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Two Internships: Professional Training and Personal Discovery

Susan C. Bolon
Western Michigan University

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TWO INTERNSHIPS: 
PROFESSIONAL TRAINING AND 
PERSONAL DISCOVERY

by

Susan C. Bolon

A Project Report 
Submitted to the 
Faculty of The Graduate College 
in partial fulfillment 
of the 
Specialist in Education Degree

Western Michigan University 
Kalamazoo, Michigan 
August, 1973
ACKNOWLEDGEMENTS

The final form of this paper is due, in large part, to the advice and constructive criticism offered me by my major advisor, Dr. William Carlson, and committee members Dr. Robert Betz and Dr. Kenneth Bullmer, all of Western Michigan University's Department of Counseling and Personnel Services. I would like to thank them, along with Dr. Bill Martinson, Chairman of the Department, for the personal encouragement and assistance they gave me as I worked to complete my degree. The excellent quality of the internships in which I participated was largely due to the influence of the people who directly supervised me: Mr. George Seafort and Mr. Chuck Shull at Western Michigan University's Counseling Center and Mr. Jim Burchell at Kalamazoo State Hospital. These men had a direct and lasting effect on both my personal and professional development, and I am glad to have here an opportunity to express my gratitude to them.

Susan C. Bolon
MASTERS THESIS

BOLON, Susan C.
TWO INTERNSHIPS: PROFESSIONAL TRAINING AND PERSONAL DISCOVERY.

Western Michigan University, Ed.S., 1973
Education, guidance and counseling

University Microfilms, A XEROX Company, Ann Arbor, Michigan
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I. INTRODUCTION

This paper is being written in partial fulfillment of the requirements for the degree of Specialist in Education in the Department of Counseling and Personnel Services at Western Michigan University. The intention of the paper is to demonstrate the value of my internships to my counseling in general and to my current work in particular.

II. WESTERN MICHIGAN UNIVERSITY COUNSELING CENTER

The Western Michigan University Counseling Center was the site of my first and major internship. The Counseling Center is situated in a new building of modern design which also houses other aspects of student personnel services, such as loans, housing, etc. The center has a staff of approximately forty persons, including non-professionals (receptionists and secretaries), trainees (graduate assistants, interns, and volunteers), and professional counselors (some trained at the master's level, some at the doctoral level). The professional counselors, about twenty in number, tended to specialize in one of two areas: educational and career planning or personal counseling. Generally, it was the more highly trained counselors who concentrated
on counseling for personal change, and it was from them that I received most of my training. The internship took place from January through April, 1971. I spent twenty hours a week at the Counseling Center, where my time was evenly divided between training experiences and practical experience.

A. Training Experiences

1. Supervision

The training experience there which had the most practical value for me was the supervision which I had under Mr. George Seafort. The supervision was accomplished through two means: observation of my work through one-way glass and subsequent discussion, and listening to tapes of my sessions with clients and discussing them. In the course of these sessions I began to learn how to deal with the frustration I felt when my therapy with a client produced no visible results. As Mr. Seafort explained to me, the results of therapy may appear long after the course of therapy has terminated; thus, the counselor may have to seek other means of reinforcement for himself than evident therapeutic outcome. I learned that a more reasonable source of positive reinforcement for the counselor is the knowledge that he has done his best in working with the client, regardless of outcome.

One of the clients I had at this time seemed to lack
the motivation necessary for change. He was late for sessions, missing some entirely, and seemed to retain nothing from one session to the next. Mr. Seafort showed me how the client was using therapy sessions as a means of avoiding change—he was telling himself that he had sought help but that it had not "worked"—his sessions with me reinforced his stalemate. I learned that the ability of the counselor to produce change in the non-cooperative client is limited.

2. Encounter group

Another very valuable training experience at the Counseling Center was the encounter group which Mr. Chuck Shull led for the trainees there. Mr. Shull was skilled in employing structured exercises which facilitated coalescence of the group and then encouraged members' sensitivity to self as well as to others. It is my personal experience that such group exercises become available to me for my own use only after I have seen another therapist use them successfully. It was through participating in the group that I began to build my own repertoire of group exercises.

I was very aware of Mr. Shull's role in the group: the extent to which he acted as leader of the group, the degree to which he was a participant. I began to gain some feel for the way in which a leader can be non-threatening and non-evaluative of members' performances, yet may monitor certain
exchanges and aid the group to focus on relevant issues.

In addition, I became aware of many of my own fears and the ways I defended against them. To learn about a defense is not to drop it, but this knowledge gives a person insight into how he comes across to others; and this is indispensable to a counselor, who unavoidably has a powerful effect, for good or for bad, on clients.

