



International Society for the New Identity Process

Daniel H. Casriel, M.D.
Founder

November 1990

Letter from the President



First, a special word to Carlo Kreiner, Dario Cipani, and Robbie Turra and all the school in Desenzano who helped make our International Meeting outstanding! "Thanks!"

This is the first time we have included translation of our official Society language into the Mother tongue of our local chapter. It provided a much wider base both of presenters and participants.

Next year, September 19-22, 1991, we will meet in Washington, DC. Then again in 1993, the same 3rd weekend of September, we will meet in Gronenbach, Germany.

Our American Board has already met and begun planning to make the Washington meeting one you'll want to attend.

It was good to see so many of you. Greetings to all members. I plan to be in Europe October 13-27, 1990, and again in February and March, then in June, and again in October of 1991.

On the American side, our Board is planning workshops for regional meetings of USTA and AHP.

Love and Hugs,
George



Congratulations!

Congratulations are in order to newly recognized Teaching Fellow Ulf Langguth from Germany. Welcome and congratulations!

(Ulf's address can be found in the membership listing.)

Letter from the Editor

Greetings!

This will be my last note to you, at least under the "Letter from the Editor" head. After much thought, I turned in my resignation to the Board, and it is in effect even as I'm writing this.

This was not an easy decision for me. Ron, my husband, got the first NIP newsletters organized and started. But I really have a close bond and 'protectiveness' toward the newsletter, as if it were my baby. Perhaps that's only fitting since I've been its editor for the past nine years, and I was nearby at its inception. We have gone through sad and happy times, lots of changes (on both our parts) and growth.

Back in 1981 the Society was disjointed but Dan was intent on its growth. Although the newsletter was recently started, Ron's services were needed elsewhere in the Society. I was enthused about NIP, having finished (do we ever finish?) my own therapy and training. And because of my journalism background, I took the job (did I volunteer or was I chosen by default, I can't remember). Nonetheless, I knew this was an area I could do some contributing, giving something back to the Society. I also realized the importance of the newsletter's functions. Even now, as back then, it is our primary form of communication, creating a bridge from chapter to chapter on both sides (and across) the Atlantic. If we want to know what's going on with NIP, this is how we find out.

Our steps together (the newsletter and I) were hesitant at first, but grew steadier with time. There weren't many members belonging to the Society originally, and I can still remember how grateful (and relieved) I was when someone would send in an article for publication. It amazes me, but I can go through the newsletter archives, look at an article and remember the circumstances surrounding it -- be it the request for it, editing, phone calls concerning questions. It makes me smile. . . or sometimes snarl.

As membership grew, simplicity decreased. . . it was necessary to include more information, articles became more sophisticated and researched, with more Society calendar and enlarged membership and board listings, committee notices, address changes (constantly), etc. As with a baby, his or her needs are few and can be taken care of rather easily (albeit consistently) by the parents. When the child grows into adolescence, the needs become increasingly complicated, dealing with inner turmoil, values and growing pains. The parents' nurturing and

(continued on page 5)

Book Review

by Marilyn M. Ellis, Fellow

Prisoners of Childhood

by Alice Miller

"The Vicious Circle of Contempt", Chapter 3

"Contempt is the weapon of the weak and defense against one's own despised and unwanted feelings (of helplessness and rage)." This sentence summarizes the message of Alice Miller's third chapter, "The Vicious Circle of Contempt", in *PRISONERS OF CHILDHOOD*. The circle consists of ill treatment of the child, the memory of which the child then represses or idealizes ("It was really good for me.") These feelings re-emerge in the form of contempt for others who are weak and helpless, and are particularly acted out, or repeated, with our own children. Unless we are able to become aware of the pain and humiliation we experienced, we pass on the way we were treated.

