ISNIP NEWSLETTER

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The Isnip Newsletter
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The president ...

Dear friends,

In this edition you will find Jeff Gordon's paper which he presented at the 1995 International Conference. We would like to publish all the Conference papers in the Newsletter. Please send your written papers as soon as possible to the international office in Belgium. Cathy Kreyche has agreed to help us with the editing of papers written by non-English speakers for which we are very grateful.

At the boardmeeting of the Flemish-Dutch society, we set the dates and location for the 1997 International Conference and formed the organizing and the scientific committee. In this Newsletter you'll find more details as well as the names of the contactpersons.

At the end of April we will be holding the Teaching Fellow Conference (TFC) at the International Casriel Institute (ICI). The first trainees will complete the first cycle of eight workshops at the ICI.

During the TFC we will discuss the final proposition on the ICI training programme on which Gunvor Gustafson, Nimet Salem and Thomas Renz did a lot of work. It is pity that we received so little feedback from other Teaching Fellows. We will publish the TFC's proposition on the training programme in the next newsletter so that everyone can offer their remarks before the board accepts the final version.
Other agenda items for the TFC will be discussion of the first draft of the consensus text on bonding as one of the steps in a consensus procedure.

The conference programme will be another important topic at this meeting. You'll find the invitation for the TFC in this Newsletter

Johan Maertens
President

International Society for the
New Identity Process
Daniel H. Casriel, M.D. - Founder

Dealing with Problem Patterns in Therapy : the themes of the Drama Type, The Gilded Cage, and No Satisfaction.

by Jeffrey A. Gordon
ISNIP Teaching Fellow

Presented at the ISNIP Conference, September 1995, Colombia, Maryland

What interests me most when working with clients is observing with them how they have learned to deal with difficult life situations, rather than just dealing with the content of what they wish to learn in therapy. We have all learned basic behavioural strategies that we tend to use again and again, even if they are no longer adaptive or useful in the new situation. These strategies were originally learned as a way to cope with (emotionally) dangerous or at least threatening situations, and developed into behaviour patterns that in themselves cause the client problems. These problems patterns are our emergency orientation, applied automatically in times of stress, separation, confrontation with new and strange environments, or other threatening situations. Gaining this perspective of how we meet life situations is an important tool in therapy and everyday life; missing it can mean months or years of therapy where a lot happens and the basic problem stays the same.

Since taking part in a new group is for most participants stressful at first, many of these patterns can be seen right from the start of therapy; in the NIP often during the first experiences with the bonding exercise. What the participants sees as a problem keeping him or her from learning in the bonding exercise is often actually a great learning opportunity, because they are confronted immediately with some major themes of their therapy. One example might be the person who complains that he cannot concentrate on his own feelings when others are screaming in the bonding room. When asked if he recognises this problem in his everyday life, i.e. that he tends to be other-centred and to easily give up his own position, needs, etc. when he is with others, the answer is almost always yes. Another common problem reported at the beginning of the bonding work is that the person working experiences the psysical presence of her partner as too heavy, too close, like a trap or a prison, even in cases where the partner is a smallish person or makes him or herself lighter. This usually reflects a basic pattern in the participant's relationships. When asked, they generally confirm that they have experienced "love" a coming at the price of their autonomy, and that closeness often meant emotional smothering.

There is an anecdote that functions nicely as a metaphor illustrating the dangers of movement without change in psychotherapy. It concerns Admiral Perry, the American adventurer who explored and mapped both the north and south poles during the first part of this century. (I give no guarantee for its veracity.) On the particular day in question during an expedition to the north pole, Admiral Perry was up early as usual. After eating a quick breakfast, he and his men broke camp, tied the huskies to the sleds, packed all their gear, and started out on another long, hard day of marching and sledding northwards. Taking only small breaks for food and rest, they moved ever northwards, stopping to set-up camp late in the evening. They dined, fed the dogs and put them in a tent-shelter for the night. After all the men were in their tents sleeping, Admiral Perry took out his log, his instruments and maps, and charted their new position via the stars in the northern sky. To his surprise and consternation, his readings told him that, although they had been moving north all day, they were now somewhat south of their starting point that morning. An answer to the mystery came the following day. It turns out that they had been travelling the whole time over a huge iceberg, and that the mass of the ice had been floating southwards a bit faster than they had moved north.

