



International Society for the New Identity Process

Daniel H. Casriel, M.D.
Founder

January 1990

Letter from the President



It was exciting for your president to be in West Germany from November 18 to the 28th, when so much was happening on the East German side of the border. I enjoyed speaking with an East German who had come out through Prague. He mentioned that he and his wife decided to leave so that their daughters "would have a future."

He stayed for a few days with several thousand refugees at an army base, and praised the conditions as being "very good there." He is now interviewing for a job in West Germany.

I visited Jeff Gordon and shared a 3-day workshop at his group center in Sinsheim-Reihen. Then, I went to the Psychosomatic Hospital in Gronenbach for a 2-day workshop. There is an encouraging amount of renewed interest in NIP ("Bonding Therapy") by staff members of several such hospitals.

Our good news is that Carlo Kreiner and Dario Cipani have set the dates for our International Conference at Lago Gardo for September 20, 21, 22, 1990. Dario is the program chairman and Carlo is in charge of arrangements locally. The International Program Committee includes, of course, Dario, and will be assisting him in contacting and inviting guest presenters.

The International Program Committee 1990

Chairperson: Peter Geerlings

Amsterdam, The Netherlands

Secretary: Johan Maertens, Damme, Belgium

Members: Dario Cipani, Gardone Riviera, Italy

George Rynick, Binghamton, NY

Janice Frank, Syracuse, NY

A brief visit to Peter in Amsterdam, and our discussion with Johan in Damme helped to complete my visit to Europe. Peter surprised me with a special treat for an American abroad at this time of year; a Thanksgiving dinner with Turkey and Trimmings!

All Teaching Fellows are reminded to submit your abstracts for possible presentations before January 31, 1990. We are especially interested in in-depth

Letter from the Editor

Greetings!

I hope your holidays were happy ones... and not too hectic. I'm learning more and more how to take a deep breath and really enjoy what's going on right now.

Several important notes:

- Please read carefully George's letter from the president (above) as important information on the upcoming ISNIP conference is included.

- Corresponding secretary Dianne Decker has moved. Her new address is noted within.

I'm still accepting main articles (typewritten, please) and would appreciate you sending them to me.

...and a happy new decade to us all.

Hugs,
Pat



treatments of individual aspects of NIP Theory and Practice. Possibilities and appropriate approaches to areas for imitating research are invited. **Please submit abstracts** to any program committee member as soon as possible. Decisions as to which presentations will be selected will be made in February, and presenters will be notified at that time.

Love and Hugs,
George

Book Review

by Marilyn M. Ellis, L.C.S.W., Fellow

"Facing Shame"

by Merle Fossum and Marilyn Mason

It can be helpful sometimes to see therapy, patients, families or ourselves from a different perspective. This book gives us the opportunity to see ourselves and others from the perspective of shame, and to explore ourselves by contrasting shame-bound systems with respective systems. While this was originally intended as a book review, it became a synopsis because the book contained so much helpful material I wanted to share it more completely.

In his foreword to this book, Carl Whitaker says, "Guilt is the inner experience of breaking the moral code. Shame is the inner experience of being looked down upon the social group." Sheldon Kopp once told me that my feelings of shame were what prevented me from working on my real, underlying issues. He was right. Shame has always been with me, and I have been delighted to discover this book and utilize it to begin to release myself and those I work with from the incredibly debilitating effects of shame.

The first chapter of the book gives the authors' definition of shame in relation to guilt. "Shame is an inner sense of being completely diminished or insufficient as a person. It is the self judging the self..." There is no escape from the feeling of shame because "shame is a matter of identity, not a behavioral infraction. There is nothing to be learned from it and no growth is opened by the experience because it only confirms one's negative feelings about oneself." This is contrasted with guilt, which is defined as "...the developmentally more mature, though painful, feeling of regret one has about behavior that has violated a personal value. Guilt does not reflect directly upon one's identity nor diminish one's sense of personal worth... The possibility of repair exists and learning and growth are promoted." The symptoms of shame to look for in therapy are a mixture of control and chaos in the client's life, use of blaming, a feeling of hopelessness, endless resentment, failure to resolve relationships. Also, the therapist's sense of something missing in the therapeutic transactions, such as the problem reported being insufficient to cause the reaction described, is a key sign that shame is involved.

The authors contrast shame-bound families with respectful families. One of the difficulties I experience as a therapist is trying to convey to patients how it should have been in their families...not just the absence of destructive behavior, but what they can contemplate being treated with respect, they can also imagine how they would have responded differently to respectful parenting. For example, shame-bound families demand perfection from each other, and people are judged on a good-bad continuum. Respectful families require accountability, rather than perfection, and allow for the deepening and growth of values over time. The poignant statement of one shamed person was, "Good person, hell! I didn't feel like a person! I don't know what I felt like, if I felt like some animal or what — but I sure didn't feel like I was a human being!"