Many times, my patients question my insistence that something negative must have happened to them as a child, worse than they have been able to tell me. Their behavior — especially treating themselves unkindly, or even cruelly — tells me of their earliest experiences much more accurately than their words. Inevitably, the cruelties of their childhood they are unable to face continue to be acted out in their lives. They are doomed to treat themselves and those they love as they were treated. We, as therapists, must substitute the word "patient" or "client" for "child" in the following quote: "Only if we become sensitive to the fine and subtle ways in which a child may suffer humiliation can we hope to develop the respect for him that a child needs from the very first day of his life onward, if he is to develop emotionally." (p. 76). Our feelings of revulsion, contempt, and disgust toward our patients give us an opportunity to discover the hidden traumas in our own lives. A greater awareness of our own traumas allows us to reduce the ways we unthinkingly abuse those vulnerable to us.

The humiliations suffered as a child create a "damaged self-articulation", or an inability to express oneself in a straightforward fashion. The humiliated self remains hidden from direct expression and the possibility of more damage. As therapists, we are faced with getting to know someone who cannot tell us who they are. Dr. Miller suggests we "... begin with the assumption that all the feelings that the patient arouses in his analyst. . . are part of his unconscious attempt to tell the analyst his story and at the same time to hide it from him — that is, to protect himself from the renewed manipulation he unconsciously expects. I always assume that the patient has no other way of telling me his story than the one he actually uses. Seen thus, all feelings arising in me, including irritation, belong to his coded language and are of great heuristic value." (p. 77) If I desire knowing this person, the negative feelings he arouses in me will steer me directly toward the most hidden parts of his self. Simultaneously, it may steer me toward a hidden part of my self. I can determine whether to look at myself or the patient with the following guidelines: "Feelings that belong to the countertransference are like a quick flash, a signal, and clearly related to the analysand's person. When they are intense, tormenting, and continuous, they

have to do with oneself." (p. 78) These countertransference feelings (the first type she describes), when we have worked through our own traumas, can stir a sympathetic chord in us and tell us about the patient's experience. We can utilize countertransference feelings in this way only to the extent that we acknowledge our own traumas — not just know they happened, but feel and cope with the emotional impact they have on us. We can rely on our patients to restage their stories through our emotional reactions if we give them the space to do so. For this person, speech has become the province of the false self, and thus hides, veils, or denies the genuine feelings and thoughts of the real self. "And so there often are long periods in our work with our patient during which we are dependent on their compulsion to repeat — for this repetition is then the only manifestation of the real self." (p. 78).

The repetition compulsion is playing out not only with the therapist, but also outside therapy. Many patients, as they begin to be aware of the birth of their real self, feel a strong desire to have a child, and thus express their own birth through another person. This is safer than exploring one's own birth again with a new mother (the therapist), toward whom the patient must inevitably feel ambivalent. "The patient has learned very early in life that he must not show any dissatisfaction or disappointment with the object, since this would lead to the beloved father or mother withdrawing himself and his love. In the analysis a stage must be reached, when even this risk can be endured and survived." (p. 81). Also outside therapy, "With the infallibility of a sleepwalker, the analysand seeks out those who, like his parents (though for different reasons), certainly cannot understand him. Through his compulsive need to repeat, he will try to make himself understandable to precisely these people — trying to make possible what cannot be." (p. 82).

As the patient begins to understand that he has been endlessly seeking what is forever lost, he feels shame, anger, and despair. Through the sympathetic response of the therapist, the patient can recover lost parts of the real self. "A child. . . can never grasp the fact that the same mother who cooks so well, is so concerned about his cough, and helps so kindly with his homework, in some circumstances has no more feeling than a wall for his hidden inner world. . . The fascination of such tormenting relationships is part of the compulsion constantly to reenact one's earliest disappointments with the parents." (p. 83).

