



International Society for the New Identity Process

Daniel H. Casriel, M.D.
Founder

April 1988

Letter from the President

Our Chapter in Switzerland is now incorporated, and will be applying for official acceptance at the Annual Meeting in August.

Ingo Gerstenberg and Jeff Gordon, representatives on the Board of Directors from Germany are working together to get the German Chapter organized.

There was an exciting meeting in Europe at Ingo and Adelheid's center, where leaders came from Sweden, Holland, Belgium, Germany, Switzerland, and, I believe, Italy. The central theme was standardizing the training programs and requirements for certification.

I am looking forward to seeing many of you at our Annual Conference and Meeting in Stockholm in August. So far, no abstracts have crossed my desk for Americans who want to lead or present something. I plan to share some developments in the process for dealing effectively with negative transference. **PLEASE SEND IN YOUR ABSTRACTS THIS MONTH!**

Our board meeting is tentatively scheduled for April 1988, by conference call. We will be in touch across the Atlantic both before and after to coordinate Director's decisions and dialogue on all relevant issues.

I am finding that dealing with grief is a longer process than I had hoped. I miss Tance at almost every turn. I need your love and prayers and support.

George Rynick

Letter from the Editor

Greetings!

This newsletter is filled with extra-special treats, including the main article — a superb interview of Dan done by Gunvor Gustafsson, Teaching Fellow. Thanks for sharing this with the Society, Gunvor. The second part of this interview will be featured in July's newsletter.

Reprinted is conference information and the application form, as well as a pre-conference workshop notice. Remember, the conference deadline sign-up is May 31.

Also reprinted is the dues payment information. **PLEASE READ IT**, as deletions are being made for non-payment, as stated in the bylaws. And a **BIG** thank you to those who have sent in their dues **AND** verification of workshops.

I hope your spring is delightful.

Hugs,
Pat Kissick

ISNIP Conference Reminder Monday, Aug. 8 – Friday, Aug. 12, 1988

The conference will be held at Star Hotel, Sollentuna, between the airport and Stockholm, Monday night till Thursday noon. We will end the conference on board the Birka Princess, taking us on a 24-hour cruise through the beautiful Stockholm archipelago to the Finnish island of Aland and back. On board we will have our traditional banquet and the ISNIP annual meeting.

The prices include hotel accommodations, meals, the cruise and banquet.

At the hotel and on board, saunas and swimming pools will be available.

Recommendable to stay two persons per room or cabin.

Prices: In Swedish crowns (Approx. \$1 = 6.50 SKR)

Conference registration fee 350 skr

Hotel accommodations for 3 nights

per person in single room 1,230 skr

per person in double room 750 skr

per person in 3-bedded room 600 skr

Meals 650 skr

Cruise (includes meals and banquet)

per person in 2-persons cabin 660 skr

per person in 3-persons cabin 590 skr

per person in 4-persons cabin 530 skr

owner's suite (2 persons cabin) 965 skr

Price ex. If you stay in a double-room and a two-persons cabin, the total price will be 2,410 skr.

The deadline date for sign ups is May 31, 1988.

Pre-Conference Workshops Planned

The Swedish Society is planning two pre-conference workshops. The first is an NIP workshop at the Center in Stockholm led by Asa Loof, Teaching Fellow, and Alix Kremer, Teaching Fellow. The cost is 1,000 Swedish crowns.

Contact: Asa Loof, Centrum for Identitetsterapi, Regeringsgatan-93, 111 39 Stockholm Sweden.

The second is a small workshop combining NIP and dream analysis led by Gunvor Gustafsson, Teaching Fellow, and Kristian Dahl-Madsen, Fellow, at a place in or near Stockholm. The fee is 1,400 Swedish crowns. Kristian, who is trained in psychoanalysis and Gunvor have been developing this combined therapeutic approach for clients advanced in the N.I.P. for more than five years. To give you an opportunity to experience what this can do, we would like to run a group of eight non-Swedes and eight experienced Swedish clients. Contact: Gunvor Gustafsson, Centrum for Identitetsterapi, Regeringsgatan-93, 111 39 Stockholm Sweden.

An Interview With Dan Casriel

This month's main article is actually a transcript of an interview with Dan Casriel done by Gunvor Gustafsson on August 24 and 25, 1978. As Teaching Fellow Gunvor notes, the interview (to be published in two parts) gives "somewhat different viewpoints compared to (Dan's) usual lectures" and she would like to share this with other N.I.P. people. We are all fortunate that Gunvor is willing to share her perceptive questions and Dan's equally perceptive responses with all of us who practice the N.I.P. Thank you, Gunvor.

Abreaction and Catharsis

GG: What is your view of the importance of abreaction in your therapy?

DHC: 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 at that time 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 crippled and paralyzed a person in particular areas.

GG: Do you think everybody has to go through that to have an effective therapy, or does it depend on the person's background?

DHC: I think it depends on his background and history. I think the person who has been able to be expressive during his life and safe in dealing with his feelings will not abreact.

In this particular process where we deal with emotions and the logic of emotions, many people relive emotional experiences; they really feel that experience as it occurred, and that is an abreaction, which I think this particular process evolves more than other psychological process. Most psychological processes just don't get back into these emotional levels. So this process by its very nature will have people relive early experiences on an emotional level, **not** on an intellectual level. They really refeel the way it was, and it is a very intense experience how you felt at that level.

However, I don't think it is **essential** for everybody. Some people always remembered what they felt, so they are not going to abreact, because their memory, their feeling memory, has always been conscious. There is nothing to abreact. In **my** particular case, I always remembered.

GG: Dan, do you as a group leader do things to try to get people into an abreaction?

DHC: No, I don't try to get them into it at all. I just help them, encourage them to get to their feelings. If it occurs — fine. If it doesn't occur — fine. If it occurs, I help them **resolve** it. This is one of two things: either the actual experience resolves it for them. It is like they experience it once and it is resolved. But frequently it is a type of impotent situation that they keep going over and over and over and over again, and in that situation then it is to me therapeutic to have the individual bring his current awareness, his current strength, his current awareness of options and alternative changes, alternative options back into that early experience to help him resolve that experience. 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, this sounds like science fiction in a way: it is a little hard to comprehend intellectually. But I have seen enough emotions, and seen people live through emotional logic, which has nothing to do with intellectual logic. So I have seen this thing happen. But it is an area that, of course, needs a great deal of research and observation.

