



AMERICAN SOCIETY FOR THE

NEW IDENTITY PROCESS

NEWSLETTER SEPT 1995

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ABOUT ASNIP

The American Society for the New Identity Process (ASNIP) was established in the 1970's to maintain high ethical and professional standards for the NIP, a method of psychotherapy developed by psychiatrist Daniel Casriel, MD. ASNIP provides education, training, and certification programs as well as a forum for thinking and development in the NIP.

Approaching a Theory of Emotion

An Interview with Candace Pert, Ph.D.

By Lynn Grodzki, Fellow

The New Identity Process (NIP) and other forms of emotive psychotherapy embrace the healing tradition of *catharsis*— intense emotional expression is elicited within a contained therapeutic environment. This emotive therapy follows in a direct line from the earliest forms of ancient healing arts through recent scientific studies exploring the link between body and mind. The challenge for clinicians in answering the criticism about the use of catharsis is to conceptually bridge past and present in evaluating emotive methods. Happily, an unexpected voice has joined the debate about the importance of emotional therapy. Candace Pert, Ph.D., researcher and pharmacologist, may help point the way to a resolution of a problem that has faced clinicians using emotive methods for the last 100 years. In adding her biochemical research perspective to the discussion of the meaning and value of catharsis, she is addressing a weak point and the biggest problem that exists in the field of emotive, experiential psychotherapy. She is helping to formulate, for the first time, a unified theory of emotion.

First, a bit of history. Although the use of catharsis was a key element of treatment during the first 200 years of early psychotherapy (with Mesmer, Charcot, Janet, and Breuer), Freud's rejection of the cathartic method within psychoanalysis and his reliance on free association, "the talking cure" as a sufficient form of abreaction, spread until dominating the field. By 1920, methods of emotive psychotherapy moved to the fringes of conventional psychological practice. Freud gave as one of his reasons for rejecting emotive methods his frustration as a neurologist in trying to theorize about the workings of emotion. Although some of his colleagues continued to rely on methods of

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FROM THE PRESIDENT...

By Ron Kissick, Teaching Fellow,
ASNIP President



Dear Friends,

Preparations for the 1995 International Conference are complete and the result of the Conference Committee's labor is here for us all to enjoy...and learn from. As you attend the conference, I urge you to seek out as many of the committee members as you can and express your appreciation to them individually. They have put in a tremendous amount of work, professional commitment and self-sacrifice over many months, to bring this event to fruition.

We also extend a warm welcome to all conference attendees, including our European colleagues. Your participation, as well, ensures the conference's success.

If our organization is unfamiliar to you, and you were drawn to this conference by personal acquaintance with a Society member or the outstanding reputations of our keynote speakers, I hope you will find good reason to continue your connection with us. I look forward to meeting as many of you as possible.

The schedule of events is outstanding and the presentations address many issues of current importance in our field. NIP can give some fresh perspective on several hot topics, and I suspect we will have the opportunity to hear challenges to our perspective as well. I welcome it all. We are ready for a broader consideration of NIP in the theory and practice of psychotherapy.

For the membership of the American and International Societies, there is also business to be conducted -- board members to be elected, budgets and other proposals to be voted on. General membership meetings of both organizations are to be held Sunday morning, Sept. 24. So please make your hopes and concerns known to the Board members so that they may be addressed and receive the attention they deserve.

Most of all, enjoy!

Sincerely,

Ron

Ron Kissick, President
American Society for the New Identity Process

The ASNIP Newsletter

is published quarterly the first of the month -- December, March, June and September.

Deadline for articles and advertising is thirty days prior to publication. We are interested in articles about theory and clinical techniques using the NIP, personal experience with the NIP, related training experience, book reviews and general interest. Submissions must be typed and double spaced. Include a disc in a DOS program if possible. Send to:

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Advertising in the calendar is limited to Teaching Fellows and Fellows. Send all advertising copy directly to the Editor. Send fees for advertising, and applications with fees for membership in ASNIP to:

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SOCIETY NEWS



■ **The Conference** is almost here! We are delighted with the full roster of speakers -- two nationally known keynote speakers, 20 presentations in two days, including seven European presenters. We have planned a networking reception for Friday night, and a Saturday evening banquet and buffet dinner with ASNIP member Michael Hurney's live band doing the musical honors. We have scheduled back-to-back business meetings on Sunday. If you haven't signed up and sent in your registration, please do so now. Your prompt registration allows us to plan this event in a professional way, helping us to know who is coming.