I like to give an example to illustrate this "iceberg" situation. Let us consider a person, in this case a male, who as a small child experienced his family as valuing achievement very highly. He might well decide early that to be "good" or "right" means not to be a burden or to need, but rather to learn to be self-sufficient and competent. This decision and the accompanying behaviour would be well received in such a family, and a vicious circle will have begun. The child now stops expecting to be loved for himself, and instead looks for recognition as a substitute for love. This is not all bad. He will probably develop many strengths, and will be reinforced in this strategy in kindergarten, school, etc. The problem is that he can only keep this up at the price of denying his feelings of vulnerability, the need for protection, nurturing, etc. He develops into a strong willed, success oriented person, but has not learned to deal with emotions and emotional needs.

At some point in his life - if he is fortunate - this one-sided development will lead him into some form of crisis. Often this crisis will come from outside himself : e.g. his wife is miserable and complains that he is married to his job; or he will have to look at what he is doing because his boy keeps getting into trouble in school. The crisis would come from within, in the form of paints in the chest (heartache ?) or other stress related symptoms. In any case, he shows up one day at the NIP group. He knows that something is wrong and wants to change. his goals are to open-up, to let go, and to get more in touch with his needs and feelings. So what does he do ? He does what he has always done, e.g. he tries hard to do it right, to a good group participant. He had heard or read that screaming out feelings is an important part of NIP, so he screams like a world champion screamer : "I want to feel ! I want to let go ! etc. etc.", until he is dizzy and he has got a head-ache. I once asked for questions after the first bonding session of a workshop and a man reported feeling this way. He asked what he might be that he was doing wrong. I suggested, trying for a bit of humour, that he maybe hadn't tried hard enough. Well, the group laughed, but before he realised my intention he blurted out : "yes, I think you're right." !

This participant needed help to recognise his basic strategies and find ways to getting off this iceberg. In this case I emphasised that screaming can be a powerful tool. You might compare it to a good hammer, which is good for breaking through barriers. On the other hand, If I have something frozen, like a block of ice, a hammer might not be the best tool to get it melting. Warmth would do better, putting the block of ice near a heater or by the window where the sunshine can its work. This takes a bit longer at first, but when the melting starts it flows nicely. For the participants who are used to being so hard on themselves, I encourage them to emphasise learning to be gentle with themselves, seeking the warmth of the group and in the bonding exercise.

I would like now to talk about three particular basic strategies, or what I call problem patterns. My names for them are : the drama type, the gilded cage, and "no satisfaction" (as in " I can't get no...").

The drama type

The person with drama as a major theme usually comes out of a family of origin where there was a high level of stress in everyday life. Sometimes it was very real, even life-threatening drama; e.g. a depressive and actively suicidal mother, a father who drinks and behaves violently or abusively. In other cases it was a more subtle tension of conflict that its never openly experienced but always felt - what I call the quietness of the graveyard. The person has learned to live with a high level of internal and external stimulation, mostly of a self-destructive kind. I compare this with the experience of some soldiers who have spent long periods in active combat. As veterans they realise that it was hell, and are truly glad that it is over; and still they sometimes experience their normal lives as being somehow empty when compared to the excitement of battle. Similarly, the drama type has gotten use to the dramatic stimulation he has always known. He or she will tend to reproduce this high level stress as an adult. They will seek out dramatic situations, or create drama themselves. How to do this ? They might find a partner who is violent or self-destructive (her boyfriend is a junky, his girlfriend is dangerously anorexic). They are drawn to work situations where dramatic incidences often occur (the bartender at the sleazy bar, the local worker at the psychiatric crisis centre). One of the most common forms of creating drama is getting repeatedly involved in triangular relationships, or at least falling in love with someone who is unreachable.