In "Perpetuation of Contempt in Perversion and Obsessional Neurosis," Dr. Miller outlines how the child develops an awareness of "good" and "bad" from his mother's earliest reactions to his needs. He attempts to limit his behavior, the expression of his needs, as she wishes, and feels guilty and shamed by his "badness". These needs and feelings become split off, out of consciousness. Only the guilt is left in their awareness. "Many people suffer all their lives from this oppressive feeling of guilt, the sense of not having lived up to their parents' expectations. This feeling is stronger than any intellectual insight that it is not a child's task or duty to satisfy his parent's narcissistic needs. No argument can overcome these guilt feelings, for they have their beginnings in life's earliest period, and from that they derive their intensity and obduracy." (p. 85). Mourning is needed

(Continued on page 3)

Book Review (continued from page 2)

to heal these wounds, and the depth of the injury must be experienced to mourn fully. Otherwise, the wound will be expressed through grandiosity and depression, or repeated compulsively. "It is only when he is encouraged in the analysis not to fend off his feelings of shame and fear, but rather to accept and experience them, that he can discover what he has felt as a child. His most harmless behavior will cause him to feel mean, dirty, or completely annihilated. . . in his perversion or his obsessional neurosis he still allows a portion of his true self to survive — in torment. . . In his perversion and obsessions he constantly reenacts the same drama: a horrified mother is necessary before drive-satisfaction is possible: orgasm (for instance, with a fetish) can only be achieved in a climate of self-contempt; criticism can only be expressed in (seemingly) absurd, unaccountable (frightening), obsessional fantasies." (p. 86-87).

The patient will attempt to create his mother's disgust and horror toward him in his therapist. "If the analyst can see through to the goals and compulsions behind this provocation, then the whole decayed building collapses and gives way to true, deep and defenseless mourning. When finally the narcissistic wound itself can be felt, there is no more necessity for all the distortions." (p. 89). The patient must regain the ability to feel his own feelings, lost since earliest childhood. "This is a clear demonstration of how mistaken the attempt is to show a patient his instinctual conflicts, if he has been trained from earliest childhood on to feel nothing. How can instinctual wishes and conflicts be experienced without feelings? What can orality mean without greed, what anality without defiance and envy, what is the Oedipus complex without feelings of rage, abandonment, jealousy, loneliness, love? . . . The humiliation, self-disgust, and self-contempt (which replace these feelings) are intrapsychic reflections of the primary objects' contempt and, through the compulsion to repeat, they produce the same tragic conditions for pleasure." (p. 89-90). The richness and pleasure of life's experiences returns when our legitimate, but split-off, needs can be again in our conscious awareness and find appropriate expression in our everyday lives.

Hermann Hesse's childhood is explored as a striking example of his parents' rejection of their child's true self. His ordinary child's willfulness was considered depravity and evil. As a child, he experienced his parents' contempt for his sensuous pleasures and eventually relinquished them for his parents' love. While he could express his pain through his writing, he remained a lonely, depressed man throughout his life. "Hesse, like so many gifted children, was so difficult for his parents to bear, not despite but because of his inner riches. Often a child's very gifts (his great intensity of feeling, depth of experience, curiosity, intelligence, quickness — and his ability to be critical) will confront his parents with conflicts that they have long sought to keep at bay with rules and regulations. These regulations must then be rescued at the cost of the child's development. All this can lead to the apparently paradoxical situation when parents who are proud of their gifted child and who even admire him are forced by their own distress to reject, suppress, or even destroy what is best, because truest,

in that child." (p. 97). As a consequence, "Despite his enormous acclaim and success, and despite the Nobel prize, Hesse in his mature years suffered from the tragic and painful feeling of being separated from his true self, which doctors refer to curtly as depression." (p. 99).

It is not true that if only society were different, allowed us more freedom to express our individuality, we would not suffer as we do. Dr. Miller states that this belief ". . . makes too little of his own very real tragedy. What most needs to be understood is his compulsion to repeat, and the state of affairs behind it to which this compulsion bears witness. All this no doubt is the result of social pressure (as expressed through the mother), and these do not have their effect on his psyche through abstract knowledge but are anchored in his earliest affective experience with his mother. His problems cannot be solved with words, but only through experience, not merely corrective experience as an adult but, above all, through a reliving of his early fear of his beloved mother's contempt and his subsequent feelings of indignation and sadness. Mere words, however skilled the interpretation, will leave the split from which he suffers unchanged or even deepened." (p. 99-100).