■ **National advertising has come to the NIP!** The Conference committee decided to advertise the Conference nationally, in the Family Therapy Networker. This is the first national advertising of the NIP in many years. Lynn Grodzki's interview with Candace Pert, in which Dr. Pert talks about emotion and the NIP, has been published in two local newspapers (Pathways and the Baltimore Resources) and one newsletter (the DC Guild of Somatic Psychotherapists), giving the NIP some media exposure and a new level of validation. Part of the interview appears in this newsletter. The committee bought full or half page ads for the Conference in the two newspapers, and the DC Guild carried an additional article, written by Ginny Hurney and Robin Seiler, entitled "What Is The NIP Anyway?" that referred to the conference. To help offset the expense of advertising, eight local NIP therapists underwrote part of the expense of one major ad. These same therapists have made use of their mailing lists, and over 1000 flyers have been mailed out to their contacts. Based on this activity, we have been receiving a steady stream of phone calls requesting registra-

tion forms and information about the NIP, from the professional community. It is a pleasure to have the NIP begin to receive so much notice. Linda Harter, the contact person for the Conference, is sending out our new brochure, a flyer that invites people to become a member of ASNIP and a conference schedule to all who call. The Conference is inspiring many of us to action.

■ **Its time to think about Board elections.**

Geoff Smith from the Nominating Committee has moved to Maine and calls from there, saying that he has blissfully escaped the summer heat and is enjoying his new job at LL Bean. He invites any and all who are interested in being on the Board for this term to contact him.

■ **ASNIP in the summertime:** George Rynick is off to Germany to lead NIP workshops. Ron Kissick has been traveling to Philadelphia, to lead workshops with Rita DiMaria. Marilyn and Skip Ellis are offering a summer intensive in the wilds of West Virginia. The Ellis's are also hosting a pre-and post conference workshop in Reston, Va., with other local NIP therapists in attendance including Ginny Hurney, Lynn Grodzki, Robin Seiler, Glen Keith, Linda Harter and Brenda Scribner. Terry Cole has been polling Board members to put together an agenda for the upcoming September meeting on Thursday, Sept. 21 in Columbia, Md., prior to the start of the Conference.

■ **Committee reports** are requested by the next Board meeting. Committee members are the backbone of ASNIP -- please let the Board know about your activities, goals and needs, by submitting a report to the Board.

■ **We'd like to know** what you're up to. Send your Society news to the newsletter and let us share your efforts and plans with others in ASNIP.

BACK TO BASICS: Understanding the New Identity Process

A regular column examining the theory and history of the NIP by Paul Komatinsky, Fellow

The Cultural Meaning of Emotions

In our last issue we established that emotions are biologically based. Our culture imposes a variety of maladaptive attitudes about emotions and their expression. These beliefs include the following:

Anger -- Anger is bad. If you are angry with me, you don't love me. If I get to my anger, I will destroy someone or myself. Men may show anger; women may not.

Fear -- Fear is weakness. Men don't show fear. If I show my fear, I won't be able to defend myself.

Pain -- Pain is weakness. Pain is to be avoided at all costs. Men mustn't show pain; women may. If I show my pain, I'll die, fall apart, hurt forever.

Pleasure -- Pleasure is bad (illegal, immoral or fattening). If I express pleasure, I'm childish, or irresponsible, or I won't exist.

Love -- Love is a trap, sacrifice, unobtainable, romantic. I don't deserve love. If I express or feel love, I'll be vulnerable and at your mercy.

In the New Identity Process, the five biologically based emotions are accepted for themselves. The NIP defines the following healthier attitudes about emotions:

Anger is a force to set things right in the face of danger or when things are not going the way a person wants.

Fear is the emergency power to deal with a threat/danger/crisis situation. When a person is afraid, he is physically stronger than at any other time.

Pain is an alarm system of danger, to prevent further damage to the individual. Dr. Casriel felt that pain may also have been a way to elicit comfort from the tribe. To deal with danger, the body is mobilized by the autonomic nervous

system: adrenaline and noradrenaline rush into the blood; the heart beats faster and blood pressure rises; sugar floods the bloodstream for quick energy; the blood carries the sugar and oxygen to the muscles for additional strength/speed and to the brain for quick thinking; blood clots faster; breathing quickens; the body assumes a slightly crouched stance for protective action.

The feelings of pain, fear, and anger improve a person's ability to survive as an individual. The feelings of pleasure and love improve one's ability to survive as part of a group. Our predecessors lived in groups, where man was able to get his needs met better than if he lived alone. The emotions of pleasure and love served to further reinforce man's desire to live within groups, and enhanced his ability to survive his environment.

Pleasure is the feeling one has when needs are met. Every human being has biological needs that must be met for survival, including the need to breathe, eat, sleep, bond, etc. When a biological need is met the person feels pleasure. When a biological need is not met, the person first feels discomfort and then pain. Following this, if the need is met, the person feels not merely a lack of pain but pleasure once again.

Love is the anticipation of getting needs met or the anticipation/experience of sharing any survival based emotion with others. In order to take in pleasure, the body is served by the autonomic nervous system. The biochemical manifestations of this response are different than those of the body's response to danger: the body's stance becomes more open, shoulders are back; the pelvis is forward; blood pressure drops; breathing becomes more relaxed.