I think this process opens up a whole field of abreaction on a level that the classical therapist never had a chance to see. And, of course, in classical therapy the people who abreact usually 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. When I was an army psychiatrist I saw many battle traumas where they relived on an emotional level the trauma, which was so frightening that they couldn't feel anything.

GG: Dan, do you believe that it is persons who have had special traumatic experiences that get into these abreactions, or can it also be people who have just experienced repetitious events?

DHC: It could be both. I have seen it with special traumatic experiences, and I have also seen it as a way of life over a period of time, especially in early infancy and childhood, which brought out a period of traumatic living that was never really reacted to.

GG: Is it then accompanied by a real memory picture, or is it more a reliving of the feeling?

DHC: No, no, it is not a real memory picture. It is an emotional memory. It may not be any visual picture. It is an emotional experience which they know — they have been there before. It is an emotional experience of hey, I know, this is what it was; I **know**.

GG: Hm, the emotional experience rather than what the emotion was a reaction to?

DHC: Yah. And they just know that that was the way it really was. And there may be no visual memory, and there certainly is frequently no verbal, cognitive, symbolic association.

GG: OK. All emotional expression, all highly charged emotional expression, is not an abreaction?

DHC: No.

"Getting It All Out"

GG: What do you mean by "getting it all out"?

DHC: Getting it all out means that people have been conditioned to contain and hold in their feelings. They have always been conditioned not to expose their feelings as much as the feelings they feel. And even in their screaming they tend to stop it out of embarrassment and unentitlement, out of not even knowing how much there is. It is as if you are very thirsty and only take a sip of a glass of water, or you have to urinate and you just spend ten seconds, you just don't get it all out, you don't feel entitled. Sometimes you really don't know how hungry you are. It is like layers and locks that you have to break through.

GG: Hmm. What criteria do you have as a therapist to see or hear if the person **has** got it all out?

DHC: I think a lot of that is just from experience. It is almost a feeling communication. Of course, you can communicate through feelings. Whether these are signs or signals — it is a feeling communication, it's not verbal, it's non-verbal. I think it has to do with the way a person looks, the way he holds himself. It's signals, it's what the anthropologists call signals. You can see by the way they look, they appear, they act, they feel, they sound. But it isn't the words, it isn't the symbolic of words — it's a signal you pick up.

(continued on page 3)

An Interview With Dan Casriel (Continued from page 2)

GG: Yes, and you pick it up by intuition or something?

DHC: Well, people call it intuition. I think it is conditioning, from learning. Just like a good musician can tell when somebody plays a little flat. He picks it up, he is conditioned to it. It's like an artist who knows what is a good painting and what is bad; it's experience.

GG: Hmm, but it is difficult to really put down to words what the criteria are?

DHC: It's hard to put down the criteria of what experience teaches you. But this is true in every art, in every teaching experience. The teacher, the experienced teacher has a sense from his experience, which tells him a great deal about the child, what's to be expected and so forth. Every analyst who has been doing analysis for ten or more years, since he has had a similar condition, response, in each patient, how a person approaches the couch signals a great deal to the analyst after a period of years. Because he **knows** from experience what that type of approach, what that type of signal, means. I don't think the analyst ever cognifies all this knowledge to himself; he just **knows** from his experience what to expect. Just like a group leader **knows** how to run a group. A lot of this is from experience, and I think a lot of this is due to the signals that a person emanates. And the well-trained, experienced therapist, teacher, artist just knows.

Getting Stuck

GG: Hm. Is there a risk that a person will continue even though he **has** got it all out? To get stuck in the emotional expression?

DHC: Yes, there can be several risks. First of all, the therapist has not given that person the tool to uncouple the early abreaction. Second, the patient may pick up an unconscious demand on the part of the therapist to continue. Either for approval, or the patient might continue because he feels that is the only way he can get the therapist's attention. Again that is for love; the patients do it for love. For instance, in the case of the multiple personality, you know. She evolved it while she was in therapy. The doctor communicated — unconscious on both parts — that he was interested in her various personalities, and she did it for approval.

Mat Work

GG: Dan, that leads me over to the question of the risks coupled to the mat work. Because there there are unexperienced therapists or helpers. Isn't there a risk that they will make these things happen?

DHC: Of course! There is a risk in any therapy, depending on the transference and the counter-transference. The one thing that tries to neutralize the risk in my process is the fact that I encourage people to go from person to person to person to person. In a workshop, you know, they work with each other, and I tell them to work with different people over and over and over again, until they all get their own particular baseline of what is valid. The strength of this institute is that there are many therapists, and I tell people, I told them in the past, don't trust what any one person says to you — just think about it. If two people say it, if two people tell you you're a horse's ass, really wonder why two people say it. But if everybody keeps telling you the same thing, that you are a horse's ass, then you can either change or buy a saddle. If different people, in different groups, different therapists, keep focusing on the same situation, then you start realizing that it is really your problem, not their distortion. But any patient runs a risk through the counter-transference of the therapist.

GG: Yah, and particularly here, where so many people are "therapists" and you cannot possibly know what's going on everywhere!?

DHC: No, **not** particularly here. Actually in private practice, particularly in private practice, where they have no source of reference, where they don't see other people, other therapists, where they become totally dependent — not so much dependent, but totally trusting on the analyst's observations. And frequently the analyst has a distorted concept himself, which he projects. And more frequently the analyst has a blind spot, which never occurs to the patient, because their blind spots and their unentitlements are similar.

So I think that, you know, when you look at it, psychoanalysis takes five, six, seven, eight, nine, ten years, there is something terribly wrong realistically with a process that takes you ten years to help. And then, as you know, at the end you are far from well; you are neutral, at best, if you are lucky. And yet most therapists don't know what well is. Most analysts have not a classification of what is a healthy person. They know what sickness is, but they don't know what health is. And each patient finishes analysis because his analyst says, "You're finished." But what does finished mean? And, you know, unfortunately analysis is not an exact science like mathematics. You can teach a person mathematics, and he knows two and two is four. . .

GG: Of course no therapy is an exact science.

DHC: No therapy is that way. I think probably what we can evaluate is if a person is happy and functioning. But even happy and functioning is relative. Happy to whom? And functioning to what? And I see that Western culture has settled for neutral. Western culture has lost the concept of human happiness.

Working Through

GG: Dan, could you describe the working through process in your therapy?

DHC: The working through process is really the same type of working through as you see in analysis, but with a totally different technique. In analysis you work through the transference. In this way you work through, but you don't need the transference as a symbol of your basic relationships with other people. Because in this process you **see** the basic relationships with other people; the group members, the therapist and others. And you have a clarity that you never have in analysis; you have a tool, an emotional tool, a microscope of your own self that you never saw in analysis. And it is this tool that you can use to work through, you know.