3. Self-defeating behavior workshop

While at the Counseling Center, I had the pleasure of participating in the Self-Defeating Behavior Workshop developed by Drs. Milt Cudney and Jim Lowe. The workshop is essentially a group experience, but one which differed radically from the group in which I had participated under the leadership of Mr. Shull. Here the approach was rational and didactic, with the emotional underpinnings being furnished by participants' own efforts outside of sessions. Group interaction was not considered to be of value—only exchanges between participant and leader were encouraged. The principles of self-defeating behavior are useful in any type of therapy, and I have certainly found them to be effective in demonstrating some aspects of their behavior to my clients. Alcoholics and drug abusers are surprised to realize the actual gains involved in their addictive behavior, and this is an indispensable first step toward supplying these gains by another means. Another important
principle I learned in the Self-Defeating Behavior Workshop was that behavior is maintained on a day-to-day basis; it doesn't just happen that way because it happened that way yesterday--we choose to repeat behaviors. I learned some things about myself in this workshop too.

4. Staff meetings

Staff meetings held on a weekly basis at the Counseling Center provided a setting for both administrative and instructional exchanges. In these meetings I received my first exposure to the administrative side of the business of counseling; watched as skilled and experienced counselors worked to formulate programs which would be effective in reaching a maximum number of clients. I was impressed when I saw how people who worked together on a daily basis could respond so sensitively to one another on an emotional level. Creativity was encouraged to an extent that I'd never seen in a work setting, and it was obvious that therapists' potentials were being fully utilized as a result of this encouragement. The kind of emotional exchanges and fostering of creativity which I saw at the Counseling Center are felt to be threats to efficiency in most work settings--my experience at Western proved that the contrary might be true.

5. Trainee group practicum

The trainees at the Center held a weekly group
practicum, usually led by trainees and utilizing both audio and video tapes. In those sessions I saw that my fellow trainees were grappling with the same problems in handling clients as I was. Moreover, my experience in the practicum reinforced a learning which had begun in supervision: that another therapist's objective appraisal of my work often brought entirely new viewpoints on the client-therapist interaction.

6. Research

While I was at the Counseling Center, research was being conducted to evaluate the effectiveness of the Self-Defeating Behavior Workshop in producing lasting behavior change. One of the measures used was a pre- and post-administration of the Minnesota Multiphasic Personality Inventory. My job was to determine whether the mean pre scores on each scale of the test differed significantly from the mean post scores. (Most of them did). It was my first experience in objective measures of change produced by therapy. I learned that, dull though the process of tabulation may be, it can produce some interesting results.

B. Practical Experiences

1. Personal counseling

My practical, or working, experiences at the Counseling Center fall into two categories: personal counseling
and group encounter. Personal counseling made up the bulk of my practical experience there. Clients came to the Center for a variety of reasons: some came for academic advisement, some came to fulfill a course requirement for Counseling and Personnel. Some came to deal with nagging dissatisfactions in their lives, while others came for help with real personal emergencies. Some clients I saw only once, others I saw weekly over a period of months. All my sessions with clients I used all the techniques with which I was familiar: Albert Ellis' Rational-Emotive Therapy, Jim Lowe and Milt Cudney's Self-Defeating Behavior principles, Milton Ericson's techniques of hypnosis and hypnotherapy, Carl Rogers' principles of acceptance and congruence, Fritz Perl's Gestalt Therapy, and Victor Frankl's principles of existential therapy. I endeavored to determine which of these forms of therapy would be most effective for the client with whom I was working—if that failed, I would choose another. What I learned, and what others helped me learn through these personal counseling sessions, was central to my internship at the Counseling Center.

2. Group encounter

My first experience as a leader of group encounter was with one of the Counseling Center's outreach activities: encounter groups designed to sensitize teacher trainees. Each of the groups had two co-therapists, and
in both the groups in which I participated, I was paired with a more experienced therapist. With these groups, I was able to observe as well as to experience for the first time the function of the group leader. I began to work with structuring a group and tried to balance structure with flexibility in group process. Because the members of the groups were there by necessity rather than by choice, I began to learn the perils of leading a non-voluntary group. Resistance is present in all therapy, but in cases where the client's participation is not voluntary, the client is more likely to justify his resistance. I struggled to keep group members involved and dealt with my feelings of disappointment when the group was only lukewarm or worse.