Shame is the mask that covers affect, the affect that is too horrible to allow others to share. The person cannot be seen; only the mask. Fossum and Mason's method of

revealing the person behind the shame are to explore the family's secret history which created the original shame, demonstrating that the patient was not the reason for the family's shame-based behavior. They describe the need for "cognitive restructuring of the elements of shame...so the client, in knowing the reality underlying the family myths, can have the understanding necessary for change." Shame can be external, or traumatic, such as physical or sexual abuse, or invasion of thoughts or feelings. Sexualized touching or seductive parenting create external shame. Inherited generational shame exists in families that protect their ancestors by keeping secrets and perpetuating myths about them. Suicides, insanity, abandonment, criminality are common secrets. They state that family freedom can only follow the surfacing of the family's feelings.

Shame, once the pattern is established, lies in wait and recurs whenever the person is in a similar situation. A person sexually shamed limits his spontaneous and his sexual responses to those he feels he will not be shamed for showing. Many relationships are built on the tacit agreement that "I won't shame you if you don't shame me, because we both know how much it hurts." This restricts, sometimes severely, the degree of closeness and level of functioning possible in the relationship. Constant wariness against being shamed maintains shame's power. Another way shame is maintained is by internalizing outcomes; i.e., if I fail at something, I am a failure. This is not a failure of the person, but of the person's boundary; he is unable to keep outside events (successes or failures) separate from his "self". Unclear boundaries are created by shaming/blaming families; these same unclear boundaries then maintain the sense of shame in the adult. Separation of the self from other persons, objects, and events is necessary to heal the sense of shame.

Another symptom of the shame-bound person is interpersonal cut-offs, a physical or psychological leaving, and incomplete transactions. An incomplete transaction is the call not returned, the question not answered. Fossum and Mason see this interpersonal cut-off as a "loyalty to maintaining the shame by responding to its 'split voice'." Shame-bound persons, in other words, abandon "self" as well as all others when they hear the siren song of their own internal, critical, self-monitoring voice, saying "I wonder what they're thinking about me?" Their self-consciousness is so profound it excludes all awareness of others, or even any positive thoughts about themselves.

Various family styles which indicate a shame-bound system are the fairy-tale family, which has a "let's pretend" quality; the disconnected family, which may be expressed through physical distance; the rough and tough family, with stereotypical roles of macho male and passive female; and the nice-nice family, characterized by "sweet" affect and often by strong religiosity.

Fossum and Mason explore the ambiguous boundaries which create confusion in the shame-bound family. The family rules which define and control a family's boundaries — who is a member, who isn't; what behavior is allowed and what isn't — determine, through its consistency and clarity, the health of the family. Similarly, the strength of an individual's rules determine how well he will be able to establish and maintain a "self". Often

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Book Review (continued from page 2)

problems result from the parent's failure to establish appropriate boundaries between the adult and the child, resulting in poor boundaries between the generations. Physical presence but psychological absence by one partner in the marital relationship creates a relationship vacuum which the abandoned partner often fills with a child. The authors discuss the need of all children to have a secure nurturing figure to whom they can attach in order to feel safe in the world and to create a self of their own. They outline the "anxious attachment" consequences of parental failure. When a child has been unable to create a self, he seeks a self in others. "Because the security is not present on the inside, they will always seek this outside themselves. Distortions and delusions will be a part of the perceptual base in mate selection."

The zipper metaphor is the gem of this book. The authors ask the profound question, Are your zippers on the inside or the outside? These zippers control contact with the self — the intellectual, emotional, and physical self. Children who have been violated by being told what they think, what they feel, or abused sexually or physically, grow up believing that their zippers are on the outside, where other people can unzip them whenever they want. Children raised in respectful families have zippers on the inside, where they are the only ones who can allow others access to their "self". Persons whose zippers are on the outside practice eternal vigilance, lest someone unzip their zippers. They protect themselves through isolation, pushing people away with anger or other distancing responses. They never experience safety in the world. The goal of therapy is to shift the zipper from the outside to the inside. "When individuals can acknowledge and identify shame and understand its roots, they can then face shame as a resource toward individuation and maturity. When emotional deprivation or invasions can be faced and worked through, persons can begin to build an inner self. As boundaries are established, an identity is formed and self-trust increases. They move from self-consciousness to conscientiousness. By facing shame, people can begin the human recovery process, the growing of the budding self within, to a self with respect and integrity, capable of intimacy."