"What makes us sick are those things we cannot see through, society's constraints that we have absorbed through our mother's eye." (p. 100). Our parents, having suffered the same fate, pass it on to us. Despite their education or later experiences, "What they (our parents) do not see, because they cannot see it, is the absurdities of their own mothers at the time when they still were tiny children. One cannot remember one's parents' attitudes then, because one was a part of them, but in analysis this early interaction can be recalled and parental constraints are thus more easily disclosed." (p. 100). These constraints will become apparent in the patient-therapist interaction by the way in which the patient feels limited by the therapist. Through this there is hope. "The inner necessity to constantly build up new illusions and denials, in order to avoid the experience of our own reality, disappears once this reality has been faced and experienced. We then realize that all our lives we have feared and struggled to ward off something that really cannot happen any longer; it has already happened, happened at the very beginning of our lives while we were completely dependent." (p. 101). At this point of awareness, the mourning can begin. "The situation is similar in regard to creativity. Here the prerequisite is the work of mourning." (p. 101).

Our internalized feelings of contempt function as a defense against unwanted feelings of rejection, and create an incurable loneliness. "Contempt also may serve as a defense against other feelings, and it will lose its point when it fails as a shield (or is no longer necessary) — for instance, against shame over one's unsuccessful courting of the parent of the opposite sex; or against the feeling of inadequacy in rivalry with the same-sex parent; and above all against narcissistic rage that the object is not completely available. So long as one despises the other person and over-values one's own achievements ("he can't do what I can do"), one does not have to mourn the fact that love is not forthcoming without achievement. . . avoiding this mourning means that one remains at bottom the one who is despised. For

(continued on page 4)

Book Review (Continued from page 3)

I have to despise everything in myself that is not wonderful, good, and clever. Thus I perpetuate intrapsychically the loneliness of childhood: I despise weakness, impotence, uncertainty — in short, the child in myself and others." (p. 103).

The patient's contempt for the therapist will eventually find expression. The therapist's task is to remain self-loving in the face of the patient's contempt. The therapist can then gently point the patient toward his own self-contempt, and turn the self-contempt into mourning for the patient's lost self. "Contempt as a rule will cease with the beginning of mourning for the irreversible (in childhood) that cannot be changed. For contempt, too, had in its own way served to deny the reality of the past. It is, after all, less painful to think that the others do not understand because they are too stupid. Then one can make efforts to explain things to them. This is the process, described by Kohut, that takes place when idealization of the self-object fails and the grandiose self has to be cathected (substituted). There seems to be a way out, in fantasy at least. Through (one's own) grandiosity, power as such can be salvaged, and so the illusion of being understood ("if only I can express myself properly") can be maintained. If however this effort is realized, one is forced to see how little there was on the other side and how much one had invested oneself." (p. 104-105).

How can freedom be achieved from the contempt we have introjected? First we must become aware of our narcissistic rage toward our mothers for rejecting parts of us and not being available as we needed them. ". . . this rage at first finds expression in the same form as that in which he felt rejected by his mother. . . there are people. . . who never say a loud or angry word, who seem to be only good and noble, and who still give others the palpable feeling of being ridiculous or stupid or too noisy, at any rate too common compared with themselves. They do not know it. . . but this is what they radiate. . ." (p. 108-109). The variations are endless. Only our reactions to them give us the clues to how they were themselves treated as children.