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Dimensions of Therapeutic Touch in the NIP: Holding and Mirroring

by Robin Seiler, Member In Training

An essential feature of the New Identity Process (NIP) is the use of therapeutic touch, which NIP therapists call *bonding*. This is the first of several articles on the psychological dimensions of "bonding." I will suggest that "bonding" in the NIP has several facets --holding, mirroring, attachment, mutual resonance, and tender caring. The role of each in psychological development and in the NIP will be explored. Clinical material will illustrate how NIP therapists use therapeutic touch to work with clients who suffer from deficits of these experiences. This article focuses on holding and mirroring.

Holding refers to the sensory aspects of maternal care that promote an infant's primitive sense of "going-on-being": the sensual containment of being held in the mothering figure's arms, of rhythmic movement and sound, of sensual hardness and softness. Adequate holding allows the infant to stabilize biologically and develop a sense of having a sensory boundary, a skin, that holds together the parts of his body and mind and separates them from the outside world (Bick 1968). Good-enough holding also allows the infant to begin generating, with the mother, feelings that bestow meaning on the infant's sensory experience (Spensley 1995).

When holding is inadequate, the infant experiences traumatic awareness of separateness from the mothering person (Tustin 1986). A chaotic state of biological and psychological turbulence may ensue that exposes the infant to an abyss of nothingness (Spensley 1995). The infant may defend against this threat by retreating from the possibility of personal relatedness and meaning into a closed, inanimate world. Experience becomes limited to meaningless bodily sensations that the infant repeats endlessly in an effort to generate an autistic continuity of experience (Ogden 1989).

Mirroring refers to the visual, nonverbal

experience of seeing oneself reflected in the face of another person. According to Winnicott (1971), an infant that is satisfactorily held at some point looks around and is likely to find the face of the mothering person. Ordinarily, what the infant sees reflected there is him/or herself. Through her gaze, expression, and affect, the mother reflects or gives back what the infant has offered. This enables the infant to become aware of his own personal existence. The infant's experience is: "When I look I see that I am seen, so I exist."

Mirroring also refers to the verbal, less visual experience of having one's communications reflected or given back in words (Josselson 1992, Winnicott 1971). Words enable us to express the meaning of relationships, the ways in which others matter to us. When a person is mirrored verbally, his or her experience is: "When I express my thoughts and feelings you understand me, so I exist and matter to you."

The infant and young child require "good enough" holding and mirroring in order to develop a enduring sense of personal existence. Adequate holding provides the sensory experiences from which emotion emerges, while adequate mirroring integrates sensation and emotion into an interpersonal world. Adequate mirroring is powerfully integrating and can enable a person to tolerate temporary experiences of psychological disorganization without losing a sense of sensory boundedness and continuity.

Clinical Applications

Adult clients who have deficits in holding experience primitive fears of their sensory boundaries disintegrating or of falling into a "black hole" of meaninglessness and nothingness (Ogden 1989). Their metaphors and dreams express such anxiet-

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A major role of the NIP therapist is to mirror clients as they struggle to express feelings that were not accepted when they were children.

ies. A man may say that he feels as if he would "break into a million pieces" or "fly away" if he were to experience his feelings more fully. Another client may say that "I came apart at the seams," referring to a time in which she experienced deep sadness. A third client may dream about moving through a series of compartments in a space station and knowing that he is getting closer to a door that would open to the boundless void of space.

There are specific qualities to the therapist's experience of holding a client who has serious deficits in holding. It feels as if the client is not "in" his/her body and not "present". The client will tend to be obsessively preoccupied with autistic sensations rather than aware of emotions and meanings associated with being held by another person. If the client lets go of this autistic focus, she may experience sensory and psychic fragmentation. The therapist might take a slow, soothing approach that allows sensations to be transformed into a pleasurable, somewhat interpersonal experience. Expressing intense rage may also allow the client to have a more positive interpersonal experience holding.

A major role of the NIP therapist is to mirror clients as they struggle to express feelings that were not accepted when they were children. We mirror clients by encouraging them to express their emotions openly and fully and offering empathic verbal support as they do so. However, mirroring without holding often does not provide enough support to enable clients to experience full catharsis. Frequently, clients also need full-bodied therapeutic touch to maintain a sense of sensory boundedness during catharsis.

"Eye bonding" is the form of therapeutic touch in the NIP that combines holding and mirroring. In "eye bonding" the therapist holds the client closely, cradles the client in his arms, and looks into the

client's eyes as a parent would return the gaze of an infant. The following clinical example illustrates the use of "eye bonding" with a client with a serious deficit in mirroring.