Therapeutic consideration :

The key to change for the drama type is learning to get unhooked from destructive dramatic stimulation. They need to realise that it is a small, non-dramatic steps in therapy and in everyday life that count. The impressive, "dramatic" breakthroughs in therapy are poison for them, and tend to do them about as much good as a good whisky does for the alcoholic. (I might mention here that the drama type is often drawn to therapies with a somewhat dramatic touch, such as the NIP).

The second major consideration in therapy is that, as they succeed in reducing the dramatic stimulus in their lives, they need help in finding new, positive (i.e. non-destructive) sources of excitement. At first, the emptiness felt is difficult for them to tolerate. One of my clients was at this point in her therapy. She complained to me how dull life was, and asked me what I had to offer her that was nearly as exciting as the times she had cut her own wrists and had to be taken care of by the (young, good-looking) emergency room doctors ? My answer : finish your studies and take your exams, that's exciting. Or find a good partner and risk getting involved. One of my clients recognised his tendency towards destructive drama, and joined a theatre group in his free time. Without discovering new, positive stimulation, the drama type will automatically tend to fill his or her inner void with repeated bouts of destructive behaviour, and the therapist will be spending great amounts of time and energy supporting the client from crisis tot crises.

The Gilded Cage

The person stuck in "the gilded cage" experienced a family situation where he or she was especially important for one or both parents, often in a narcissistic way. There was an emotional trade-off : "you get special treatment, we (over-) protect you from all of life's frustrations and hardships; you pay the price of not maturing emotionally, not developing your potency as an individual separate from us." The child may or may not have been given physical attention (cudding, hugs, etc). If the child received physical affection, it was often given to meet the parent's need rather than the child's. In any case, the child will have been "spoiled", because important social experiences are missing. A child needs to learn how to tolerate frustration, and develops strengths through the normal challenges of growing-up. The child of the gilded cage often lacks social skills that others have, and grows into an adult with little trust or her own abilities.

People with the theme of "the gilded cage" tend to reproduce their situation from the family of origin in their adult life. They may stay attached and emotionally and/or financially dependent on their parents. They might find a "sugar daddy" or a "big mama" for a relationship where they will be further protected from the slings and arrows of life. I have even seen the state take over this function through the generous social welfare laws in Germany.

Therapeutic considerations :

For the person dealing with the "gilded cage" theme, psychological work along in not enough, and can even reinforce the pattern in some cases. The client needs to recognise that there are particular social skills that he or she has to learn, and that the only way to learn them is to practice, even if this means going through fear, frustration, and failure at the beginning. One of the biggest obstacles to change is that the client's habitual way of being is so confortable it's hard to let go of. Why shouldn't the 27 years old bring his wash to mama every week, it's so convenient ! What's wrong with dad sending me money every month ? He's got enough, and I'm still deciding what I want to do in life - and what the hell, I'm only 32.

Giving up the "sugar daddy" in whichever form is a perquisite to change for the person in the gilded cage. Once the client does this, she can start using the therapy to help her deal with and work through the frustrations in day to day living. It is at this themes that the client can effectively confront the intra-psychic themes usually accompanying the strategy of the gilded cage : parrentification of the inner child; grandiosi-ty; individuation; worth personal power separate from the needs and ideals of the parents and other attachment figures.