GG: And how do you use that tool?

DHC: You start to really see yourself in the mirror of your peers, in the mirror of those who are also working, and you come to really see yourself with a clarity that you do not have in analysis, where there is nobody to compare with.

Using the Group/Transference

GG: Dan, I have been in ordinary group therapy for a year and a half a few years ago, where the therapist had some kind of psychoanalytic frame of reference, and when I compare I don't see that the group is used here in the same way. You don't illuminate the process transference, so to speak, as they do in that kind of psychotherapy, where you let the process develop in its own way and see how people relate to each other and see that that is the same kind of relationship that they develop outside. You don't use that as much here?

DHC: No, you don't need to develop the transference. In analysis you develop the transference to the doctor. In analytic group you allow the transference to develop to the

(continued on page 4)

An Interview With Dan Casriel (Continued from page 3)

group members.

GG: That is a way really to see the distortions, though. How do **you** do it?

DHC: Here, where a person really deals with his own feelings, when he really understands his feelings and his needs, he doesn't especially need that tool to work with. He has got a much more direct tool: He sees himself, he sees his own distortions within himself clearly. He doesn't have to see it so much in the eyes of others. What he **does** is he sees other people's distortion and he uses that to compare his own. Whereas in the analytic group process they see each other's distortions, but they don't see their own. In this process you really see your own.

Now, there are a lot of people who don't do that here, of course, a lot of infantile people who really don't see it. And they are confronted. And, of course, as much as we **will** see our own thing there **are** things we are still blind to, and here others will confront you. But it is not so much. . . I think in the analytic process it is usually the analyst who makes the interpretations. Here people make the interpretations. The therapist can agree or disagree or make his own interpreting. But it is much more a group therapy when it is an advanced group. The analytic process, from what I gather, is therapy in a group. I think you can have both. Here we have therapy in a group, and we have group therapy.

Confrontation Provocation

GG: Dan, you mentioned that people get confronted if they don't see it for themselves. I've seen in groups in Sweden with you as a group leader that other people use provocations to try to get people to their feelings. **You** never do, I've never seen you do that. What's your thought of using provocations?

Handling of Resistance and Defense

DHC: Well, of course, when I first started this process, that's what we did — we used anger. But I had somebody with me, a catalyst, he opened people up with hostility. The old encounter groups of Synanon and Daytop were provocative group interactions, for the creation of provocative disorder, to open people up. Well, with the emergence of emotions I don't need that. I use a person's own feelings. In the new patients' group I use a person's own suspiciousness as a tool. He says, "I don't trust you with my feelings." I don't say, "Why don't you trust me with your feelings?!" I don't say, "If you won't give me a chance, you're sick, you're paranoid." I say, "OK! Why don't you just say that louder? If you don't trust me, you're entitled — that's your feeling. Say it louder, say it to each person, 'I don't trust'. Say it louder and louder and louder." They finally say it louder, they're finally screaming it out, they're finally feeling the anger and fury of that. I try to encourage, "Who else didn't you trust? Where did it come from? Now look, you **did** trust us with one feeling, anger. That's one out of five — you've just got four more feelings to trust us with. And how do you feel that you trusted us with this one? Better?" So it gives him the opportunity to trust. But I use this type of leverage as they do in some of the Japanese martial art forms, where you take a person's aggression and you use their own force to turn.

GG: Yes, I see. That says something about how you handle resistance and defense.

DHC: Yes, I use an emotional jiu-jitsu, an emotional way, a psychological way of turning their own resistance, and mobilizing their resistance and using it to open them up.

Interpretation

GG: OK. How do you see the use of interpretation in therapy?

DHC: Well, I think that interpretation, intellectual interpretation, symbols, words, are really not very useful until the person is emotionally open to hear it.

GG: Then you do use it?

DHC: At a certain point. You should have stayed in all my one to ones this week to see that. Because what I do is to point out their behavior. Just like in analysis, you know, in analysis before you give an interpretation, the person's picture has to be overdetermined. They have to have their dreams, they're angry at their therapist, they're angry at their boss, they're angry at their maid, and then you say, "You seem to have a problem."

GG: So you use the timing as an analyst does it?

DHC: Oh yes, you have to. And I think, as I said to you before, I think a very nice prerequisite to be a therapist in this process is to be analyzed. I am not saying well analyzed, but at least analyzed, and having the analytic experience. And to me analysis at this point should be reserved for people who are going in to be therapists. Because it is too expensive and inefficient to be just used as therapy. It should be used as part of training.

Insight

GG: Yah, So, Dan, how important is insight?

DHC: What people call insight — what is insight? Insight is a certain awareness of himself. It can be intellectual insight; it can be emotional insight; it can even be behavioral insight: you suddenly see what you're **doing** inefficiently and inappropriately. So you can get insight, you really can become aware of pathological attitudes, pathological feelings, or even pathological behavior.

GG: Hmm. How important is the insight of the motivation behind these pathological manifestations?

DHC: Yah, I think the motivation is usually intellectual conditioning, and it is important to see.

Improvement Without Insight

GG: It is important for the patient, for the person to see?

OK. Do you see a risk that an improvement without insight won't last? You know, that's what psychoanalysts say, that improvement in the transference or something like that won't last.

DHC: No, I don't think that's necessarily true. I think that a person can change without insight, if he finds a happy and successful solution. It just happens fortuitously, like it does in life sometimes. People feel better, get better situations fortuitously, without insight, but they feel it.

Role of Love in Therapy

GG: OK. In the training workshop you said in the first lecture something that you see in love the therapeutic agent, the important thing, to bring about change.

DHC: Yes.

GG: Could you develop that a little? What does love do in therapy?

DHC: Well, you use the word love. To me love is an emotion of strong pleasure, and it is based on the fulfillment of biological needs. The only biological need we in Western culture have a problem with is this biological need for bonding, which is the biological need for human beings to be emotionally open and physically close to each other. Every other biological need Western culture can provide very well: sleep, urination, food and rest and so forth. And so it is this one biological need that, through the current deprivation of

(Continued on page 5)

An Interview With Dan Casriel (Continued from page 4)

it, over a few generations has caused tremendous pathology in personality, sickness — deprivation really is a better word. And this deprivation has crippled people, has crippled them emotionally, behaviorally, attitudinally. And it has crippled them because they feel they are not good enough or loveable enough to have their needs fulfilled in this world, even their need for bonding or their need for their own creativity, their work, their creative force. And this cripples people. Without these two basic needs being fulfilled, people are basically crippled, and it can be in the form of depression, or anxiety, or drugs, or alcohol, or suicide, but they are crippled.