"There are moments in every analysis when dammed-up demands, fears, criticism, or envy break through for the first-time. With amazing regularity these impulses appear in a guise that the patient has never expected or that he might even have rejected and feared all his life. . . Before he can develop his own form of criticism he first adopts his father's hated vocabulary or nagging manner. And the long repressed anxiety will surface in. . . his mother's irritating hypochondriacal fears. It is as if the "badness" in the parent that had caused a person the most suffering in his childhood and that he had always wanted to shun, has to be discovered within himself, so that reconciliation will become possible. . . When the patient has truly emotionally worked through the history of his childhood and thus regained his sense of being alive — then the goal of the analysis has been reached." (p. 112).

Dr. Miller ends with an eloquent summary of the patient's benefits from this therapeutic work. "Such a patient will be able to join groups without again becoming helplessly dependent or bound, for he has gone through the helplessness and dependency of his childhood in the

transference. He will be in less danger of idealizing people or systems if he has realized clearly enough how as a child he had taken every word uttered by mother or father for the deepest wisdom. . . Finally, a person who has consciously worked through the whole tragedy of his own fate will recognize another's suffering more clearly and quickly, though the other may still have to try to hide it. He will not be scornful of others' feelings, whatever their nature, because he can take his own feelings seriously. He surely will not help to keep the vicious circle of contempt turning." (p. 113).



Group Treatment for Bulimia

A recent controlled experiment suggests that group psychotherapy is superior to antidepressant drugs as a treatment for bulimia, the binge eating syndrome. Patients were divided into four groups and given either a placebo pill or the antidepressant imipramine, with or without group therapy. After twelve weeks all three active treatments proved to be better than the placebo. Group psychotherapy alone was better than the drug alone; it was 10 to 20 times as effective for symptoms related to overeating and vomiting. Patients who took the drug alone were more likely to drop out (presumably because of side effects), but excluding the dropouts did not affect the result. Imipramine with group therapy worked better than group therapy alone for depression and anxiety, but not for the eating symptoms. The judgments of improvement and recovery were based on the patients' own reports.

The authors note that the results may not be easy to apply because the therapy, which consisted of cognitive behavioral techniques and nutritional counselling, was so time-consuming; at one stage, group members met for three hours five nights a week. Follow-ups are planned after six months and one year to see which effects of treatment were lasting.

Psychotherapy and Cancer Survival

Psychiatric researchers at Stanford University report that weekly group therapy lengthens the lives of women with breast cancer. Fifty patients were given group therapy for a year while 36 otherwise similar patients had only standard treatment. The therapy groups were led by a psychiatrist or social worker and a woman who had breast cancer in remission. The average patient in a psychotherapy group survived for 36 months and the average patient in the control group for 19 months. The survival rates first began to diverge eight months after the therapy ended.

(These articles were found in "The Harvard Mental Health Letter")

Letter from the Editor (continued from page 1)

guidance changes to meet the changing needs. The newsletter's growth was similar. . .from ASNIP to ISNIP, Dan's death, reorganization, by-law changes, problem-solving on various levels. Sometimes I think the newsletter's development mirrored those of the child, but perhaps it is only my behind-the-scenes knowledge.

I don't think our newsletter has reached adulthood yet, which is OK. The possibilities for "finding itself" and more mature change is always there. And aren't those challenges what make the future so exciting?

I've done my best (usually) to nurture that growth. Within myself I feel I haven't been as successful as I'd always have liked. The ISNIP and newsletter were important to me, but there were times it took a backseat to my own babies (who were 3 and 6 years old when I started editing), to my family and professional life. And I must admit there were moments when the grumblings and demands got me down. Yes, there were times when I thought no matter how many hours I put in organizing and editing at the kitchen table, or how many trips to the printer or corrections I made, it wouldn't be enough. There were the months when I put myself through some tough paces to meet deadlines, confirm information with phone calls and beg for articles.

But there were certain thoughts that worked consistently to lift my spirits (once again) and get me through the frenzied times. I would think of all the good people I had either met or corresponded with because of this work. I recognize and know the names of every Society member through updating mailing labels, address or educational degree changes or through correspondence we've had. I feel as though I know some of you personally, although we've never met in person. And I also believe I've helped in part to chronicle the growth of ISNIP. . .I've been right there through it all. That's exciting. I'm also happy that I've helped in some way to keep us all in touch through the good and not so good. That in itself is very rewarding.