"No Satisfaction" :

A person with this strategy experiences dissatisfaction almost as a way of life. They tend to be discontented with their job, their partner, with where and how they live. They will also tend to be dissatisfied with the therapist and the therapy, with the therapy group if there is one, probably with themselves too, although they don't always admit this at first. They have developed an internal discounting system. I call it a "digestive" problem. Just as our bodily nutrition is a combination of which food we take in together with how well our digestion helps us absorb the nutrients, at a psychological level they have trouble digesting what they receive, and are often over-fed but undernourished emotionally. The person who can find no satisfaction is constantly on the lookout for "more" : more love, sex, bonding, attention, therapy, money,... you name it. The ability to discount what he does, experiences or receives from other can be likened to a barrel with no bottom. It doesn't matter how much goes into it, it never gets full. Clients with the theme of "no satisfaction" fall into a vicious circle. Friends and family who give or help or whatever, but who seldom receive a sign that they are appreciated, eventually give up trying to satisfy, and distance themselves from him. This in turn is taken by the client as proof of the inadequacy of the environment to fulfil his needs.

One possible understanding of this phenomenon involves an image of the infant at the mother's breast as a sort of emotional paradise, an experience of total acceptance and fulfilment. The dissatisfied person is suffering from a feeling of paradise lost. Either he never experienced this symbiotic wholeness, or the once enjoyed it but had to give it up abruptly, too early, or in an unresolved fashion. It is as if the person is unconsciously longing for this paradisical state, and the subconscious comparison with everything in the mundance world leaves him with a feeling of "this isn't it", so its worthless. They often have a secrete feeling of having been cheated in life, and that the world owes them something.

Therapeutic considerations :

This may sound strange, but satisfaction can be learned, just as the feeling of dissatisfaction was learned earlier. Starting on the behavioural level, the client needs to practice being satisfied. It is what I call learning to put a bottom under the barrel. Externally, for example, she practises giving recognition to others when they have given her attention, a compliment, whatever. It might just be a simple "thank you" when someone has told her she is a great swimmer. Internally, the client learns to give herself recognition for what she has accomplished, and to focus on the part of the glass which is half full instead of the part that is empty. As she gets better at digesting what she is actually given in life, she might even discover that less is often more.

Psychologically, the person with a "no satisfaction" strategy needs help to go through a mourning process for the lost paradise. The secrete feeling of having been cheated out of something very dear often had validity on the level of the childhood experience, and can be expressed in the

emotional work of therapy. Going through the anger and pain of mourning, together with the new behaviour mentioned above, will enable the client to reach a new decision accepting the particular fullness of his or her life.

In conclusion :

There are of course numerous core themes to be dealt with in therapy, and although many of my clients have been able to identify with one (or more) of these three problem patterns, there are other clients for whom they are irrelevant. I chose to discuss these three themes in particular because it was a great help for me and my clients when I finally did begin to see the forest instead of just chopping down trees in relation to them. One of the most important jobs of a therapist is to help his or her client find meaning in the mainfold, often painful facets of existence. A typology such as I have described here, inspite of its obvious incompleteness and the dangers of over-simplification, can help both therapist and client to find a common language and an useful orientation in the therapeutic process.

INTERNATIONAL CONFERENCE 1997

Date

Sunday 21 september to
Wednesday 24 september 1997

Place

Amsterdam - The Netherlands

Theme

"The touch in Society and Psychotherapy".

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Counter Transference in New Identity Process: A PERSONAL EXPLORATION

by Ameon Struijk

This article is a personal exploration of countertransference within the New Identity Process. It is a natural sequel to the literary study 'Countertransference and its significance' (Struijk 1995). It discusses countertransference with respect to the group, countertransference with respect to the individual client and countertransference in a triangular relationship (c.q. countertransference with respect to a pair).

Particular attention is given to three aspects of the New Identity Process: the active role of the therapist, emotional intensity, and physical closeness. These are obvious the potential pitfalls for the therapist, ones that can lead to intense countertransference reactions.

Countertransference with respect to the group

A large group can be frightening to an individual, which is, in a sense, precisely what a therapist is.

The prospect of the impressively large group can sometimes take my breath away. I begin asking myself: What am I embarking upon? Why not just curl up in front of the fireplace? Why not be ill, or find some other excuse? Let this cup pass me by.
It is the fear of sacrificing myself, my child-based fear of being devoured by fulfilling the expectation of feeding the mother. Yet a large group can also provoke the desire to belong to it, to be one of the 'us', to have no specific responsibility and then to wallow in the alliance of being in such a circle of warmth. After the first part of a group session, after the people in the group have paired up and their aversion toward physical contact has greatly diminished, to me this group looks like a land of milk and honey. It is meat and drink to me.