There are eight basic rules found consistently in shame-bound families. "The interactions flowing from these rules insidiously nullifies or voids one's experience as a person." They are control, perfection, blame, denial, unreliability, incompleteness, no talk, and disqualification. Control creates the illusion of predictability and safety. Perfection centers around being better than the other. Blame avoids awareness of deeper feelings, and re-establishes the equilibrium of the system when control or perfection break down. Denial of feelings allows family members to ignore problems, but over time results in a lack of awareness of feelings. Feelings that are experienced will be naive and primitive. Unreliability in the form of mood swings, disappearing on emotional connections, dedication to an addiction can be used to control intimacy. Incompleteness in transactions avoids recognition and resolution of problems. An interchange may be initiated, and even responded to, but it is not resolved. Participants are left puzzled about what's real. The no-talk rule dictates that disrespectful, shameful, abusive or compulsive behavior must be ignored. There

is no seeking of privacy, but an avoidance of shame. Disqualification is disguising, disrespectful, shameful, abusive or compulsive behavior when it occurs, covering the breach rather than repairing it. Perception of reality becomes distorted.

In describing the relationship between shame and control, the authors discuss a natural rhythmic cycle of release and control in ordinary behavior. We feed and fast, work and play, save and spend. However, when shame is present, this cycle becomes more complex. Both control and release are experienced more intensely. Control becomes more rigid and demanding, while release becomes more self-destructive. One could also say there is insufficient "self" to monitor the control-release cycle, which become more extreme. The release phase becomes an escape from an overly punitive self, the control phase becomes a way to make up for the shame of the release. The authors have developed a grid to demonstrate to patients how they cycle through shame and control in their interactions. Typical movement in therapy goes from active abuse to quiet abuse to calm to intimate. The calm quadrant is very similar to the neutral described by Dan Casriel on the "Roadmap to Happiness". It is the absence of abuse, but it is not happiness or intimacy. Intimacy is described as "... a flow which is less self-conscious or contrived. Family members can lose themselves in this interaction, letting go in safe and respectful relationships. . . Mistakes are made, people get hurt and angry, boundaries get violated, and everyone is accountable for behavior. There is always a way back. Repair is expected and available and is brought into the dialogue of relationships." Mason and Fossum illustrated how touch is experienced in each of the quadrants. In active abuse, touch is intrusive, hurtful, exploitive. In quiet abuse, touch is still abusive but less obviously so — play that is painful, or holding too tight. Calm touch is more controlled and respectful, but lacks spontaneity and pleasure. Touch in the relationships functioning in the intimate quadrant is "... active, easy to understand, and well meaning. It may be nurturing, as in a caress or embrace, or it may be firm and directive. . . It may also be surprising or powerful or spontaneous within the bounds of respect and permission." Movement into the intimate quadrant is often frightening for persons raised in abusive families. These descriptions of touching styles can easily be modified to describe bonding styles, and provide a way of discussing these styles with patients.

Addictive behaviors have a strong relationship to shame-based families, and it often becomes "... a central organizing principle for the system, maintaining the system as well as its shame. When we address addiction in a family, we open the door to the family's shame." They discuss addictions to chemicals, food, spending/saving, work, sex, abuse, and codependence, or being addicted to an addicted person. There is a helpful discussion of women who are addicted to relationships. The term "limerence" is discussed as a contrast to love. In limerence, there are "... intense obsessive feelings toward another," marked by intrusive thinking and acute longing. Two limerents can feel "... mutual bliss, followed by dissension." Limerence, commonly found in shame-based people, often disappears when a real "self" is developed.

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Book Review (continued from page 3)

Fossum and Mason discuss their underlying assumptions concerning their therapeutic process. Their primary assumption is that their therapeutic approach will change and grow from their continued contact with their patients. Their approach to family therapy explores three systems: the family of origin, the present family, and the family of affiliation, or close friendship. They see each person as a "family fragment." This helps patients see that they are not at fault for the family system. Their second premise is that therapy is an ongoing process. They give themselves permission to be consultants to the family after therapy is over. They separate first-order change, or symptom relief, from second-order change, or change in the system itself. Hopefully, trust will be developed in the process of creating first-order change that will encourage the family to engage in second-order change. Third, they unlock the family unconscious — in T.A. terms, they uncover the family scripts. Fourth, they don't accept the patient's reality as their own reality. Part of their therapeutic task is to see the delusion and denial prevalent in the family, and as appropriate, confront the family with their reality. Their fifth premise is that the self of the therapist is used as the technique. "The relationship established between the therapist and client is the most powerful element in the process of therapy. . . authenticity is primary to trust." They clearly define the generational lines between themselves and their parents. "The therapist must be in charge of setting limits and maintaining boundary clarity. They use the metaphors of themselves as coach and foster parent to help the patient perceive them in appropriate roles.