And now it is time for me to move on. My life is so very full and demanding. My family and my work require even more of my time. . .and I have no regrets about that since I love both very, very much. But this newsletter also requires a great deal of attention, and I can no longer nurture it the way it deserves. It has such great potential, such great possibilities that can be acquired through the efforts of someone else at this point. To the next newsletter editor, I send my love and applause.

My intention was not to write an epistle, although it seems that is what has happened. However, it is time to close this chapter and thank all of you who have given me unconditional support and encouragement when I needed it most, a hug, a thanks that kept my energy up when it was beginning to flag.

I really cherish getting to know you and hope we can continue to keep in touch through the Society.

Farewell (only as editor) and hugs,
Pat

**Criteria for Fellow**

Here are changes adopted by the American Board of the New Identity Process as of October 6, 1990.

1. Must have a minimum of a Masters Degree in any Human Services discipline.
2. Must be licensed by the state in which he/she will be practicing, if required.
3. He/she must be sponsored by a current Teaching Fellow who has presently a working relationship as a supervisor with him or her. Supervision includes addressing all significant NIP issues, primacy of client care, ethical behavior, collegiality, assessment, personal standards, etc.
4. The sponsor and/or primary therapist must provide a statement that the applicant's psychotherapy in the NIP is finished to the extent that she/he can responsibly conduct therapeutic sessions. Personal work may include work with another Teaching Fellow which would require **trainee** to request documentation of such work from the Teaching Fellow.
5. The sponsor must provide a statement recommending the applicant for society fellowship, and describing the working relationship with him or her.
6. The applicant must attend an intensive weekend or a week with a Teaching Fellow other than his/her sponsor. The trainee/applicant must request being observed assisting/co-leading or leading experiential and/or didactic groups or workshops which may include presentations and workshops at the ISNIP International Conference.
7. The applicant must have a minimum of 150 hours leading NIP groups under the supervision of a Teaching Fellow. Up to 25% of the 150 hours of previous experience leading groups other than NIP may be credited to the 150 hour requirement; under the discretion of the sponsoring Teaching Fellow.
8. The applicant must pass a written exam and an oral exam. The oral exam is to be administered by three Teaching Fellows, to be arranged by the Board. Exams will be held minimally once a year in conjunction with the yearly conference, but they may be held at any other time should the need arise. For the exam, the applicant should be familiar with the content areas as published in the ISNIP Newsletter, and available from the Board upon request.
9. The applicant must demonstrate familiarity with the ISNIP's Ethical Code, and needs to be able to discuss and resolve ethical issues.
10. The applicant will present the framework in which she/he intends to use the NIP, and must demonstrate awareness of the legal framework regarding practice in his or her state.
11. The applicant becomes a Society Fellow by majority vote of the Board.

(Changes in criteria do not apply retroactively.)



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.)

Nov. 16-18 — Litchfield, CT

NIP Workshop

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

Contact: Yetta Lautenschlager
3074 Whitney Ave., Bldg. 3
Hamden, CT 06518
(203) 281-5922

The workshop will be held Friday from 6-10 pm; Saturday from 9 am-9 pm and Sunday from 8:30 am-4:30 pm at the White Conservatory. Fee: \$285, couples \$520.