Being an individual facing a large group can be suspiciously comforting as well. Your professional status as therapist secures your individuality. You may think,

for instance, that you suffered enough during your own (learning) therapy. You did not drown. Now it's their turn. Have them swim a bit. Isn't the best horseman always on his feet?

Fear of merging is not foreign to a therapist. It can be very much alive under the surface, making the protection offered by the therapist's role seem forced. Apart from all this the position of therapist frustrates gratification of the desire to merge.

These regressive tendencies may increase as more is expected from me. Some expectations are realistic, but the group as well as myself may have expectations that are so high that I begin to doubt whether I can meet them.

Recognition of these regressive tendencies is invaluable. For instance:

1 It provides me with greater understanding of the status quo of my person as a working instrument.
2 I recognize my fear so that I can take it by the hand instead of letting it take me over and unconsciously influence my behavior.
3 I become aware of the needs in my life I must take care of. I then tell myself that the delay in satisfying them will increase my enjoyment. This I do in imitation of the famous teddy bear Winnie-the-Pooh. He points out that 'because although Eating Honey was a very good thing to do, there was a moment just before you began to eat which was better than when you were ...' (Milne 1928; pg. 306). This understanding enables me to control myself. Patience turns water into wine. My Calvinist background is surprisingly helpful with this.
4 The above-mentioned tendencies are highly recognizable experiential possibilities of group members.

Three aspects of the New Identity Process can have an enormous influence on countertransference feelings and reactions. They are the active role of the therapist, emotional intensity, and physical closeness.

In the second part of the group session particularly, fear, resistance and transference may increase strongly, as de Klerk-Roscam Abbing (1994; § 6:3) writes. To counter this, therapists must be visible and active. They should not allow long silences and should try to involve group members in the process and keep them in touch with in reality. Therapists do this by again and again personally inviting members to keep contact with other group members, to look at each other and to not withdraw into themselves. Therapists must also actively intervene with individual members of the group. They explore, explain, focus group members' attention and propose.

In taking this active role, I stand out in the group. This role creates expectations and a certain dependency. Idealization also takes place. As a therapist I must be able to cope such that my narcissistic needs don't run away with me. Of course it is wonderful to be admired, but I must always be able to put this admiration in perspective.

I do not intentionally bring myself down so as to not excessively frustrate the needs of some clients for an idealized parental object. As a therapist I must overcome my hesitancy and, if necessary, work this through in learning therapy so that I can come to recognize what is happening and not allow myself to be restricted by it in my work. Ultimately what are required of a therapist are honesty and integrity, not bluff and staying hidden.

In addition to idealization, an active role can also provoke irritation, hostility and repugnance. The group members can feel controlled, restrained and unfree. These negative reactions, or oppositions, can come as a shock to you as the therapist because your active role can easily lead you into 'showing off.' There is no harm in people blowing the whistle on you then. However, you may then become angry. Superiority is a pitfall. Be aware that you may give off passive-aggressive signals that can be undesirably interwoven with an idealized professional attitude of tolerance. In the end, real understanding of the motives behind those oppositions will help you contain them. This understanding will show you that you do not have to take things personally.

The therapist's active role requires ingenuity, decisiveness and spontaneity. In this way it offers an incredibly rich variety of countertransference reactions. In the New Identity Process group setting a therapist has less time to consider and reconsider than when in more common psychodynamic group psychotherapy. As a therapist I sit, if not on the edge of my seat, at least-straight, in a very active postur.

Sitting back and literally putting some distance between yourself and the situation, letting interactions take their course for a while is out of the question. You will need to have two therapists present if you want to observe group processes more objectively.