GG: But is it that you see what is happening in the groups as a kind of late fulfillment of all the deprivation, and that brings some kind of change about?

DHC: What I do is trying to develop an emotional climate in the group, where the people can be secure enough to let out this basic deprivation of bonding. And it's in this context of the group of warm, loving, accepting people that people are finally able to let their defenses down.

And this is the thing that comes out every time: it's either the deprivation of love or the price they felt they have to pay for it, including giving up their arm, their identity, their life. And also not feeling entitled to be happy. In addition to bonding, people have been taught that to ask for more happiness is something selfish or irresponsible; that they are supposed to settle for a minimum of happiness.

Ideal Level of Frustration

GG: Hmm. Dan, psychoanalysts talk about the ideal level of frustration that you should maintain in the therapeutic relationship. How do you...?

DHC: Yah, I think an analyst — the whole concept is trying to adjust the person to his deprivation. And it's OK in order to survive; I can survive, and you can survive. I think analysis is a very ineffective tool. The best they can really do is to liberate the superego. I think what is analyzed is the superego; it is dissolved, to allow the ego to be more enriched and fulfilled. But I don't think analysis does much of an ego change really, even ego analysis nowadays, I don't think.

GG: Were you a practicing analyst after that change, after ego analysis was really beginning to be emphasized?

DHC: No, it was just getting in there. I started my training in 1952, and I was in analysis with Kardiner, let me see... I ended about 1960.

GG: You know, what I have understood, this ideal level of deprivation is seen as a necessary means to keep the motivation for change. Because if you as a therapist fulfill the need for love in the patient, the patient won't have to change outside of the therapeutic session. It will be too comfortable.

DHC: Of course, that's what they say. And I think that's raising a race of stoics. They learn to adjust to deprivation. I think that love is the thing that changes, cures. A patient feels love, and the analyst keeps it on a professional level, and the patient says, "My analyst, who I respect and trust and who knows me better than anybody else, really likes me, is truly concerned about me, and truly loves me. I pay for his time, but I don't pay him for his feelings. And he really thinks I can do it."

Attitudinal Work and Ego Development

GG: Yes, You said something about ego changes taking place in therapy. Could the attitudinal work done in this therapy be seen as a kind of ego developmental process?

DHC: Oh certainly. It is ego development. Actually, that's

what we do. They even talk about it in AREBA as this ego. You have to build up your ego. And they use the word.

Stages of Personality Development

GG: Yah. And you also write about different stages of personality development, and I appreciate that. And still it hangs a little bit loose in the rest of your theory to me. How do you... What is the connection?

DHC: To me it is very important. I know that a person isn't going to change until he grows up, so the first point in treatment is you have to mature them. You can mature an adolescent personality structure to an adult as an outpatient. But you can't do that with an infant personality. You need a therapeutic community. And it is very difficult to mature any childlike personality in an outpatient setting. If I had my way I would put anybody below an adult level in a therapeutic community. It's much better.

GG: Hmm, but you do keep people below the adult level in the outpatient groups?

DHC: I do. It's a matter of cost — they can't afford it.

GG: Hmm. But you do have some hope for them, though?

DHC: Oh yes! As an adolescent they can work it through. Even **some** childlike personalities can work it through. And, of course, we are talking about two levels of personality integration. One is social-sexual and the other vocational-educational. If they are crippled in both levels, then they have to be in a therapeutic community. If they are only crippled in one level, then they can possibly make it as outpatients. So for instance a very successful businessman who functions like a child in his social relations, he can work it out in downstairs groups, you know. Or a person who is very social and so forth, and he just never functions responsibly, sometimes he can do it too.

Attitudes and Values

GG: The attitudinal work I see very much as a teaching of a new ideology, of new values.

DHC: New values.

GG: Do you see the relativity of what you teach? How do you look upon what you teach?

DHC: I think some of the things I'm teaching are totally counterculture. But totally humanistic. I tell people to express their feelings, to take the responsibility for doing that — it has to be discharged. I tell people to get close together and hug and experience bonding, and I help them see the difference between emotionality and sexuality and experience the distortions of these emotions: I teach them that anger isn't bad, and love is not a commitment, and pleasure is not irresponsible, and fear is not weak.

GG: How have you developed these values? Is it just your private value system, or is it what you have seen in practice?

DHC: It's what I have seen from being realistic. It is not something I have conjured up and then applied to people. It is something I have got from my observation of people, and gradually over sixteen years evolved this. I didn't set out to prove anything, I just was empirically, clinically observant. I just saw that certain things worked for people, and then I started to see that the same thing worked for most people. And then I had to try to put it in some kind of logic and structure — that's called theory — and the theory has now stood the test of time. And there are still some modifications that I make in the theory from time to time and some things that are getting more clarified, like the difference between emotions and feelings. There is a value in separating the two concepts. And the process is still evolving, I hope. Any science has to evolve.

(Continued on page 6)

An Interview With Dan Casriel (Continued from page 5)

GG: Sure.

DHC: And every science is based on a theory, and when the knowledge outstrips the theory, the theory has to be changed and restructured. And I mean this is what this is: this is a scientific method, and it has its hypotheses and its theory, which is willing to be modified and restructured according to our findings. And as soon as it becomes static and ritualized, it no longer is a science — it's a cult.

Risk of Positive Attitudes

GG: Hmm, sure, I agree. Do you see any risk of using these positive attitudes, like "I am loveable" and "I am entitled"? Can it happen that they strengthen some kind of compensatory feelings of omnipotence?

DHC: Yes, I mean. . . "I am entitled" for instance can be a very two-way sword. To me it means I'm entitled to have my needs met, so long as I'm not abusing other people's rights.

GG: Hmm. How do you make sure that that is what it means to the people you treat?

DHC: Well, gradually over usage over and over again they hear it. Gradually, you know, not by symbols, but by signs and signals they get to understand the meaning of entitlement.

But occasionally somebody uses it destructively, to himself even. Now, one boy when he heard that he was entitled, told his boss to go fuck himself, and he got fired. And he could not understand. So it's like putting a tool in the hands of a child. You don't put a knife in the hands of a child, as he might cut himself or somebody else instead of cutting his meat.