C. Generalized Benefits

There were benefits of my internship at the Counseling Center which sprang not from any particular aspect of my experience there but were more general in nature. I was aware of an atmosphere of freedom in which the individual therapist was encouraged to work to the best of his ability in his own way. The prime value in the Center is the welfare of the client, and neither in policy nor in practice does it lose sight of this ideal. This was my first exposure to a group of professional counselors and my first opportunity to observe the practice of professional ethics. The counselors at the Center, particularly those
who were deepest into counseling for personal change, became my role models. I judged my degree of success with clients against my impressions of their work.

In all, as a result of my internship at the Counseling Center, I felt that I had a better understanding of myself and others' reactions to me. I was developing a sense of confidence in my ability to create change in clients.

III. KALAMAZOO STATE HOSPITAL

My minor internship took place at Kalamazoo State Hospital. The hospital was founded before the turn of the century; and, though there have been additions since, most of the buildings date from the time of founding and are old, dilapidated, and depressing. Kalamazoo State Hospital is typical of state hospitals in that it receives as patients primarily those persons who cannot afford the usually superior treatment afforded by a private hospital. Few patients come to the hospital voluntarily; most are committed by concerned or harassed family or by the law. Treatment in the vast majority of cases is through use of major tranquilizers, prescribed by one of the hospital's approximately ten doctors. Though the patient population stands at nearly 2,000, no more than 100 patients are in therapy with one of the hospital's three psychologists at
any one time. The patients chosen for group or individual therapy are usually new admissions, particularly those who show signs of a potential for rapid improvement in therapy.

The chief psychologist at the hospital, Mr. Jim Burchell, supervised my internship, which took place between April and June, 1971. Whereas my first internship had focused primarily on the normal range of behavior and voluntary clients, this internship dealt with therapy directed toward patients who were classified as mentally ill and who did not come voluntarily to therapy.

A. Practical Experiences

1. Therapy groups

Much of the therapy done at the State Hospital takes place in a group setting. This is so because a therapist is able to deal with more patients this way than on an individual basis, and because patient interaction in group is very therapeutic. This therapeutic interaction doesn't just happen; it is the result of skillful management by the therapist. Only then can group members become effectively involved in the solution of one another's problems. In these groups, I learned how difficult it can be for a patient to maintain defenses before a group of people who are interested in stripping these defenses away. Members of these groups ranged from somnolent to violent in their behavior--managing them was a challenge. As I sometimes led groups by myself,
this was a "sink-or-swim" situation in which I acquired leadership skills quickly.

One thing which influenced my work with groups as well as with individuals was the discovery that the dynamics of psychopathology are largely similar to the dynamics of ordinary psychology; patients at the hospital had simply taken ordinary behavior a step further. When the therapist acts on the assumption that a patient is fully capable of emitting normal rather than "crazy" responses, it is astounding how readily the desired responses can be produced. Then insight can aid in the maintenance of these gains. Because, in some cases, only the most rudimentary forms of communication remain in patients' repertoires, the therapist's task is often to encourage the simplest responses from patients. Starting sometimes from so little, patients could make improvements which were startling both in their speed and in their magnitude.

2. Individual therapy

The individual work which I did with patients at the State Hospital was similar to that which I did in groups. All the patients in individual therapy were also in the groups; individual sessions, viewed as more desirable by the patients, were earned only through regular participation in the groups. In individual therapy, there was an opportunity to go more deeply into a patient's problem and
to discuss issues which a person sometimes felt hesitant about bringing up in group. It must be emphasized, however, that once an issue was brought up in an individual session, the patient was nearly always convinced of the value of bringing it up in group. Thus, individual sessions, far from weakening group participation, as might have been feared, strengthened and enlarged the scope of group participation.

3. Treatment of addiction

At that time, the hospital was handling the many alcoholics and drug addicts who were committed there in its regular therapy groups, usually with minimal success. (Since then, an intensive therapy program aimed specifically at the needs of addicted persons has been established and seems to be having a much higher rate of success). This was my first exposure to the institutional treatment of alcoholics and drug abusers; and, though I did not leave with a repertoire of promising techniques for dealing with these patients, I had at least had some experience in attempting to deal with them--they were no longer a totally unknown quantity.

B. Supervision

The most valuable aspect of my internship at the State Hospital was the intensive supervision which I received from Mr. Burchell. It was during the supervision that I learned
the paradigms of behavior, both on a group and individual basis, which enabled me to compare them to normal behavior. I also learned many therapeutic strategies appropriate for treatment of these patients' behavioral problems. Mr. Burchell compared the patients with specific cases which he had treated in the past, making me aware of abnormal behaviors which can be found in many patients who share the same fears and demonstrate similar symptoms.