Their sixth assumption is that family intimacy is an unspoken goal. Seventh, they see family therapy as a spiritual journey; as shame is faced and eradicated, they are able to become spiritual beings capable of trust in life. Energy formerly used to contain feelings can now be utilized for productive personal growth. "We often see a deepening of compassion, a softening toward others, and acceptance and respect of others' separateness." Seventh, therapists grow in four areas from a personal approach to their work: "dealing with transference issues; and building support groups." Ninth, they see a human approach as a feminist approach. They offer both men's and women's groups, believing that the humanity behind gender can be found by exploring our sex roles.

Finally, the authors discuss moving from shame to respect in the therapeutic relationship. Therapists can be liberated from seeking control by recognizing that their goal cannot be to create a secure life for their patients, but can only help their patients to renew a healthy process in dealing with life. In their beginning contact, they seek not only the problem, but also the context of the problem. They seek a relationship with the system, not one member of the system. They discuss their methods for establishing therapeutic contact with the system. One of their questions is, "How did you learn to be so ashamed?" This undermines shame at two levels — it releases early memories of shame, and establishes that shame is learned. If the system desires more than symptom relief, they may enter stage two of therapy, seeking deeper change and growth. This subtler work seeks to aid family members to become self-affirming. The closing phase of therapy

occurs when people have ". . . a system in which to live, a network of support outside their immediate family, and a personal sense of dignity and accountability for themselves and their recovery."

I found this to be a very rich book, personally and professionally. I have now read it three times, and am pleased by some of the similarities in their work and in the New Identity Process, such as the emphasis on moving beyond neutral to true intimacy. Seeing the therapeutic interaction from a family system approach which focuses on shame dynamics has given me more tools. In particular, the rich metaphors developed by Fossum and Mason fit well into NIP. The "I'm not you — you're not me" exercise in NIP speaks to the necessity of establishing boundaries in order to have a "self." The concept of zippers helps patients to focus more fully on "I exist", and to shift control of the "self" to their own center.

Pat Maybruck's Book Is Published

Congratulations to Teaching Fellow Pat Maybruck who recently had her book *Pregnancy & Dreams* published by Jeremy P. Tarcher, Inc., Los Angeles, CA.

As the cover states, the book deals with "how to have a peaceful pregnancy by understanding your dreams, fantasies, daydreams and nightmares."

Pat, who studied with Dan Casriel, draws on Dan's teachings particularly in relation to understanding emotions. She also credits Dan with the chart on emotions that is presented in the book.

A review of the book is forthcoming. And again, thank you to Pat for helping to put the N.I.P. on the map.



Important Address Change

Please note that corresponding secretary, Dianne Decker, has a new address (again). Please keep it handy for any correspondence you may wish to send to her:

Dianne Decker
1124 Anna Maria Drive
Johnson City, NY 13790
(607) 798-7540

Society Calendar

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.)

January 13-14 — Binghamton, NY

NIP Workshop (10 a.m. to 6 p.m.)

*Led by: George Rynick, Teaching Fellow and William Wolfson, M.D., Teaching Fellow

Contact: George Rynick

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

January 20 — Bethesda, MD

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

Contact: Caroline Sperling, Director or
Beverly Gould, Administrator
Cancer Counseling Institute
7312 Millwood Rd., Bethesda, MD 20817
(301) 320-4924

February 17 — Bethesda, MD

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

Contact: Caroline Sperling, Director or
Beverly Gould, Administrator
Cancer Counseling Institute
7312 Millwood Rd., Bethesda, MD 20817
(301) 320-4924

February 24 — Johnson City, NY

NIP WORKSHOP

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

Contact: Ron Kissick

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

March 9-10 — Binghamton, NY

*Led by: George Rynick, Teaching Fellow

Contact: George Rynick

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

Hours: Friday, 6 p.m. - 10:30 p.m.

Saturday, 10 a.m. - 6 p.m.

March 17 — Bethesda, MD

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

Contact: Caroline Sperling, Director or
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7312 Millwood Rd., Bethesda, MD 20817
(301) 320-4924

April 29 - May 6 — Antigua, West Indies

Week-Long Pleasure Intensive with the NIP

The 7th Annual Caribbean PLEASURE Week awaits you with MORE fun and learning planned. A group for youth is also scheduled during the week.

*Led by: George Rynick, Teaching Fellow; Ron Kissick, Teaching Fellow and Pat Kissick, Fellow. Bill Wolfson, Teaching Fellow is the medical director.

Contact: George Rynick

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435 Main St., Johnson City, NY 13790
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European Chapter News

FLEMISH-DUTCH CHAPTER

Teaching Fellows Martien Kooyman and Magda Baukeland ran an NIP Workshop this summer at the 10th International Congress of Group Psychotherapy. Congratulations to you both.

SWEDISH CHAPTER

There was no news received from the Swedish Chapter.

ITALIAN CHAPTER

There was no news received from the Italian Chapter.

GERMAN CHAPTER

There was no news received from the German Chapter.

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