GG: But even if. . . I've seen examples in Sweden I think of where I had a feeling that it built up some kind of idealized self in stead of really building up their true identity.

DHC: Well, sometimes in the process of growing up we abuse some of the knowledge that we have, just like adolescents do with their feelings of independence. Now, I don't know very many adolescents that don't grow up abusing their own freedom, and I think, though, that they gradually settle down into a responsible adult level. But I think patients are like children, patients grow like children to adults. Sickness and health are very similar, and there are some people who are very emotionally immature, and in the process of growing up they may abuse some of the knowledge they acquire. Oversue it, even use it wrongly or incorrectly, but this is true of any new knowledge that people use.

GG: You see it more like something that will pass?

DHC: It will pass and grow.

GG: Not a risk that a person will get stuck there?

DHC: I think that the benefits that this has, far outdistance the risk. This process is a very potent process and like anything that is potent, it can be used very constructively or destructively. Both by the patient, but most of all by the therapist. It is like atomic energy, or morphine, or dynamite, or opium, or anything — it can be abused or utilized.

Bonding and Symbiosis

GG: Something quite different: Does bonding to you have anything to do with symbiosis? It is such a very close thing, all this physical closeness, and the feeling of unity, and the exhilarated feeling it creates — has it something in common with symbiosis?

DHC: Yes, I think we need each other in a symbiotic way — it's bonding. The difference that I experience is that bonding is not necessarily with **one** other person, whereas the

concept of symbiosis is two things enjoying each other. I guess a good healthy marriage is symbiotic, a good healthy relationship is symbiotic. Bonding is perhaps symbiotic for human beings, that we need each other. And when we take from the other, it enriches the other.

GG: You know, ordinarily symbiosis is seen as a very early stage of development and hindering growth if you stay there.

DHC: But you also see symbiotic things in nature, which help each other.

GG: You don't think there is any risk of it delaying growth?

DHC: I don't know. And I think I remember some sort of fish that suck along to bigger fish, and they do it in some sort of symbiotic way, and they grow with it, and it doesn't limit their growth. That's different — that's parasitic; one sucks from the other, and the other doesn't. To me symbiosis — now I may have misused the word all my life — it seems to be a mutual enriching experience.

GG: How I see it, and how I think it is most often seen, is that if it continues in adult life, it's really something very destructive. People not being able to live without each other and not seeing that there is a borderline between you and another person.

DHC: Well, bonding is not symbiotic in that way. I mean we don't need any one, we just need one. And I keep telling people, you know, love is essential and the loved object is replaceable. It's love that is essential, it's bonding, but to whom you bond — they are replaceable.

Important Membership Information

It has come to our attention that there have been some questions regarding payment of dues to the Society. We are hoping your questions will be answered after reading this article.

According to the bylaws (Article 2, page 9) the following is necessary to maintain status in the Society:

DUES**Section 2. PAYMENT OF DUES**

Dues shall be payable in advance on the first of July in each fiscal year. Dues of a new member shall not be prorated, except that a person elected to membership after the first of January in any year shall pay one-half of the Annual Dues for that fiscal year.

Section 3. DEFAULT AND TERMINATION OF MEMBERSHIP

When any member shall be in default in the payment of dues for a period of one year, his membership may thereupon be terminated by the Board of Directors without notice or hearing.

Dues are as follows:

Teaching Fellow - \$70

Fellow - \$45

Member - \$20

Associate Member - \$10

Please send your checks to treasurer pro-tem Peter Trozze, 82 Riverside Dr., Binghamton, NY 13905

Society Calendar Notice

We're interested in what you're doing! If you're planning treatment/training events in the New Identity Process, let Society members know by listing the events in this calendar. Send along a paragraph of pertinent information. A charge of \$20 per event will be made, up to \$200 annually. Please send check along with listing to the newsletter editor.

(*Qualifies for Continuing Education Credit in the New Identity Process.)

April 11-15 – Falls Church, VA

– PAIRS (Practical Applications of Intimate Relationships Skills) Professional Training.

This is Week One of the two-week program. The second training week will be Nov. 10, 1988.

*Led by: Lori Gordon, Teaching Fellow

Contact: Lori Gordon

Family Relations Institute
3705 George Mason Drive, Suite C3S
Falls Church, VA 22041
(703) 998-5550

April 16 – Bethesda, MD (near Washington, D.C.)

NIP Workshop

*Led by: Caroline Sperling, Ed.D., ABPP, Teaching Fellow

Contact: Dr. Caroline Sperling, Director, or

Norma Papish, Administrator
7312 Millwood Road, Bethesda, MD 20817
(301) 986-9274

Workshop hours: 9 a.m. to 5 p.m.

May 11 – Deadline for ISNIP Conference SIGN-UP

May 21 – Bethesda, MD (near Washington, D.C.)

NIP Workshop

*Led by: Caroline Sperling, Ed.D., ABPP, Teaching Fellow

Contact: Dr. Caroline Sperling, Director, or

Norma Papish, Administrator
7312 Millwood Road, Bethesda, MD 20817
(301) 986-9274

Workshop hours: 9 a.m. to 5 p.m.

June 4-5 – Johnson City, NY

NIP Workshop

*Led by: George Rynick, Teaching Fellow, Ron Kissick, Teaching Fellow and Pat Kissick, Fellow

Contact: George Rynick

Human Resources Unlimited
21 Mitchell Ave, Binghamton, NY 13903
(607) 722-8900

or

Ron Kissick
Personal Resource Center
435 Main St., Johnson City, NY 13790
(607) 798-8199

June 10-12 – Hamden, CT

NIP Workshop

*Led by: Frankie Wiggins, Teaching Fellow and assisted by Yetta Lautenschlager, Fellow

The weekend schedule will be: Friday, 6 p.m. -11 p.m., Saturday, 9 a.m.-9 p.m., and Sunday, 9 a.m.-5 p.m. (Bring your own light dinner for Saturday night)

Fee: \$260. A \$100 registration is due by **May 15**.

Contact: Yetta Lautenschlager

Personal Growth Center
3074 Whitney Ave., Bldg. #1
Hamden, CT 06516
(203) 281-5922

June 18 – Bethesda, MD (near Washington, D.C.)

NIP Workshop

*Led by: Caroline Sperling, Ed.D., ABPP, Teaching Fellow

Contact: Dr. Caroline Sperling, Director, or

Norma Papish, Administrator
7312 Millwood Road, Bethesda, MD 20817
(301) 986-9274

Workshop hours 9 a.m. to 5 p.m.