The supervision which I received dealt not only with the behavior of the patients with whom I worked, but with my own behavior as well. Mr. Burchell discussed with me at length my reticence in establishing close contact with the patients with whom I worked. This hesitancy seemed to stem not only from the uncertainty I felt in my position as therapist-trainee as I compared my skills with those of my more experienced supervisor, but from a more personal lack of confidence as well. It was important, he explained, that I work to overcome these feelings of discomfort because of their effects on patients, who tended to interpret them as rejection. Though I by no means completely overcame my involuntary air of formality during the time I spent at the State Hospital, I made some gains during that time and feel that I have continued to improve in this respect, now that I have been made aware of this characteristic.
C. Benefits

One of the more surprising—and least expected—outcomes of this internship was the discovery that I could enjoy working in an institutional setting. I developed a functional conception of mental illness and found therapeutic approaches to dealing with some of its many manifestations. In addition to acquiring skills useful in dealing with the patients, I also learned more about dealing with my own reactions when I did not succeed in producing perceivable change. Whether I was successful or not with a given client, by the time the internship was completed, I had spent enough time with the patients there to feel relatively comfortable with a wide range of behaviors classified as abnormal.

IV. MEANING OF THE INTERNSHIPS

At this point I would like to attempt to explain what these internships mean to me and to relate some of the discoveries which resulted from them. First, I learned that normal and abnormal behavior are ranged on the same continuum, and that they may be dealt with using similar techniques of therapy. This meant that I could work with mentally ill patients as well as with those classified as simply neurotic. When I discovered that I enjoyed working with mentally ill people in an institutional setting, a whole new range of employment possibilities became open to
me. Indeed, it was in this setting that I found my current position as rehabilitation technician with the Battle Creek Veterans Administration Hospital.

With the help of my supervisors, I attempted and discovered that I could effectively employ a wide range of therapeutic approaches and techniques with clients. This is of value for it means that my potential for bringing about change in a wide variety of personality types is enhanced.

I learned a lot about myself in the course of the two internships through the supervision I received, through my participation in groups, and through my own self-evaluation. The increased objectivity I gained enabled me to more fully appreciate and make use of my strengths and to accommodate, accept, and compensate for my weaknesses. I discovered that I was able to utilize these learnings in both my professional and my personal life, and this gave me a growing feeling of self-assurance.

The internships served two very important purposes in terms of career choice. First, my hope and belief that I would enjoy counseling and be an effective counselor was strongly confirmed. Second, the internships enabled me to be involved in, and to learn that I could derive personal reward from working in both an academic and an institutional work setting. This sort of flexibility can
make the difference between employment and unemployment when job openings are limited.

Finally, the variety and difficulty of the situations in which I worked, together with the constructive criticism and encouragement which I received from my supervisors, greatly enhanced my confidence in myself as an effective counselor and gave me a base from which I felt I could continue to work and grow.
Appendix
712 SUPERVISOR'S EVALUATION, FORM A

Name of Student  Susan Hoffmann  Semester  Winter 1971

Interning Organization  University Counseling Center

1. Description of student's job activities and training

1) practicum (non-credit)  2 hrs. per wk.
2) supervision (individual & group)  2 hrs. per wk.
3) personal counseling (individual & group)  2 hrs. per wk.
4) staff meetings  2 hrs. per wk.
5) self-defeating behavior workshop  13 hrs.
   (participant)
6) research  1 hr. per wk.
7) individual therapy for self

2. Evaluation of the student's performance on the job and training activities

Susan was an excellent intern in many respects. She is a competent counselor, one to whom I felt free to make referrals. She was active in practicum and group therapy, being a real asset to both. We have seen considerable change in Susan in that she now appears more open to experience, more willing to take a look at herself, and more willing to change some of her behavior. We consider her experience here as definitely productive.

3. Performance:

Satisfactory  X  Unsatisfactory  ___

Greg Boothroyd

Organization Supervisor's Signature

Grade: Pass  X  Fail  ___

Greg Boothroyd

Faculty Sponsor's Signature

Credit Hours Completed

6

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712 STUDENT'S EVALUATION, FORM B

Name of Student  Susan Hoffmann  Semester Winter 1971
Interning Organization WMU Counseling Center
Organizational Supervisor Dr. Greg Boothroyd

1. Evaluation of the 712 experience (positive and negative)

A doctoral internship at the Counseling Center is a particularly valuable leadership experience because, except for the required on-going training sessions, the student is responsible for how he spends his time there; and there is a wide variety of experiences he can elect. This flexibility enables the Center to be remarkably sensitive to the feedback it solicits from trainees and staff alike. This means that if a trainee is unsatisfied with a particular aspect of his program there, he can probably change it. Particularly valuable to me was the opportunity to take part in some of the Center's out-reach activities, counseling functions located outside the Center itself. In all, I know of nowhere I could have received a more pertinent or useful experience.