New Identity Process therapists deal quickly with primitive forms of communication, such as projective identification, by putting everybody, one by one, on the right track (see de Klerk-Roscam Abbing 1994; § 6.4). This separating measure is usually not appreciated by the parties in question.

A client could, for example, respond with hostility, considering you as belonging to the 'other side.' In the process they try to include you into the projective identification. A New Identity Process therapist must have as much stamina as a referee in a boxing match

Interactions 'on stage' of a New Identity Process group arouse innumerable reactions, which cumulatively can appear as crises. In this case, quick-acting, inventive and clear leadership is indispensable. The presence of a cotherapist can ensure that, in the commotion, flight and freeze reactions will be noticed.

The strength of the emotions in the group can lead to a chain reaction, which can appear both cumulatively and oppositionally. As a therapist, you can come under such pressure that archaic fears are let loose within you. In my opinion, you can endure these only if you have ever had the courage, whether voluntarily, or forced by life conditions, to descend consciously into your deepest personal inferno.

The therapist's taking an active role means that counter-transference cannot always be controlled beforehand, let alone excluded. It is advisable to evaluate these aspects of your directive functioning conscientiously after every session.

The frequency of the group will undoubtedly influence the (counter)transference phenomena. A weekend group that meets once every one or two month reminds me of a reunion at the beginning of such a long and intense weekend. People greet one another with high expectations, in a warm, awkward or forced way. My experience is that as soon as the program starts, replacing this informality, transference phenomena flourish again as if they had hibernated between sessions. For many clients individual therapy will have to take care of containing this phenomena in between group sessions.

At the beginning of a weekend many participants will greet each other by embracing. The purpose of greeting is making contact. This is not a ritual act and, of course, embracing is not necessary. Being a therapist I try to stay attuned to impulses I think I notice in my clients. It is a matter of spontaneous susceptibility, and this requires some preparation. I must have gotten rid of superfluous tension. This means that I must have satisfied both my need for bonding and my sexual needs outside the therapeutic setting.

I keep the greeting at the beginning short. I sound out if and take care that the other remains on his own feet. Otherwise I tend to feel overburdened or irritated afterwards and I would rather prevent this from happening.

Despite this professional reserve, I think I 'radiate bonding', as Ruud Pfundt (1994) characterized the therapists attitude in "Er op of er onder".

Generally I am very willing to hug during these weekends. This can be part of the good-enough-mothering.

Yet hugging is not always the right thing to do. A client can see a therapist's invitation to hug as compulsory. Furthermore it can be a covering-up, a method of averting, or it can stand in the way of differentiation.

When feelings of transference are absent, then there can be existential encounters. Physical contact does not allow pretenses. In other levels of operating, such as thinking, feeling and believing, it is possible to deceive. However, the body is not capable of 'lies'.

Tactile experience intensifies one's sensitivity. Honesty is a condition accompanied by the willingness to speak out openly. If I am not congruent, or this is contrary to pursuing my profession, I will have to examine this.
Undoubtedly experience has sharpened my proprioceptive ability, and my professional attitude has become second nature. However, physical contact is manageable within the framework of New Identity Process group

psychotherapy, whereas in other psychotherapeutic contexts it would not be manageable at all(!)

Countertransference with respect to the individual client

For therapy to have any chance of success it is essential that client and therapist get along. Building this relationship is a part of the initial diagnostic phase of preparatory conversations that precede participation in New Identity Process therapy. Undoubtedly countertransference already plays a role during diagnostics. For instance, as Derksen writes (1993; p.163): 'During this entire conversation, but maybe especially during this unstructured phase in psychodiagnostics, the diagnostician lends one ear to himself, to his perception of the other during this contact'. According to him, experience with transference and countertransference is essential for adequate diagnosis of, for example, narcissistic disorders.

The specific characteristics of New Identity Process psychotherapy, such as the active approach of the therapist, emotional intensity, and physical closeness also guarantee countertransference in contact with the individual.