(Upcoming NIP workshops at the Cancer Counseling Institute will be held on the third Saturday of each month, except for December, when it is on the second Saturday, and none scheduled in September)

July 16 – Bethesda, MD (near Washington, D.C.)

NIP Workshop

*Led by: Caroline Sperling, Ed.D., ABPP, Teaching Fellow

Contact: Dr. Caroline Sperling, Director, or

Norma Papish, Administrator
7312 Millwood Road, Bethesda, MD 20817
(301) 986-9274

Workshop hours 9 a.m. to 5 p.m.

August 20 – Bethesda, MD (near Washington, D.C.)

NIP Workshop

*Led by: Caroline Sperling, Ed.D., ABPP, Teaching Fellow

Contact: Dr. Caroline Sperling, Director, or

Norma Papish, Administrator
7312 Millwood Road, Bethesda, MD 20817
(301) 986-9274

Workshop hours 9 a.m. to 5 p.m.

Oct. 8-9 – Cheshire, CT

Autumn Renewal Workshop

*Led by: Ron Kissick, Teaching Fellow, Pat Kissick, Fellow, Yetta Lautenschlager, Fellow and Tom Campbell, Fellow

The weekend schedule will run from 9 a.m.-6 p.m. both days. The \$75 registration fee is due by **September 15**.

Contact: Tom Campbell

406 Orange St., New Haven, CT 06511
(203) 562-4235

SOCIETY BOARD OF DIRECTORS

RYNICK, GEORGE, M., M.Div., Th.M.
Director, Human Resources Unlimited
New Identity Center, 21 Mitchell Ave.
Binghamton, N.Y. 13903
(607) 722-8900
PRESIDENT

KISSICK, RONALD L., M.S.S.W., C.S.W.
Director, Personal Resource Center
NYPENN Trade Center — 435 Main St.
Johnson City, N.Y. 13790
(607) 798-8199
VICE-PRESIDENT

DECKER, DIANNE, A.A.S.
2328 Hemolck Lane, Vestal, NY 13850
EXECUTIVE SECRETARY

CIPANI, DARIO
Via Spiaggia D'Oro, 25083 Gardone Riviera
Brescia, Italy

FRANK, JANICE, M.S.W., A.C.S.W.
Director, The New Identity Process Center
of Central New York
Short Road, Fayetteville, N.Y. 13066
(315) 446-0654

GERSTENBERG, INGO, M.D.
Hirsenuhle, 6251
Hadamaer/Oberzeuzheim, W. Germany

GORDON, JEFF, B.A., M.L.A.
Weilerer-Strasse 62
6920 Sinsheim-Reihen, W. Germany

HUGHES, JAMES R., B. Th., M.S.M.
Executive Director,
The Chrysalis Foundation, Inc.
275 East St., Pittsford, NY 14534
(716) 586-1248

KREMER, JURGEN W., Ph.D.
Saybrook Institute
1772 Vallejo St., San Francisco, CA
(415) 584-9158

LAUTENSCHLAGER, YETTA, M.S.W., A.C.S.W.
75 Salem Rd., Prospect, Conn. 06712
(203) 758-4113

RECORDING SECRETARY

MATTIELLO, CARMINE
Viale Caduti Tutte le Guerre 10
70126 Bari, Italy

SPERLING, CAROLINE, Ed. D.
Director, Cancer Counseling Institute
7312 Millwood Rd., Bethesda, MD 20817
(301) 986-9274

WOLFSON, WILLIAM, M.D.
Director, Metrotag
29200 Vassar Suite 600, Livonia, MI 48152
(313) 478-8960

MAERTENS, JOHAN
Damse Vaart W 10 A
8350 Damme, Belgium
501-339-089

PRESIDENT — Flemish-Dutch Society

KOOYMAN, MARTIEN, M.D.
Von Weberlaan 21
3055 HW Rotterdam, The Netherlands
10-4610390

VICE PRESIDENT — Flemish-Dutch Society

LOOF, ASA, M.A.
Centrum for Identitetsterapi
111 39 Stockholm, Sweden

PRESIDENT — Swedish Society

GUSTAFSSON, GUNVOR, M.A.
Centrum for Identitetsterapi
Regeringsgatan 93
111 39 Stockholm, Sweden

VICE PRESIDENT — Swedish Society

SOCIETY TEACHING FELLOWS

BAUKELAND, MAGDA, A.P.
Demse Vaart W. 10 A
8350 Damme, Belgium
501-339-089

BROWN, MICHAEL J., Ph.D.
603 Cowels Rd., Montecito, CA 93108
(805) 969-7525

COLLIARD, CLAIRE, M.A.
Casriel Institute, 8 rue Louis-Masbou
1205 Geneva, Switzerland
022 29-18-30

FRANK, JANICE, M.S.W., A.C.S.W.
Director, The New Identity Process Center
of Central New York
Short Rd., Fayetteville, NY 13066
(315) 446-0654

GEERLINGS, PETER, M.D.
C. Krusemastraat 8, Amsterdam
The Netherlands 1975 NL,
020-735-978

GERSTENBERG, ADELHEID A., M.A.
Hirsenuhle, 6251
Hadamaer/Oberzeuzheim, W. Germany

GERSTENBERG, INGO, M.D.
Hirsenuhle, 6251
Hadamaer/Oberzeuzheim, W. Germany

GORDON, JEFFREY A., B.A., M.L.A.
Weilerer-Strasse 62
6920 Sinsheim-Reihen, W. Germany

GORDON (Heyman) LORI, M.S.W., A.C.S.W.

