10/3/69

Dear Gary,

By the time this can reach your address you should be en route to Dallas. However, I respond to your letter of 9/30 while it is fresh in my recollection, a little less in the mood for it because Henry lip man, who is here and seems like a nice guy, is also a nidnick and very bullheaded, persisting when he should not.

I return the carbon you returned because it was, as I failed to tell you, for Don. I do not know where he now is.

You did send me the anonymous letter from Sant Rose. You have either forgotten or didn't get my response, which expressed disbelief. You did send Don's Brookey letter.

Jim is out of the hospital. If you write him for my material, write him for you with my permission rather then for me./// I got in touch with Hobbs. I'm seeing him the 22nd. He likes what he has read, sees the same problems in it I have explained to you.

Suggestion on Harper: let him talk, even ramble, reliving. I am not prepared to believe this was near the manhole without something persuasive to prove the FBI's representation of the contemporaneous report wrong. That was 25 ft. South of car at Z313. With Harper is where you should tape. There is too much the mind cannot hold. What did the FBI ask/tell Harper and doctors? Did he take picture of what he found where he found it, or did anyone take picture to his knowledge (I seem to recall he was not alone and purpose was pix taking). It is all in HW.

Nothing new on testimony.

Appreciate the time and thought you've given to the anxiety problem. When I read your letter, before many diversions and interruptions, it was my plan to go into the things you raise before getting and taking the MMPI, for I do not want to be colored by the questions it asks. I have given much thought to this and have reached no firm conclusions except belief in the diagnosis and belief that many factors interplay. It has been my hope that of all of these, none of which is suspceptible of immediate solution, resolution or alleviation, I might be able to isolate those most like causative and perhaps in some way address them. In addition, I've wanted to understand what the thing is. Knowing the hyperventilation bit has enable me to avoid any repetition (and it is quite unpleasant).

You say "anxienty means nervousness and tension". It also, according to Jeremiah, can mean and often doesn mean fear. I am aware of the tensions, I think all of them, am unaware of anything I fear. I am apprehensive about certain things in the work and in our personal lives. Apprehension is not synonymous with fear.

If there has been any manifestation in blood-presure and pulse rate, it has been undetected, during an attack included. On my last physical they were described as of a boy and of an athlete. (This year's physical in three weeks.) Of the symptoms you mention, I've been aware of the hungry feeling (relieved by nibbling), of a sort of pressure on the diaphragm, and one you do not mention, fatigue. If I have been at all depressed, I've been entirely unaware of it. When I've felt tense, I've never been able to associate it with anything or any occurrence I have no loss of apetite, none falling asleep, no stomach ache, and I have forgotten what headaches are.

On the causes of anxiety, you know enough of out lives to know we

have possibly more than the usual share, and have for years. I do not believe I consciously ponder our problems. You mention a characterisric of my age, a consciousness of lsowing down in "function". This is an ambiguity. In my own case, I believe it is probably applicable in several senses. If in any it is accompanied by anxiety over it, however, I am unsware of it except in a sense I will return to, having to do with my knees more than anything else.

When you get into treatment, you say, in essence, what I believed, that there is nothing in deep theraphy for whatever is bugging me. The willingness of the shrink to leave it up to me, his evasions, as on medication, its rate, what anxiety is, what causes and relieves it, were not reassuraing. The hour was a disappointment because it persuaded me there is no help there and because it fortified the prejudices just knowing about the Martogs is enough to justify.

Some of the experiences preceeding recognition of what may have been a long-standing and undetected condition (I'm my own shrink here) were an emotional crisis I do not think even you will be able to ever fully comprehend, partly because of you own (and entirely justified) prejudices, partly because it was all so unreal yet real and requiring immediate only only the precisely proper treatment. I feel uneasy just thinking of last December and what I had to do and how I had to mainpulate it, all the while having to stay out and simultaneously having firseeable crises to confront. Beginning then, there was no respite, physically or emotionally. If you recall the magnitude of just my output for the period following, you are still unaware of all the other things I had to do at the same time. Save for the outcome of the Shaw trial, which I foresaw and told you in advance, having first pinpointed exactly what was to ensue, all these efforts were successful. I cannot say expecting it diminished the impact of the trial. Nor have the consequences been easy to live with, even though all of us foresaw them clearly enough.