On this occasion, the client was held in a full-bodied position on a mat. She responded by fragmenting into a chaotic state of sensory and psychological disorganization. Holding her, my countertransference experience was of a boundless, endless, meaningless agony. Her expression of the pain by screaming, while I held her tightly, seemed endless and brought her no relief. When I asked her to gaze into my eyes and focus on her breathing, she was able to calm down briefly, but soon began to experience further disorganized pain. As she met my gaze, I asked her as lovingly as I could, "Who do you see in my eyes?" She emitted a final, long scream of agony and became calm. Then she could look into my eyes for some time and soak in at a deep level the experiences of being held and mirrored. The client needed both holding and mirroring to achieve sensory and psychic stability. Once stability was achieved, she could begin to internalize those experiences, which she needed to build a sense of personal existence. □

References

- Bick, E. "The Experience of the Skin in Early Object-Relations," *International Journal of Psycho-Analysis* (1968) 49, 484-486.
- Josselson, R. *The Space Between Us: Exploring the Dimensions of Human Relationships*. San Francisco: Jossey-Bass, 1992.
- Ogden, T. *The Primitive Edge of Experience*. Northvale, NJ: Jason Aronson, 1989.
- Spensley, S. *Francis Tustin*. New York: Routledge, 1995.
- Tustin, F. *Autistic Barriers in Neurotic Patients*. New Haven: Yale, 1986.
- Winnicott, D.W. *Playing and Reality*. New York: Tavistock, 1971.

In Daniel Casriel's Words. . .

■ I think that abreaction is perhaps the quickest and most efficient way for a person to relive early traumatic experiences which at the time they could not fully ventilate, because the situation was too painful and too dangerous. However, the experience stayed in their system. It stayed in their memory system, their emotional system and interfered with their functioning, just like an invisible spear which can cripple and paralyze a person in particular areas.

■ In this process we deal with emotions and the logic of emotions. When people relive emotional experience, they really feel the experience as it occurred, an abreaction. Most psychological process doesn't get back into these emotional levels. This process, by its very nature, will have people relive early experience on an emotional level... Sometimes the actual experience resolves this way for them. They experience [the trauma] once and it is resolved. But frequently they have a type of impotent situation--they go over it again and again. In that situation, it is therapeutic to have the individual bring his current awareness, strengths, options and alternatives back into that early experience to resolve it. For instance, in Sweden they called me once because a person seemed to be having an abreaction of a birth experience. He kept going through the same thing, like a broken record; he had done it a few times when they called me and I watched it twice. Then I told him to be his own obstetrician and help that little infant extricate himself from that impossible, frustrating situation. Well, it sounds like science fiction in a way; it is a little hard to comprehend intellectually. But I have seen enough emotion to know that people live through emotional logic, which has nothing to do with intellectual logic. It is an area, of course, that deserves a great deal of research and observation.

■ This process opens up a whole field of abreaction on a level that the classical therapist never had a chance to see. In classical therapy, those who abreact are hysterics, very emotionally open in the first place. I rarely recall any abreactions with my patients as an analyst, whereas in this process there are many... Abreaction is an emotional memory. It may not be a visual memory or a real memory picture. It is an emotional experience which they [the patients] *know*-- they have been there before. It feels like, hey, I know this is what it was: I *know*. They just know that was the way it really was. And there may be no visual memory, no verbal, cognitive or symbolic association.

Daniel Casriel, M.D. developed the New Identity Process, a humanistic psychotherapy, in the late 1960's. He trained therapists in the United States, Canada and Europe in his methods before his untimely death in 1983. Casriel was classically trained as a psychiatrist and analyst, but was deeply influenced from his experience with drug addicts and the use of encounter groups. Gunvor Gustafsson, a Swedish Teaching Fellow, interviewed Dan in 1978 for the ISNIP Newsletter. This is an excerpt from that interview.

catharsis (notably Ferenczi, Brown and Reich) and although a second wave of interest sparked the development of additional methods in the early 1950's (by Janov, Lowen, Perls, Casriel and Jackins) the academic literature continues to reject catharsis, following Freud. Methods of emotive psychotherapy, when mentioned, are usually discounted as unproven and ineffective at best, or counterproductive and harmful at worst. Currently, the criticism of emotive therapy is based on the results of often flawed, past research about catharsis. In some studies, catharsis is mis-defined to mean any kind of ventilation (from watching a wrestling match to screaming to hitting another person). Because clients require a safe space (environmental containment) in order to achieve a true experience of catharsis, the results that clinicians can produce in their office settings are hard to reproduce in laboratory settings. But the biggest hurdle to researching and validating emotional methods has been the vagueness about emotion itself. Until recently, little has been understood from a scientific basis about what emotion is and is not.

Psychological textbooks published only thirty years ago state, "Emotion is virtually impossible to define ...except in terms of conflicting theories" and "No genuine order can be discerned within the field." As long as emotion remains an abstraction, lacking a unified theory base, it is impossible to research and validate methods of emotive therapy. The kinds of questions that need to be answered include: how emotion is manifest; how memory and emotion interact; whether emotion is concrete (real) or conceptual (a construct); if concrete, how emotion acts in the body, and how unexpressed emotion is stored. Enter into this discussion Dr. Candace Pert. For the past twenty years, Pert has been studying the movement of amino acid chains in the human body. In the process, she is unraveling the mystery of mind-body communication and changing forever the way we understand emotion.