Director, Family Relations Institute
3705 S. George Mason Drive, Suite C3s
Falls Church, VA 22041
(703) 998-5550

GUSTAFSSON, GUNVOR, M.A.
Centrum for Identitetsterapi
Regeringsgatan - 93
11139 Stockholm, Sweden

JOHANSSON, INGER, M.S.W.
Balladgatan 2 8 Tr.
42241 Hisings-Backa, Sweden

JOHANSSON, TAGE, M.A.
Slatuarsgatan 35
42179 Vastra Frolunda, Sweden
037-090324

KISSICK, RONALD L., M.S.S.W., C.S.W.
Director, Personal Resource Center
NYPENN Trade Center — 435 Main St.
Johnson City, NY 13790
(607) 798-8199

KOOYMAN, MARTIEN, M.D.
Von Weberlaan 21
3055 HW Rotterdam, The Netherlands
10-4610390

KREMER, JURGEN W., Ph.D.
Saybrook Institute
1772 Vallejo St., San Francisco, CA 94123
(415) 441-5034

KREMER, ALIX, M.Ed.
De-Noel Platz3
5000 Koln 41, W Germany
0221-41 02 77

LECHLER, WALTER H., M.D.
Psychosomatic Clinic
D-7506 Bad Herrenalb — Black Forest, Germany
070 832-071

LOOF, ASA, M.A.
Centrum for Identitetsterapi
11139 Stockholm, Sweden

MAERTENS, JOHAN
Damse Vaart W. 10 A
8350 Damme, Belgium
501-339-089

MAYBRUCK, PATRICIA, M.A., Ph.D.
152 Lombard St. #102
San Francisco, CA 94111

PRINS, INEKE, M.D.
Badhoevevlaan 38
1170 DD Badhoevedorp, The Netherlands
02-968-3986

RYNICK, GEORGE M., M.Div., Th.M.
Director, Human Resources Unlimited
New Identity Center, 21 Mitchell Ave.
Binghamton, NY 13903
(607) 722-8900

SPERLING, CAROLINE, Ed.D.
Director, Cancer Counseling Institute
7312 Millwood Rd., Bethesda, MD 20817
(301) 986-9274

WIGGINS, FRANKIE, R.N., B.A. Health Education
Family Relations Institute
3705 S. George Mason Drive, Suite C3s
Falls Church, VA 22041
(703) 998-5550

WOLFSON, THERESA, M.A.
Assistant Director, Metrotag
29200 Vassar Suite 600, Livonia, MI 48152
(313) 478-8960

WOLFSON, WILLIAM, M.D.
Director, Metrotag
29200 Vassar Suite 600, Livonia, MI 48152
(313) 478-8960

SOCIETY FELLOWS

CAMPBELL, THOMAS, B.D., A.C.S.W.
406 Orange St., New Haven, Conn 06511
(203) 562-4235

DAHL-MADSEN, KRISTIAN, M.S.
c/o Centrum for Identitetsterapi
Regeringsgatan 93
11139 Stockholm, Sweden

DAMSKEY, CAROL, M.Ed.
1342 Southfield Rd., Birmingham, MI 48008

DECKER, DIANNE, A.A.S.
2328 Hemlock Lane, Vestal, NY 13850
(607) 754-7595

EXECUTIVE SECRETARY
de KLERK, JUUL
Tafelbergweg 25
1105 BC Amsterdam, The Netherlands
020-566-9111

ELLIS MARILYN, M.S.W.
11413 Tanbark Dr., Reston, VA 22091

HUGHES, JAMES R., B.Th., M.S.M.
Executive Director, The Chrysalis Foundation, Inc.
275 East St., Pittsford, NY 14534
(716) 586-1248

KISSICK, PATRICIA A., B.J.
Personal Resource Center
NYPENN Trade Center — 435 Main St.
Johnson City, NY 13790
(607) 798-8199

NEWSLETTER EDITOR
LAUTENSCHLAGER, YETTA, M.S.W., A.C.S.W.
75 Salem Rd., Prospect, Conn 06712
(203) 758-4113

RECORDING SECRETARY
MERCURE, JESSICA A., M.A., M.F.C.C.
1909 Addison, Berkeley, CA 94704
(415) 232-8499

MOENS, FFNNA
Lokhestlaan 11
3901 ZB Bunnik, The Netherlands
03405-61473

MYERS, MICHAEL L., B.A., M.Div.
210 Sunshine Acres Dr., Eugene, Oregon 97405
(503) 484-1707

SANDERS, JOSEPH R., Ph.D.
3510 Cameron Mills Rd., Alexandria, VA 22304

SALEM, NIMET
3 rue Louis Curval, Geneva, Switzerland 1206

TAYLOR, MARY O., M.S.W.
315 Atlantic Ave., Brooklyn, NY 11201
(718) 625-2206

THIEL, MARJORIE
213 Sheridan Dr., Erma, Cape May, NJ 08204
(609) 886-7082

THURIK, STEVE
816 West 57th St., Minneapolis, MN 55419
(612) 861-1766

WARD, SPENCER A., M.D.
11204 Angus Place, Potomac, MD 20854
(301) 983-8298

SOCIETY MEMBERS

ADAMS, DIANE S.
3101 New Mexico Ave. NW, Apt. 844
Washington, DC 20016

AKIN, LEE
1754 Swann St. NW, Washington, DC

ARPANTE, MARY F.
4321 32nd Rd. South, Arlington, VA 22206

BUTLER BETTY, B.S. (M.I.T.)
302 Newcastle Rd., Syracuse, NY 13219
(315) 475-3176

CAMPBELL, NATALIE B., B.A., M.S.W.
10 Windsor Rd., New Haven, Conn 06473
(203) 562-4235

CARCHIO, PAMELA
3130 N. Pershing Dr., Arlington, VA 22201

CERIANA, PIETRO M., M.S.
"Le Betulle", Viale Italia 36
Appiano Genete (Co), 22070 Italy

CIPANI, DARIO
P.O. Box 70, 1-25083 Gardone Riviera
Italy

CROMER, DONALD
RD 1 Box 361, Newark Valley, NY 13811

DENNIS, LIETTE C., M.S.W.
101 Park Way, Camillus, NY 13031

DOYLE, FRANK J., Ph.D.
5010 Edgemoor La., Bethesda, MD 20814

ELIES, ANNA MARIA
c/o Istituto Il Porto
Corso Duca D'Aosta 49
Turino, Italy

FOSTER, ROBERT J., Ph.D.
7312 Millwood Rd., Bethesda, MD 20817

FITZSIMMONS, JOHN, A.A.S., B.B.A., M.B.A.
456 Broad Ave., Palisades Park, NJ 07650

GORDON, JULIA
Weilerer-Strasse 62
6920 Sinsheim-Reihen, W. Germany

GORDON, MORRIS, Ph.D.
Family Relations Institute
3705 S. George Mason Drive, Suite C3S
Falls Church, VA 22041

GONTARCZYK, PATRICIA S., M.S.W. (M.I.T.)
3363 Fairview Dr., Syracuse, NY 13215
(315) 673-2433