After we got Jim's agreement in December and we got Vince out of town, for that was a crisis to all of us, whether or not you recognize it, without any apparent reason I blacked out temporarily at Matt's late one night. I believe I told you about it. The only visible damage was to my head, where there is still a scar. I was scared right afterward, for those present feared I was going into shock. The next a.m. I was fine, and I slept okay. But on getting up and moving around, I was aware of discomfort in the right knee. It persisted for a while, they disappeared, but it lingered in the form of easier tiring in walking, with the knee aching, in a reluctence to function in exercising, and in a muscular pain in the top of the calf that comes and goes, as though there were a torn muscle from time to time. If X-rays revealed anything, it has not been communicated to me. The pre-X-ray opinion is that there is a bursitis condition, probly not serious and for which no treatmentment would be effective. I was to be told if it is anything else. Last summer I also lost my sense of balance, not for the first time, and without any diagnosis (also not for the first time). The opinion was "It is probably something connected with the middle ear". This also is not comforting, and it is this sort of medical inadequacy that, I think, accumulating as I age and face new problems, may have much to do with the current situation. How can a rantional man be other than concerned with an impaired sense of balance without diagnosis os cause? Or the deterioration of the performance of his leg, ditto? I feel that these things and the understanding of what anxiety can be is what made the second attack so much worse and made its effects linger. But of course, I really do not know and I know I cannot be certain.

This summer I thought I may have ruptured myself. Most of the discomfort has disappeared, but it lingered for about three months. The doctors said I am not ruptured, so I am satisfied I am not. I am also satisfied that something else did happen. There are other physical things without explanation, and when they linger and they are not characteristic of agingo they must contribute to a sense os unease. There is not I haven t raised with the doctors, none that has been answered, none that has been called

unreal of part of the

So, there any many things that concern me. Except for the strain or whatever it was that I feared might be a rupture and the consequences of Garrison, none is new. Of course, suffering the financial problems we live with constantly, they do not have to get worse to be worse. They need only continue without relief. That I have coped with them in the past may tell me I should be able to continue to cope with them. Yet I realize the opposite may be the case. Again, I have no basis for knowing the truth.

Probably a good deal of it is concern for Lil and what has happened to her (for while I alone am responsible) and what this has done to both of us. The unending crises brought about by the helicopter overflights undoubtedly are the origins of anxiety, and I am satisfied we have both, without realizing it and without medical diagnosis of it, suffered it since. This means going back to 1956, and that is a long time. It brought about many changes in her and in her attitudes. It has, in fact, been close to unbearable for her. This is what caused the move we could not afford. With the move she became a little less like Pavlov's dogs but did not change in any other way, not basicly. And there are other problems for which there is not now time. I am, I think, aware of them. I am also satisfied that doing anything about them is not probable without a major good fortune that I cannot now see. Perhaps, until that happy time I hope we do come to, I may have to stay on the medication and seek to avoid all possible turmoil of whatever kind.

It doesn't require scientific training to recognize the importance of being able to talk troubles over with those we trust. It is well understood. However, there are now none such near us, and these are the kinds of troubles one seeks to avoid advertising.

With regard to the Eckhoff 9/11 letter (got), there was this one page and perhaps a letter from Hoover, 3/24/64. with it.

I'll probably write you soon c/o Mary. This has been made more difficult by frequent interruptions by well-meaning Henry, who does naught but remaind and reintroduce more frustrations and persists when he should not about things I have made clear earlier. He must do things his way, regardless of whether he is alone in them or whatever else is involved by it. I hope he can become more flexible; for unless he does, he's gonna have trouble.

If I didn't tell you, I'm seeing Bud Wednesday about the suit.

But you'll know that before you get this! Hope you are having a good, meaning both productive and diverting, trip.

H

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Sept. 30, 1969

Dear Harold,

Thanks for bearing with me through prelims and keeping me informed. I will try to answer all your unanswered letters with this one. Thanks for returning that thing on RFK and Marlynn. I think I passed prelims but won't know for a month. The anxiety and strain were incredible, even for someone like me who never worries about exams and who has high grades an a very good memory.

Did I send you a copy of that anonymous letter I got promising info? Well, the info didn't ever come. If I didn't send you copies of Olson's letter to Brookey and his letter to me of Sept. 12, say# so and I will. I have asked Paul to ask Don to do a memo on FBI contacts. I will write Don soon anyway and ask him, since I haven't been able to write him in a while.