Until recently, little has been understood from a scientific basis about what emotion is and is not.

For Pert, pharmacologist and professor at Georgetown University, the mind is not just in the brain -- it is also in the body. The vehicle that the mind and body use to communicate with each other is the chemistry of emotion. The chemicals in question are molecules, short chains of amino acids called peptides and receptors, that she believes to be the "biochemical correlate of emotions." The peptides can be found in your brain, but also in your stomach, your muscles, your glands and all your major organs, sending messages back and forth. After decades of research, Pert is finally able to make clear how emotion creates the bridge between mind and body.

Candace Pert lives in a world where emotions make scientific sense. As former Chief of Brain Biochemistry at the NIH for 13 years, she studied the inner workings of the body with an eye towards identifying and locating peptides and receptors. She became convinced these chemicals were the physical manifestation of emotion. In 1993, Pert appeared on Bill Moyer's landmark TV program *Healing and the Mind*, where she explained her theories of emotion to a national audience. She attracted attention for being that rare scientist who can explain their work to a lay audience with a sense of humor and passion. These days Pert spends substantial amounts of time in Rockville, Maryland, as a consultant on the trials of a new drug, Peptide T, that is part of a non-toxic AIDS therapy. She takes some time from her research and teaching schedule to lecture internationally on the issues of neuropeptides and mind-body communication.

I began to correspond with Pert several years ago, and in May of 1995, as a result of her desire to be part of the 1995 ISNIP Conference, we sat down to talk about a subject that interests both of us: the need for a unified theory of emotion. She offered some new, startling insights of her own that explain how experiential forms of psychotherapy and alternative medicine work. What follows is a portion of our discussion.

LG: How do you understand the connection between memory and emotion?

CP: Experiments show that the hippocampus area of the brain [part of the limbic system] is the access or gateway into the whole emotional experience. Almost every variety of peptide receptor is found in the hippocampus. Through the peptide network, which is anything that has peptide receptors on it, you can access different memories, mood states or developmental stages. Strong emotions are the key variable that make us bother to remember things.

There is a lot of evidence that memory occurs at the point of synapse in the neurons. One cell communicates with another. And we know that at the synapse, there are changes that take place in the

receptors. The sensitivity of the receptors are part of memory and pattern storage. But the peptide network extends beyond the hippocampus, to or-

gans, tissue, skin, muscle and endocrine glands. They all have peptides receptors on them and can access and store emotional information. This means the emotional memory is stored in many places in the body, not just the brain. The autonomic nervous system is pivotal to this entire understanding. Its importance is much more subtle than has been thought. Every peptide that I have ever mapped and more can be found in the autonomic nervous system. There is an emotional coding to the way our autonomic patterns are elaborated.

LG: The autonomic nervous system includes the spinal cord and the ganglion that are down either side. Is it possible that emotion could be stored in places like this indefinitely?

CP: Absolutely. Emotional memories are our earliest memories. One of my earliest memories is that I struck a match when my mother was making dinner. I just started a tiny fire, and she came over and put it out with her dishrag. I can still see the

terror in her face. I think I must have been one year old. Emotional memories are long term memories, stored where we need them, for survival.

LG: Let's say you had forgotten this memory and you are in a situation where something similar happens, perhaps your own daughter plays with matches and you find your reaction has an intensity that suggests an earlier incident was attached to it. How is early emotional memory retrieved in the body?

CP: You can access emotional memory anywhere in the peptide/receptor network, in any number of ways. For example, if you have a memory that has to do with food and eating, you might access it by the nerves hooked up to the pancreas. You can

access through any nodal point in the neural loop. Nodal points are places where there is a lot convergent information with many different peptide receptors. In these

nodal points there is potential for emotional regulation and conditioning.

LG: So we are programmed to be able to repeat emotional experience and we can access it through the body in many ways. What happens to emotions that are not able to be fully expressed?

CP: I have a whole theory about this. I believe that emotion is not fully expressed until it reaches consciousness. When I speak of consciousness, I include the entire body. I believe that unexpressed emotion is in process of traveling up the neural access. By traveling, I mean coming from the periphery, up the spinal cord, up into the brain. When emotion moves up, it can be expressed. It takes a certain amount of energy from our bodies to keep the emotion unexpressed. There are inhibitory chemicals and impulses that function to keep the emotion and information down. I think unexpressed emotions are literally lodged lower in the body.

"I believe that emotion is not fully expressed until it reaches consciousness."

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In my mind, there are levels of integration. You are integrating lower brain areas when you move the emotion up and get it into consciousness. That's where you begin comprehension. I often tell a story in my lectures. I show a picture of a woman with hot coffee, who has dropped the cup and burned herself. She reacts to the scalding coffee by being startled and feeling pain. The emotional reflex moves up and up and up the body. When it finally gets to the level of the thalamus she says, "Oh, it's hotter than it usually is." But then I make a joke. I say, "Its only when it gets all the way up to the cortex that she can actually blame her husband." That's where we put the whole spin on it. Unex- pressed emotions are buried in the body -- way, deep down in the circuitry of the organs, or the GI tract, or a loop in a ganglion. We even know what the memory storage looks like. It's protein molecules coupled up to receptors. Some thought it only gets stored in the brain.