2. Suggestions for the improvement of the 712 experience

My lack of perspective (this being my only such experience) and extreme satisfaction with this internship make it difficult to offer suggestions for improvement. In terms of this particular internship setting, my only recommendation would be to the participant. Because this experience is largely self-determined, the intern should come into it with a good grasp of the opportunities available to him and some idea of which will best benefit him. This will prevent his missing out on programs and activities in the Center which would provide him with valuable growth experiences.

Susan Hoffmann
Student's Signature
APPLICATION FOR PERMISSION TO ELECT
712 Professional Field Experience 2-12 hours
(Indicate your plan for enrolling in the course)
Semester spring Year 1971 Hours 3 1st Enrollment

Name Susan Hoffmann ______________ Student Number 378509
Address 433 Douglas, Kalamazoo, Michigan 49007
Program of Study Ed.D. Educational Leadership - Counseling
and Personnel

Description of Independent Study I plan to complete my minor
doctoral internship at Kalamazoo State Hospital. The internship is designed to provide experience in dealing with the
mentally ill client, both individually and in a group setting.
This should greatly increase my knowledge and understanding
of psychological pathology. The internship should also give
me further exposure to the practice of leadership as demon-
strated in the administration process at the hospital.

April 13, 1971

Susan Hoffmann
Signature of Student

Mr. Jim Burchell
Name of Faculty Member Under Whom Study is to be Completed

William A. Carlson
Signature of Advisor

R. H. Schmidt
School of Graduate Studies
712 SUPERVISOR'S EVALUATION, FORM A

Name of Student _Susan Hoffmann_ Semester _Spring 1971_

Interning Organization _Kalamazoo State Hospital_

1. **Description of student's job activities and training**

Susan's activities while at Kalamazoo State Hospital consisted primarily of co-leading and occasionally leading therapy groups and doing individual therapy, with and without a supervisor present. She also attended a variety of staff meetings at the hospital. Her training was in the form of supervision during most of the therapy she conducted. During and following a therapeutic session, she was made aware of the techniques she was employing and suggestions were made for increasing her effectiveness.

2. **Evaluation of the student's performance on the job and training activities**

Mrs. Hoffmann has shown both enthusiasm and diligence during her internship. She has directed or co-directed an average of four group therapies a week and has maintained a caseload of a half dozen therapy patients. Besides this practical experience, Mrs. Hoffmann has engaged in readings and supervisory conferences with an open mind and much interest. Mrs. Hoffmann has shown herself to be a responsible and dependable person eager to learn. Although Mrs. Hoffmann's rapport with patients is somewhat stiff, she will be able to use her knowledge and abilities more effectively with the mellowing of time.

Staff conferences of both male and female patients were attended. A one day seminar with Dr. Max Brucks on conjoint marital therapy was also arranged.

3. **Performance:**

Satisfactory _X_ Unsatisfactory __

_James Burchell_ _______________________

Organization Supervisor's Signature

Grade: Pass _X_ Fail __

_Wm. A. Carlson_ _______________________

Faculty Sponsor's Signature

Credit Hours Completed _3_
712 STUDENT'S EVALUATION, FORM B

Name of Student: Susan Hoffmann
Semester: Spring 1971

Interning Organization: Kalamazoo State Hospital

Organizational Supervisor: Mr. Jim Burchell

1. Evaluation of the 712 experience (positive and negative)

My minor doctoral internship, done at Kalamazoo State Hospital, turned out to be one of the more surprising experiences of my life. Whereas my previous exposure to the hospital had given me the impression that it was a depressing and indeed hopeless institution, twenty hours per week of working with patients in both an individual and a group therapy setting showed me that there is much hope for change for the mentally ill. Working with the hospital's psychology staff, I learned new approaches to psychotherapy which I'll be able to use in nearly any therapeutic setting. The prime strength of the experience was the excellent and extensive supervision which I received.

2. Suggestions for the improvement of the 712 experience

In an internship so intense and well-structured, it is difficult to make suggestions for improvement. It would, however, have been interesting and perhaps helpful to have seen more of the hospital in order to enhance my understanding of how the particular department in which I worked fit into the functioning of the hospital as a whole. I would have liked to have gained a better understanding of the duties and responsibilities of the doctors with whose patients we worked. And I was curious about the workings of the acute medical department. But these are small flaws.

Susan Hoffmann
Student's Signature

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