Mrs. Mark Martin mentioned in your memo is Shirley Martin. All references to her that I have seen in the archives have been under that name I think. I am sorry to hear that Hobbs has not been in touch. Paul sent me another excellent piece of work--an index of latin names. They also have some other good new memos. Barry Ernest has shipped out to sea. I will write him through his home address. I haven't heard from him in a long while. If there is any cognative dissonance in his mind it was contributed by Penn I am certain. I will try to write Jim about the stuff of yours which they have, and also about the Thornley memo. I hope to be able to explain the Lifton mess to Mary, without going into any details or names, but in order to indicate to her that your vague and elliptical comments to her were not paranoid. I have gotten no more Thunderbolts or Councilors and am a bit angry about it. I will writ e them when I get the chance and complain.

On Dallas trip, check on Harper and Chaney. Please send whatever you want to know. With Harper I would like to know the exact position if he remembers.

Enclosed is a carbon of your letter of the 18th--you went it along with the letter by mistake. Too bad that the Bolden guy is a "male Philomena." She was quite a phenomenon, and may have been more trouble to the phone company than any of the critics. The amazing thing in this case is how few of them there are.

On the testimony, I would like copies of all of it and will be only too glad to pay in advance.

Well, I'd better close now. Either in this letter or under separate cover I will be sending a number of items. After Dallas I will have a full Crafard file and memos for you and Paul and anyone who needs it. Best wishes.

cc: Dick, Paul

PS: This is not on the carbons I am sending Paul and Dick. I would very much like to visit you or be able to afford long phone conversations to try to answer your questions about anxiety. In order for you to be able to understand whatever the problem is it is essential to realize that these things are personal and difficult to generalize about, and it is only those tied to one theoretical framework who do so. Under# separate cover I am sending you an MMPI booklet with an answer sheet. If you have time, please take it. It does not all have to be done at once, or even all on the same day, although it would be good not to spread it out over too long a peroid of time. You need return only the completed answer blank. Before going on I should assure you that this is a very useful instrument, that I would (as I hope you know) not even suggest it unless I thought it would be constructive and helpful, and that it is not a pass-fail test or one which results in categorization of people as sick or not sick, schizo or not schizo, etc. It tries to describe a personality pattern and areas of concern, and requires much training to interpret. As you know from my Sirhan memos, it can be misused, but only by

incompetence or design. I probably know more about its use than anyone you could even find in Washington or Maryland. Furthermore, while many of the question look like they are nonsensical, remember also why I focused on this in my Sirhan memos: this is empirically derived. None of the items mean anything, nor can we assign the answer to an item as having any meaning. (Thus the bullshit in the Sirhan trial about the significance of Sirhan not answering certain items is less than meaningless.) What is important is that scale scores tend to remain the same when the psyche remains the same, although on successive testing different items may be answered true or false. More important, the configuration of the final scales can yeild much information based on what we know about the countless types of configurations from massive ######## research and clinical experience. The test should take between an hour and an hour and a half to take, and people vary a great deal in this, some taking much longer than 1 1/2 hrs. Remember, you need only return the answer sheet.

Anxiety, in general terms, means nervousness and tension. The classical Freddian view is that it is a fear of impulses which threaten to break through--generally, a fear of loss of control. Modern formulations are too varied to even begin setting out. The best way for me to explain it is through examples of its expression. Let us assume for the time being that anxiety is some sort of excess of psychic energy, or the kind of energy associated with your mental and emotional life, whose chief quality is that it must be expressed. It other words, it represents a loss of equilibrium within the body, and as you know, in no physical system can a loss of equilibrium exist for too long. It must find a way out, or a way of expression. Thus, one can feel nervous and have increased blood pressure, increased pulse, flushed faces, physical shaking, hollow-feeling in the stomach, feeling of some oppression or that one is weighted down (although these two also have much to do with depression), etc. This may be expressed in only certain situations (such as stage fright), or due to certain objects (ie. phobias fears of cats, furry objects, spiders, examinations, etc.), or all the time. The latter is termed "free floating anxiety " and involves a general feeling of tension, sometimes fear or dread of some ominous event which can't be pinpointed, etc. The net effects can be troulbe sleeping, difficulty in eating or loss of apetite, inability to relax, etc. The expression can be physical involving stomach troubles, ulcers, skin rashes, or even paralysis of a"non-physical' (but just as real and effective) sort. These are all termed "conversion symptoms" because it is assumed that the anxiety has been converted into bodily symptoms. Likewise it is assumed that with phobias what has happened is that an individual has channeled all of his anxiety into one or two well delineated fears. The average person who is very anxious not only feels tense but also has a few psychosomatic problems such as headaches or stomach trouble and is generally uncomfortable. Some people who are anxious are worried and fearful, but are not sure why, or of what.