Concerning the active approach

De Klerk-Roscam Abbing (1994) explains that New Identity Process therapists in particular bend transference phenomena toward other members of the group. They treat resistance and negative transference reactions quickly and qualify them by referring them to the group as a whole. The therapists themselves to some extent try to stay out of the picture so that they can fulfill their exploring and clarifying role as a kind of neutral 'referee'. Not every client will be satisfied with this. Therapists will draw increasingly strong resistance and negative transference reactions and must then react in a way that is as normal and transparent as possible. A forbidding, moralistic or authoritarian attitude will be counterproductive. Reacting as normally and transparently as possible has an eye-opening effect; in other words, it delivers the relationship from too much transference.

Concerning emotional intensity

Catharsis can bring clients a great sense of relief, which can lead them to worship their therapist as a kind of miracle-worker. Stauss (1983; p. 390) points out the temptation offers so-called omnipotent narcissistic therapists. Especially after a first catharsis or at the end of a New Identity Process weekend, the gratitude that comes your way is often unparalleled.

As the therapist you are considered the person who made everything possible. You personify the weekend, as it were. You should not take this tribute too personally. It would be better to give the honor back to your client by saying, for instance: 'You have had the courage to open up. This is your own doing'.

Concerning physical closeness:

Physical closeness is an aspect of New Identity Process psychotherapy that puts therapists to the test. Not only sight and hearing, but to some extent all senses are titillated in physical contact.

There is no barrier other than my own body. This creates the perfect situation for countertransference reactions. After all, my body has been through everything, both my good experiences as well as my traumatic ones. Both have formed my body (Reich 1933). These experiences cause my body to react in part automatically. For that reason, physical closeness requires utmost integrity on the part of the therapist. As a therapist I must be willing to be frank and honest.

This frankness is called for when my reactions result in misleading the client. This can happen, for example, when my becoming emotionally affected diverts the client from what he was doing. I recognize what he noticed by giving a name to my feelings. In accounting for my state of mind this way I take away potential anxiety. This also shows how carefully I deal with myself and prevents the client from having to preoccupy himself with this unnecessarily. With self-disclosure it is very important to keep in mind the purpose: to eliminate diversion and unnecessary anxiety. Self-disclosure should not itself become a diversion.

One cannot have physical closeness without smell. The olfactory organ has many connections with systems in the brain that came into existence a long time ago and that regulate our emotions, moods and motivations (Vroon, e.t. 1994). New Identity Process therapy stimulates the exuding of smells because a lot of sweating takes place. The main function of

perspiration is heat regulation. Yet Frijda (1988; p. 150) points out that sweating may also be part of a defense mechanism. Moreover, the distinct smell of perspiration could act as a pheromone, in other words as a communicative smell signal. Little is known with certainty about the qualities of body odor in human beings. It is possible that on a primitive and a basal level, body odors have a major influence on interhuman communication. Smells can both attract as well as reject. Therefore smells can play a part in countertransference.

You encounter the smell of perspiration a lot in groups. I have found that everybody makes you smell differently. You can learn to identify this. Developing this ability protects you from having black and white reactions.

During my own therapy I once acted as a 'teddy bear' for someone who exuded an unbearable smell. `This smells like a graveyard', I thought. `Now I would rather fail in my duty'. Good manners kept me in order, but I was very distracted by my disgust. `A real teddy bear is not confrontational', I thought, and, yearning for fresh air I tried to find a way to get through this. Suddenly it came to me: "Might I smell like this, too?". This identification ended up saving me.

According to Frijda (1988) it was Darwin who stated that sweating is mainly due to emotional circumstances that suppress overt motor activity. Social fears and restrained anger are clear examples of this. These are exactly the emotional states we try to work on in the New Identity Process therapy. Cold sweat stinks and is therefore repulsive. The sour smell of restrained anger is not attractive either. 'Those who want to clean up do not fear dirty work' is a saying I remember from my nursing career. The valuation of smells is very susceptible to conditioning and therefore can be influenced. I consciously recognize the irritation body odors can arouse in me and quietly allow it. Mostly I focus on empathizing with my client's existential struggle. This helps me accept the situation and neutralizes my loathing and judgment. Belching, farting and the smell of puke can be endured wonderfully well this way. This is also a part of good-enough-mothering. Here the end justifies the means.