"...psychoanalysis in a vacuum doesn't work. You are spending all your time in your cortex, rather than in your body."

But it looks like that in the body, too. Your memories can get stored that way in the pancreas, for example.

LG: There is a belief that unexpressed emotion is harmful to the mind and body. If you haven't fully grieved a loss, for example, your weakened immune system might make you a candidate for an illness, like cancer. How do you understand it, as a scientist?

CP: I think there is overwhelming evidence that unexpressed emotion causes illness. I'm a molecular Reichian!

LG: Reich had a model of working with emotion that is sometimes called the "conflict model" of catharsis. He thought there were two psychic forces at work in every individual. One is the force that wants to express emotion. The other is the force that seeks to prevent its expression, which he termed resistance. He thought the pressure of the two forces caused stasis, so his therapy techniques

were designed to exhaust and weaken the resistance, to allow emotional expression to occur.

CP: I see it this way. The raw emotion is working to be expressed in the body. It's always moving up the neural access. Up the chakras, if you will, but really up the spinal chord. The need to resist it is coming from the cortex. All the brain rationalizations are pushing the energy down. The cortex resistance is an attempt to prevent overload. It's stingy about what information is allowed up into the cortex. It's always a struggle in the body. The real, true emotions that need to be expressed are in the body, trying to move up and be expressed and thereby integrated. That's why I believe psychoanalysis in a vacuum doesn't work. You are spending all your time in your cortex, rather than in your body. You are adding to the resistance.

LG: You suggest a vertical model of catharsis, letting the emotion move up

the body, perhaps finding ways to relax the cortex to allow the unexpressed emotion to be first experienced and then cognitively integrated.

CP: Let the emotion all bubble up. Let the chips fall where they may. My personal experience using catharsis was with the New Identity Process. I think the NIP bonding might serve to relax the cortex and let the emotion come through. I believe that the process of catharsis is not complete without saying things, because we must involve speech and the cortex, to know that the emotion has come all the way up and is being processed at the highest level. To feel and understand means you have worked it all the way through. It's bubbled all the way to the surface. You're integrating at higher and higher levels in the body, bringing emotion into consciousness. □

Candace Pert, Ph.D., will be the keynote speaker at the 1995 ISNIP Conference, Sept. 23, 1995.

TREASURER'S REPORT

by Rachel Light, ASNIP Treasurer

Welcome to all new Members and Members-in-Training, and congratulations to newly recognized Fellows! The following is the ASNIP Financial Statement for year end 1994 and the Budget for 1995 which was approved by the Board of Directors:

<u>Account</u>	<u>Actual</u> <u>Jan 94-Dec 94</u>	<u>Budget</u> <u>Jan 94-Dec 94</u>	<u>1995</u> <u>Budget</u>
Beginning Balance	1,775.30	0.00	0.00
Reserve for ISNIP Conference Travel	0.00	0.00	0.00
Income Received for Next Year	355.00	0.00	0.00
 <u>Income</u>			
Membership Dues	3495.00	3580.00	3635.00
Newsletter Advertisements	200.00	400.00	600.00
Donations & Interest	98.48	10.00	75.00
Library Reprints	0.00	0.00	0.00
Annual Conference Income	3419.00	3500.00	2100.00
Transfer from Reserve Funds	0.00	0.00	100.00
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Total Income	7212.48	7490.00	7510.00
 <u>Expenses</u>			
Chapter Dues to ISNIP*	1400.00	1285.00	1390.00
Board Expenses	390.85	403.00	400.00
Committee/Teaching Fellow Expense	0.00	0.00	200.00
Honorarium & Stipends	300.00	300.00	500.00
Newsletter Expenses	1888.46	1700.00	1800.00
Marketing	0.00	0.00	350.00
Research	0.00	0.00	0.00
Presidential Travel	509.02	0.00	1500.00
Teaching Fellow Meeting Travel	0.00	0.00	500.00
Subscriptions	0.00	0.00	0.00
Bank Charges	24.00	12.00	12.00
Postage	69.10	400.00	83.00
Secretarial Services	415.00	440.00	420.00
Supplies & Copy Expense	125.19	300.00	130.00
Telephone	188.12	150.00	225.00
Annual Conference Expense	1638.90	2500.00	0.00
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Total Expenses	6948.64	7490.00	7510.00
Disbursement of ISNIP Conf Reserve	0.00	0.00	0.00
Less Accounts Receivable	250.00	0.00	0.00
Plus Accounts Payable	820.16	0.00	0.00
	=====	=====	=====
Ending Balance	2964.30	0.00	0.00

* Note: Chapter Dues to ISNIP include \$60 for each Teaching Fellow, \$40 for each Fellow, and \$25 for each Member-in-Training. **REMINDER:** There are several members who still have not sent in their dues payment for 1995. Please send in your dues NOW in support of the New Identity Process and help us meet our budget goals for 1995.