GUINN, VELMA G., B.J.
5444 Mohican Rd., Washington, DC 20816

HEALY, KATH, B.A.
RR 1 Box 613, Huntington, VT 05462
(802) 434-4177

HENNINGSGAARD, WAYNE
Psychological Services
340 South 4th St., Bayport, MN 55003

HUGHES, FLORENE N., M.S.
275 East St., Pittsford, NY 14534

JONES, JAMES E.
10 Roxbury St., P.O. Box 73, Conklin, NY 13748

KNIGHT, THERESA, B.A.
602 Hill Ave., Endicott, NY 13760

(continued on page 10)

Society Members*(continued from page 9)*

KOMATINSKY, PAUL, B.A., M.S., (M.I.T.)
21 Helen St., Johnson City, NY 13790

KONIGS, CHRIS
Platte reg 36, Scherpenisse, Holland
31-1666-2249

KREINER, CARLO, M.D.
Via Dosso 38
25083 Gardone Riviera, Italy
0365-22063

LEY, HERBERT L., Jr., M.D., M.P.H.
P.O. Box 2047, Rockville, MD 20852

LOTT, VIRGINIA A., B.A., (M.I.T.)
6B 350 Groovers Ave., Bridgeport, Conn 06605

LOW, BETTIE
A.R.E.B.A. — Casriel Institute
500 W. 57th St., New York, NY 10019

LOWERY, NORMAN, M.S.
315 High St., Chestertown, MD 21620

MARKS, KATHRYN
(no address)

MEAD, RONALD D., M.F.D. (M.I.T.)
1010 Prince St. #1, Alexandria VA 22314

NOLDER, SHARLENE
2706 Hall St., Endwell, NY 13760

NORTON, MARY KENT, B.A., M.A., M.Ed. (M.I.T.)
398 Ridgely Ave., Annapolis, MD 21401

PAPISH, NORMA, B.A.
1220 Blair Mill Rd. #1010
Silver Springs, MD 20910

REICHES, RICHARD I., M.S.W., M.Ed.
6701 Park Heights Ave., Apt. 3E
Baltimore, MD 21215

RENZ, THOMAS
Rue Des Pilettes 1
CH-1700 Fribourg, Switzerland

RICHARD, E. CYNTHIA
P.O. Box 744, Johnson City, NY 13790

ROEN, DEBRA K., B.A. (M.I.T.)
1182 Edmund Ave., Apt. 11
St. Paul, MN 55104

ROHDE, PEARL, M.S.
7141 Rollingridge Dr., Charlotte, NC 28211

SANTIWAM, LEE H., B.A., M.B.A., M.A. (M.I.T.)
29650 Minglewood, Farmington Hills, MI 48018

SCHROEDER, PETER, B.A.
248 Springvale Rd., Great Falls, VA 22066

SEILER, ROBERT S., JR.
415 Silver Springs Ave., #107
Silver Springs, MD 20910

SONDAY, KAREN, M.S., B.S.
RD #2 Box 195, Blodgett Rd.
Newark Valley, NY 13811

SULLIVAN, DEB
Davis St., Seymour, CT

THOMPSON, DANIEL, C., Jr.
115 Schubert St., Binghamton, NY 13905

THOMPSON, OILI, A.A.S., (M.I.T.)
115 Schubert St., Binghamton, NY 13905

THURIK, STEPHANIE, B.S., M.Ed. (M.I.T.)
816 West 57th St., Minneapolis, MN 55419
(612) 861-1766

TURNER, BARBARA W., B.A.
416 Denal Way, Vestal, NY 13850

WELLINGTON, MARGUERITE, R.N., B.S. (M.I.T.)
RD 4 Box 124, Vestal, NY 13850

WILLIAMS, AGNES C., B.S., (M.I.T.)
465 Sluivium Rd., Hebron, Conn 06248

WILLIAMS, NANCY
100 Clark St., Vestal, NY 13850

YOUNG, JOSEPH I., B.A., Ph.D.
5905 McKinley St., Bethesda, MD 20817

SOCIETY ASSOCIATE MEMBERS

DAVIS, SEAN G., B.A., M.P.A.
128 South Adams St., Rockville, MD 20850

FISHER, MARILYN J., R.N.
HC 78 Box 1072 King St.
Castle Creek, NY 13744

GELBMANN, FRED, M.S., Ph.D.
294 Janice St., St. Paul, MN 55126
(612) 484-7617

GREEN, LARRY I.
516 N. Elmer Ave., Sayre, PA 18840

HARDESTY, JOHN F., Jr., B.A.
1501 Red Oak Dr., Silver Springs, MD 20910
(301) 558-3471

HEINECKE, KARL K.
364 Ely Park, Binghamton, NY 13905

HURNEY, MICHAEL L., B.S., M.A.
58 G Crescent Rd., Greenbelt, MD 20770

JEAN, DEBORAH, S., Ph.D.
29740 Wildbrook Dr., Southfield, MI 48034

MATTIELLO, CARMINE
Corso Mazzini 101
70123 Bari, Italy

MERIONE, LORETTA, A., B.S.
169 Farnen Ave., New Haven, CT 06513

MOSCHOS, MIKE, B.S., B.S.A.
5501 E. 61st Place, Tulsa, OK 74136

NEWELL, YVONNE E.
6 Evans St., Binghamton, NY 13903

SCRIBNER, BRENDA
25407 Prospect St., Loma Linda, CA 92354

SIMONSON, MARTIN A., M.B.A., B.S.
7720 Tremayne Place 307, McLean, VA 22102

TUCKER, JOHN A.
7223 Oliver St., Lanham, MD 20706

VAUGHN, LYNN M.
43135 Whisper Court, Northville, MI 48167

WELLINGTON, ARDEN D., B.M.
RD 4 Box 124, Vestal, NY 13850

APPLICATION FORM

PRE-CONFERENCE WORKSHOP (Aug. 5-7, 1988) 1.000 skr _____

Prices (In Swedish crowns \$1 = 6.50 SKR)

CONFERENCE REGISTRATION FEE 350 skr

HOTEL ACCOMODATIONS (3 nights)

single-room 1,230 skr

double-room 750 skr

3-bedded room 600 skr _____

MEALS 650 skr _____

CRUISE (including meals and banquet)

2-persons cabin 660 skr

3-persons cabin 590 skr

4-persons cabin 530 skr

Owner's suite 965 skr _____

TOTAL _____

Name _____

Address _____

Signature: _____

To be sent to: Sixth International Conference
 Centrum for Identitetsterapi
 Regeringsgat. 93
 S-111 39 STOCKHOLM, Sweden

Deadline date for signing up – MAY 31, 1988

Money to be sent to: Svenska Handelsbanken
 1160-309 820 342

