" I think it is a real cathartic relief. To get in these situations just to dump it, totally dump it, whatever it is, no matter how irrational, whether it makes sense or doesn't make sense. That is all irrelevant in the game. They just get in there and dump their guts out. Then they walk away and somehow feel a lot better about themselves. When I was doing it, when I was playing the game, I got a lot out of it because I am curious and I am kind of a... I enjoy understanding these things, these dynamics, what is happening, why there is a culture like this, why people would do this. Plus the fact that I dug it for myself.

AUDIENCE: Did you like to fight when you were a kid?

BOSE: Oh yeah, oh I loved to fight.

PROFESSOR: From my limited experience with it, I think one thing that I have seen is that some... I have only dealt with kids on this, but some kids, you have to really get so dirty with them in terms of attack, that that's where their feeling level is about themselves. That's the only real place you can start. They reject everything above that. That's what they relate to... that self-destructive part that they can relate to.

BOSE: Being this... like I was making fun of Rogers and all that shit... that quote "humanitarian" approach to counseling, psychotherapy, or whatever. Because I think that you find that with certain populations, that just won't even get anywhere. It is just not effective. You just cannot get in and cannot get them to relate on that level. This is one of those populations, hardcore drug addicts.

AUDIENCE: Isn't one of the other things that you do when you do get down to the feeling level and people are hurting to that point, that there is some supportive stuff going on, a lot of acceptance in the group?

BOSE: Very, very much so.

AUDIENCE: So that is really important.

BOSE: Not only in one of our confrontation things do we get into this confrontative stuff. But we have the ability... one of the nice things about Alpha House is that we have the ability to immediately switch into gestalt. It is right there. Everything is right out there. It is raw and it is right there and it's something that you can work on. We do that in a group setting. Plus the fact that the one-to-one counselors can pick up on them. The treatment director is there and builds it right into the treatment plan, to make sure it gets followed up on. This is the way these things interface. This is why I say treatment readiness. It is not the only thing we do, but I think it is essential to work with this population.

You know, one of the hardest things to do is to be direct with your clients, and to set limits and not feel guilty about them. It really is hard to have to confront somebody about their behavior, and to get right into their face and say, "I seriously believe that you are killing yourself. I am not going to lie to you about that, about your hidden potential. You are killing yourself, you idiot. Stop it now, man. Either that, or don't waste my time. Hit it." It is very hard.

AUDIENCE: But it seems to me it is easier to do that in a residential program. Because when people are coming in and out or you are seeing people sporadically, you don't have a chance to provide them the other stuff.

BOSE: Your mission, your mission is different. Say, in drug treatment. The mission of an outpatient drug program is much different than the mission of, or the goal in an objective residential program. It is to present viable alternatives at the lowest level in outpatient. Much like what this guy was saying about giving the kids a chance to make their own decisions. The role then is to present an alternative and say, "Okay, this is everything that could happen to you. You can continue shooting dope and it is a matter of time until you get a hot shot to your head, or you can go to the penitentiary because you keep ripping off those stores." And you go through all these different alternatives: with treatment, without treatment, and present these things to them in a non-authority, non-judgmental way, but at the same time always remembering what kind of behavior pattern they are on and being straight about that. This is

what I said, when the guy came into the outpatient clinic and I said, "Gee! Are you still alive?!"
That guy knew what I meant. You know. So anyway...

PROFESSOR: Thanks.

AUDIENCE: We're past time.

AUDIENCE: Thank you very much.

[voices speaking together; audio cuts; tape is silent about one minute until program ends]