ASNIP MEMBERS

Those designated Teaching Fellows and Fellows are clinicians that have been trained and certified by ASNIP to use the New Identity Process.

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CALENDAR OF EVENTS

A listing of groups, workshops,
trainings and other NIP events.



NIP GROUPS:

■ Binghamton, New York:

Led by George Rynick, TF. Tuesday evenings 7:00-10:00 PM; Wednesday evenings 7:00-10:00 PM; Thursday evenings 7:00-8:30 PM (parent-child group: 40-minute video of a parent-child group with intro and guide, \$35); Thursday afternoon 1:00-3:00 PM (sign-up group) Call 607-754-1523.

■ Hamden, Connecticut

Led by Yetta Modifica, TF. Wednesday evenings 6:00-8:30 PM. Thursday evenings, 7:00-10:00 PM. Call (203) 580-0680.

■ Hamden, Connecticut

Led by Frankie Wiggins, TF. Tuesday evenings 6:30-9:30 PM. Call (203) 265-2662.

■ Silver Spring, Maryland:

Led by Lynn Grodzki, F (with Linda Harter and Glen Keith, MIT.) Monday evenings 7:00-9:00 PM. Tuesday evenings 7-9 PM. Adults. Call (301) 434-0766.

■ Greenbelt, Maryland:

Led by Ginny Hurney, F (with Robin Seiler, MIT and Glen Keith, MIT.) Adolescent group, Wed 4:00-5:30 PM; Adult group, 7:30-9:30 PM; Women's group, 7:00-8:45 PM. Call (301) 595-5135.

■ Stafford, Virginia:

Led by Peter Schroeder, F (with Sonia Stevens, MIT) Wednesday evenings 7:30-9:30 PM. Adult group. Call (703) 659-2676.

■ Herndon, Virginia:

Led by Marilyn Ellis, TF (with Skip Ellis, MIT) Monday evenings 7:30-10:00 PM; Wednesday evenings 7:30-10:00 PM. Adult groups. Call (703) 450-2752.

■ Binghamton, New York:

Led by Ron Kissick, TF and Pat Kissick, F. Tuesday and Wednesday evenings. Call (607) 754-4520.

NIP WORKSHOPS:

■ September 7-10, 1995: Minnesota

4 Day NIP Workshop in Minneapolis, MN. Led by Frankie Wiggins, TF and Steve Thurik, F. Call (612) 861-1766 or (203) 265-2662.

■ September 9, 1995: Connecticut

One Day Bonding Workshop. Personal Growth Center, Hamden, CT. Sat (10 AM- 6 PM) Fee \$100. Led by Yetta Modifica, TF. Hamden, Ct. Call (203) 580-0680.

■ September 15-17, 1995: Virginia

Pre-Conference Workshop! "The Best of the NIP" -- A great way to kick off the ISNIP Conference. Open to both new and experienced people. In Herndon, VA. Led by Marilyn Ellis, TF (with Skip Ellis, MIT) and other NIP therapists, including Ginny Hurney, F (and MIT's Robin Seiler, Brenda Scribner, Glen Keith) Fee: \$300. Call (703) 450-2752. See flyer for details in this newsletter.

■ **October 7, 1995: Connecticut**

1 Day Bonding Workshop. Led by Yetta Modifica, TF in Hamden, CT. (9:00 AM- 5:00 PM) Call (203) 580-0680.

■ **October 6,7, 8 1995: Virginia**

Post-Conference Workshop! "The Best of the NIP" -- A great way to integrate your Conference experience. Open to both new and experienced people. Led by Marilyn Ellis, TF, Ginny Hurney, F & Lynn Grodzki, F (with MIT's Skip Ellis, Linda Harter, Robin Seiler, Brenda Scribner & Glen Keith). Fee: \$300. Call (703) 450-2752. See flyer for details in this newsletter.

■ **October 20-23, 1995: New York**

Watson Homestead, 9620 Dry Run Rd., Painted Post, NY. Led by George Rynick, TF. Fri (6:00-11:00 PM) Sat & Sun (9:00 AM- 11:00 PM) Mon (9:00 AM-2:00 PM) Registration \$120, Workshop fee \$250 (covers room 3 nights, 8 meals, bedding, towel, soap). Call (607) 754-1523; Limit 30 persons.

■ **October 24-27, 1995: New York**

Intensive week follows Watson Workshop. Led by George Rynick, TF. Four groups, three individual sessions, fee \$250. Call (607) 754-1523.

■ **October 21-22, 1995: Connecticut**

"Nurturing The Soul And The Spirit." At White Memorial Conservatory, Litchfield, CT. Led by Ron Kissick, TF; Pat Kissick, F; Tom Campbell, F; Ginny Lott, F. Call Tom (203) 248-7139 or Ginny (203) 925-1997.