As for the causes of anxiety, they are probably of all kinds, and not well understood. First of all, one can be anxious for real reasons, such as when one's life is threatened or when one faces something like PhD prelims. However, people differ in regard to how much anxiety they experience or how they experience it even when there is a readily identifiable cause. For instance, some people utilize what we call denial mechanisms of defense, which involve a failure to feel any anxiety at all (although, it seems, that the anxiety will have to be expressed in some fashion eventually). Such people are not fearful when they need to be. Then people rationalize the troubles away. But, similar to rationalization is the tendency among some to ruminate about such problems, thus often greatly increasing the anxiety or worry caused by something which is really not to be heavily feared. Someone can become so incapacitated with anxiety that he has to develope a psychotic reaction and withdraw from normal existence in order to survive. Others may be perpetually nervous and uneasy but always in touch. By far the majority of all people simply have times when they are under pressure or facing something with which they do not deal very well during which they are anxious. Besides the normal life trajedies which can lead to various types of anxiety reactions, there are certain periods in life which tend to lead to increases in anxiety. Adolescence, for instance, is a time of incredible anxiety. Teenage MMPI profiles must be readjusted for this or all of them would appear to be pretty far gone. Then, during later life, about your age for men, and about the time of menopause for women, there is a reaction called an involutional reaction. With men it appears to have something to do with a realization of some slowing down in ####### function which is natural with age and not being able to do what you normally can do. Normally there is a good deal of depression which goes along with this, and it is what we call a reactive depression--a depression accompanied with much anxiety. Once the person readjusts to his limitations it tends to go away. Other "causes" of anxiety include feelings of inadequacy, fear of failure, concerns about homosexual feelings, etc. etc., but these types of things are more likely to occur in younger people for obvious reasons. You have a pretty well set life style and have been living in it for a long

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time and I would be surprised if you were suddenly experiencing the kinds of doubts which come with the changeover from adolescent to adult life.

Treatment depends on what is wrong and what the therapists theoretical orientation is. "Deep or depth therapy" suggests a Freddian or neo-Freddian position. It assumes that problems result from unresolved conflicts early in life, and that anxiety and such are only symptoms of these problems, and that once they have been gotten rid of, the anxiety will go. The means of getting rid of the early problems, etc., is a long process of digging down into one's past and identifying them (looking, of course, within the structure of Freddian theory--i.e. Oedipal feelings, etc.), understanding them, and then, presumably, setting them aside. One of the problems here is that even when an early conflict is "discovered," knowledge of it may just be intellectually accepted and make no difference in the personality. Some of the "cures" with this method may be due to learning to rationalize the problems away or may be a general effect of having someone to talk to every week. Such therapy is lengthy, generally quite expensive, and a bad thing to recommend for someone of your age. It makes much more sense with a younger person. Then there are countless drugs which act differently for different types of people and which affect anxiety differently. Usually, besides being of different strengths, they also vary in terms of how much they can affect depression, since depression so often accompanied anxiety in different degrees. Then there is Albert Ellis' school which says that neurotic anxiety results from people making irrational assumptions about the world, such as "It is necessary that everyone love and respect me." Ellis spends his time actively attacking such notions. With certain types of problems, especially inadequacy, he is very good. The Freddian therapist, by contrast, sits back and has you free associate--or say what comes into your mind or what you dreamed about. Carl Rogers, the originator of "client centered" therapy, sits back and has you discuss your problem with him. He tries to help you clarify it to yourself by restating the things you say. This, as Rogers uses it, is quite effective with many types of problems. As others use it, it is limited, but fairly good for situational-type problems, adolescent problems, mild neuroses, etc. Then there are the behaviorists who focus on the symptoms rather than any hypothesized underlying unresolved conflicts. If a person has a phobia, they can be desensatized to it by being taught to relax in the presence of the object. They use "behavior modification" which is a series of rewards and punishments for doing desireable and undesireable things, although this is used mostly within hospital settings. Then there is hypnotherapy which generally is aimed at trying to teach a person to relax, or to relax in situations which are most anxiety-arousing. This has limitations but with some people can successfully reduce anxiety due to situations of various sorts. Most therapists out here are fairly ecelectic. We begin by having a person describe his problem as best he can and spend much time trying to get a full and exact description of what the symptom are and how and when they are manifested. They we try to find out as much as we can about a person's life circumstances. From our own interaction with the person we try to learn what some of the problems may be. Largely we work in the present assuming that to reach back to unresolved conflicts from infancy or early life has little value because even if those things started the disorder, it has long been maintained by things far removed from that. Basically, it is an art and hard to generalize about, unless one is listening to a tape of a therapy session and showing what the problems are, and what tactics are being used by the therapist.