Nov. 30-Dec. 2 — Detroit, MI

NIP Workshop

*Led by: George Rynick, Teaching Fellow, William Wolfson, Teaching Fellow and Tracy Wolfson, Teaching Fellow

Contact: William Wolfson, Director
Metrotag
29200 Vassar, Suite 600
Livonia, MI 48152
(313) 478-8960

Dec. 1 — Herndon, VA

NIP Minithon

*Led by: Marilyn Ellis, Fellow and Skip Ellis

Contact: Marilyn Ellis
1116 Clinch Road
Herndon, VA 22070
(703) 450-2752

Workshop hours are from 9 am-5pm

Dec. 1-2 — Vestal, NY

NIP Workshop

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

Contact: Ron Kissick
Personal Resource Center
1040 Vestal Parkway East
Vestal, NY 13850
(607) 754-4520

Dec. 8 — Hamden, CT

NIP Minithon

*Led by: Yetta Lautenschlager, Teaching Fellow

Contact: Yetta Lautenschlager
3074 Whitney Ave., Bldg. 3
Hamden, CT 06518
(203) 281-5922

The workshop will be held from 9 am-6 pm. Fee: \$100.

Jan. 11-12 — Binghamton, NY

NIP Workshop

Led by: George Rynick, Teaching Fellow

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

The workshop will be held Friday from 6:30-10:30 pm and Saturday from 10 am-6 pm.

Jan. 19-21 — Canaan Valley, W. VA

Ski Workshop

Led by: Marilyn Ellis, Fellow and Skip Ellis

Contact: Marilyn Ellis
1116 Clinch Road
Herndon, VA 22070
(703) 450-2752

Feb. 11-13 — Sinsheim-Reihen, Germany

NIP Workshop

Led by: George Rynick, Teaching Fellow

Contact: Jeff Gordon
Weilerer-Strasse 62
D 6920 Sinsheim-Reihen, Germany
0 7261-61523

Feb. 23-24 — Vestal, NY

NIP Workshop

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

Contact: Ron Kissick
Personal Resource Center
1040 Vestal Parkway East
Vestal, NY 13850
(607) 754-4520

March 1-2 — Binghamton, NY

NIP Workshop

Led by: George Rynick, Teaching Fellow

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

The workshop will be held Friday from 6:30-10:30 pm and Saturday from 10 am-6 pm.



New Board Member

Tracy Wolfson, Teaching Fellow, was elected to the ISNIP Board taking over Dianne Decker's place after her resignation. Thank you, Tracy, for your accepting the position.

ISNIP Board Meeting Notes

These are excerpts from board meetings that are of interest to the general membership)

FIRST MEETING — September 20, 1990

RESEARCH —

No general research is taking place at the present time; however, NIP centers are encouraged to do research that may pertain to the general membership.

The American Society for the New Identity Process (ASNIP) will be sending dues to ISNIP on a 50-50 basis. (In other words, 50% of our dues will go to the International Society and the remaining 50% will stay in its chapter treasury.)

ASNIP will be paying for the newsletter which goes to Americans, and European chapters will pay for those that get sent to their membership.

Ginny Lott resigned as treasurer, and Rachel Light is designated Treasurer-elect of ISNIP and ASNIP.

SECOND MEETING — September 21, 1990

Annual Conference meetings will be held on the third weekend of September, beginning in 1991 in Washington, DC. The next will be held in Gronenbach, Germany in 1993 (third weekend of September and every two years from then on — one year in the US, next in Europe).

All Fellows and Teaching Fellows will have their conference fee paid by ISNIP.

All membership fees for Fellows and Teaching Fellows will be increased by \$90, beginning in 1991, because money is needed for a new budget.

ISNIP Financial Status July 1989 - June 1990

BEGINNING BALANCE	463.14
INCOME	
Dues	890.55
Newsletter Ads	210.00
Donations	150.00
Annual Conference	1285.12
Certificate costs (reimbursed)	15.00
EXPENSES	
Board Expenses	153.56
Honorarium - Newsletter Ed.	200.00
Honorarium - Corresponding Secretary	200.00
Research	0
Travel - President	540.00
Subscription	29.00
Bank Charges	19.03
Secretarial Services	132.00
Postage	232.85
Supplies	121.00
Telephone	161.43
Newsletter Printing	535.00
	<u>2323.87</u>
Accounts Payable	252.00
Accounts Receivable from ASNIP	1608.00
ENDING BALANCE	2548.94

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