■ **November 11-18, 1995: Jamaica, West Indies**

There are still places left for the Holistic Retreat for Women! Workshop on Women's Issues. Health Spa in Jamaica, West Indies. Led by Yetta Modifica, TF (with Agnes Williams RN and Melinda Sharpe) \$1500 includes air, room, meals, yoga, meditation, sun and fun. Register now -space limited. Call (203) 580-0680

■ **November 17-19,1995: Connecticut**

3 Day NIP Workshop in Litchfield, CT. Led by Frankie Wiggins, TF and Yetta Lautenschlager, TF. Fee \$375. Call (203) 580-0680.

■ **December 1-3, 1995: New York**

Human Resources / Family Counseling Center, Binghamton, NY. Led by George Rynick, TF. Friday (6-10) Sat (9 AM-11 PM) Sun (9 AM-11 PM) Registration \$25. Total fee \$200. Call (607) 754-1523.

■ **December 2-3, 1995: New York**

Holiday Workshop: Give yourself the gift of peace and joy by dealing with some of the stressful elements related to your history. Led by Ron Kissick, TF and Pat Kissick, F at the Personal Resource Center, 1040 Vestal Parkway E., Vestal, NY. Sat (10 AM- 6 PM) Sun (9 AM- 5 PM) Fee \$200. Call (607) 754-4520.

■ **December 7-10, 1995: Minnesota**

4 Day NIP Workshop in Minneapolis, MN. Led by Frankie Wiggins, TF and Steve Thurik, F. Call (612) 861-1766 or (203) 265-2662.

■ **April 21-28, 1996: St. Thomas, U.S. Virgin Isle**

Week long NIP workshop in St. Thomas, U.S. Virgin Isle. Led by Yetta Modifica, TF and Peter Schroeder, F. Beautiful condos \$950-2150 per person, depending on number of occupants. Fee: \$500 for workshop, \$450 if paid by Oct. 31, 1995. Call (203) 580-0680.

You can list your groups, workshops, trainings and products in the Newsletter, too!

Advertising in the Calendar is limited to Teaching Fellows and Fellows. Send a brief description of your groups, workshops, etc. to the Editor one month prior to the date of publication. Deadline for Dec. issue is Nov. 1, 1995.

Rate for advertising is \$10 per item or \$100 per year (unlimited listings). Send a check for your listing to the Treasurer, Rachel Light (address in box on page 2).

Man's biologically based feelings are biologically based needs as well. Man needs his emotions to respond to danger and pleasure to survive.

Emotional release, along with body gestures, comprise a type of communication called signaling. Signals include any mannerism or sound that can be made by the human body including body postures, hand gestures, eye movements, facial expressions, tones/volumes of voice, characteristics of speech, etc. Signals communicate meaning in and of themselves. These meanings do not involve language and many are cross cultural. Casriel believed that 60-70% of face-to-face take place through signals. Signals were important to the survival of our hominid ancestors. The hominids compared an individual's signals to his words to evaluate his intentions. If the signals did not correspond to the words, something was wrong (danger). As man became enculturated, he learned to operate more in terms of symbols (words) and to repress his awareness of signals.

When a person fully expresses his biologically based emotions, for that moment his signals are

congruent with his words and he is emotionally open. As he becomes more open to/comfortable with his emotions, this person learns how to have this kind of congruence as a choice in future communication -- when/when not to show his emotions and how to match his signals and words. When a person chooses to be emotionally open, other people will respond more openly to him a cycle of honest communication/relating can take place. Being in touch with one's biologically based emotions affects the person's ability to signal and communicate to others.

The opposite is also true. A person can transmit signals that are not congruent with the words they are using. In NIP groups, group members will offer this feedback to each other. Suggestions are made concerning ways to become more congruent and express a truer level of feeling. These efforts help a person to become more aware of his own feelings. Casriel stated that signals provide the foundation of the group process. □

Next Issue: The Levels of Emotion



Become a Member of ASNIP!

Membership in the American Society for the New Identity Process (ASNIP) is open to all who want to increase their understanding and experience of the New Identity Process and express support for the goals and purposes of ASNIP.

As a member you will:

- Receive the quarterly newsletter, with articles and news related to the NIP.
- Be invited to NIP conferences in the US and Europe.
- Receive information on national and international trainings, workshops and certification programs.
- Be updated about all of the clinicians in your area certified to use the NIP.
- Automatically become a member of the International Society for the New Identity Process (ISNIP).

name _____

degree _____

address (street, city, state) _____

zipcode _____

(w) _____

phone # _____

(h) _____

I am interested in information about training and certification.

Check One: Member \$30 Member In Training \$30
Fellow \$75 Teaching Fellow \$110 (+ CF)

Mail this application and your check for the correct amount to:

Rachel Light, ASNIP Treasurer
400 West Hill Road, Vestal, NY 13850