I agree with the psychiatrist's (that's what he was if he was an MD) description of the effects of cutting out smoking. Smoking is a physical addiction (ironically, marajuana isn't!) and the withdrawal effects are very bad. It is thought that smoking itself is an anxiety release and takes the place of chewing finger nails and other oral drives. But more important, giving it up not only requires finding substitute releases, but requires getting over the withdrawal itself. It will not only cause disharmony in your home but create anxiety. He may have asked you why you wanted to quit smoking for a good many reasons. For instance, that can be a signal of a fear of cancer in some people. It can signal a source of problems in a husband-wife relationship (often it is used as an excuse for arguments). It can signal worry over minor

physical problems, coughing, etc. Many people use anti-tension type pills in the manner in which you have been--only when needed. The fact that you do not have trouble sleeping is a good sign, in that sleep troubles--especially trouble getting to sleep--are some of the first signs of anxiety and tension, especially when accompanied by some depression. My mother has been taking meprobamate for many years and ever since she began has been able to cope with her tendency to get anxious. By the way, I forgot to mention, that his description of deep therapy as involving 2 to 3 sessions per week virtually assures that it is psychoanalytic. Marion, my ex-girlfriend in Phila., who is a therapist with children, is herself in depth therapy and goes 2-3 times per week. For her to do this makes some sense because she is only 25 and has a fairly classic type of neurotic problem which is very amenable to that type of therapy and she has a need to change a basic portion of her personality. In other words, she could get along without it, but does not like the kind of person she would be. But, in terms of her psychology, she is essentially now passing through adolescence and in a period when she should change or decided whether or not to. Whether it happens in regular adolescence or in the twenties, this type of thing can make a great deal of sense, but as far as I am concerned, it does not later in life, despite the great mass of people who undertake it. Meehl, for instance, a first rate clinician (the guy I work with and for), took on a patient last year who had been seeing a top notch analyst, in fact had ##### seen several of them, over a long period of time (#### 7 to 10 years). In his first session Meehl said, well, you are a bright man and have been in analysis with top people for many years: what is the problem? Answer: "castration anxiety." Meehl: You don't sound like you buy that. Patient: Well, you know, I never did buy that. Meehl told me that even in the first session he was able to come up with some real adjustment problems, which were quite reality-based, in the man's everyday life, and that he was planning to slowing changed over from a depth approach to a rational Ellis type approach and ###### try to get the guy to make a few decisions about how he was going to handle some sources of friction in his life which had been there for 20 years. This is essentially my approach with the average person. First, find out what bothers them and what they want to change. Find out the ecology of it: their strengths and weaknesses, their limitations, and their general family and financial environment. Then help them confront the problems. In the process, the more hidden problems not infrequently become apparent, or it becomes apparent that the visible problems all derive from one that is more basic, and yet under the surface. So, although we are not supposed to give# such advice ethically, and your psychiatrist wouldn't appreciate my giving you such advice, I would strongly advise against depth therapy. The drugs for off and on control of nervousness are a good idea. To talk some of these things out from time to time with friends would be a good idea. (Friends, ministers, relatives, etc. do the largest % of therapy anyway. A classic study done in Vineland, NJ, which involved the followup of the hundred people who had be be turned away when they applied for therapy due to the lack of availability of therapists, found that a year later most were OK, and very few had seen a therapist, although most had seen a relative or clergyman or friend and talked it out. Yet all had felt in bad shape and been adamant about needing a professional therapist.) I could do much better in the way of advice if I could visit you. Primarily due to your overload of work, need for advice with some of it or someone who could check through it and help you assemble it, especially given your physical problems, I have for quite some time seriously debated about the Dallas trip, and thought about coming back East and spending a week at your place. I decided to continue with the Dallas trip because if I don't go this time I probably never will, and it is a major unsatisfied desire to go. Furthermore, it will do me good to do some sightseeing and further forget about prelims and my other responsibilities.

Well, I'd better close now if I am going to get this into the mail. I hope to get stuff from the Archives in enough time to pursue some of that Oswald double stuff from the Crafard file. when I am in Dallas. I think that I sent you Eckhoff's letter of Sept. 11 and its four pages of enclosures, because you remarked at only having gotten page. 37 from CD71. If not tell me and I will send xeroes. Best wishes.

Gary

P.S. Thanks for the typewriter offer, but I am OK on that one.