Misleading smells can be involved too. Perfumes can drown and transform body odors. The evaluation of smells depends on context (Vroon,e.t. 1994) and for that reason can be confusing. If this artificial transformation distracts me, I will remark on this personally.

There is also my own well-known smell. Although I appreciate it, it is wise to prevent it from becoming predominant.

Countertransference within a triangular relationship

Within big groups many, many triangular relationships are possible. Therapists can be involved in many of them. Some examples are given in figure 1.
One of the most typical triangular relationships of New Identity Process psychotherapy is the one between therapist, client and 'teddy bear'. During the first part of a group session we work in pairs. As soon as couples have been established, they each find a mattress and settle down for 'bonding'. The therapist's primary role is to assist and yet not become involved. He checks to make the individuals within the couple begin to cooperate.

The entire range of oedipal desires and fears can be a part of countertransference here: emotional reactions arise that come from our own history and how we related in childhood to our parents as a couple. They include the desire to not be excluded, of really wanting to be the chosen one, or at least wanting to be a participant, feelings of exclusion, jealousy, a wanting to come in between, fear of being an intruder, fear of punishment, feelings of guilt when coming between and voyeurism as a way of taking part in things. This results in tension and ambivalence, which may then influence our behavior.

When I see everyone getting to work like that, I automatically step back. You can sit back for a while, yet there is always someone who asks for an extra pillow or who tries to postpone intimacy by expressing other small needs. Slowly but surely people settle into their pairings. You then risk feeling like an intruder when sizing up the situation. When joining a pair I tend to hesitate. I do not want to impose, and in so doing disturb the process. The actively structuring role of New Identity Process therapists creates expectations and to some extent dependent behavior. Staying supposedly unnoticed is also unwise because this can threaten the security of the intimate prvacy

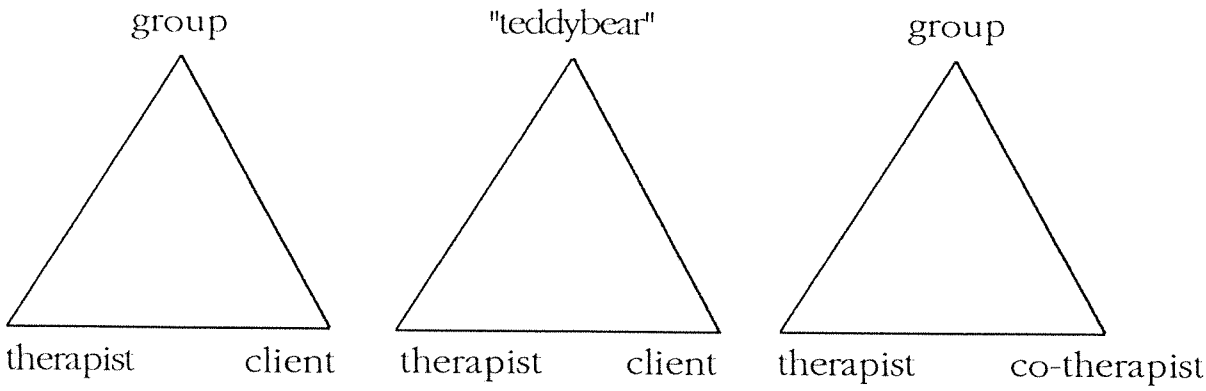

figure 1. Examples triangular relations

characteristic of this part of the group. You do not want people to feel caught or spied on. Voyeurism may be an undesirable countertransference response. It can be caused by jealousy or unsatisfied desires in the therapist. I show my presence by both touching the arm of the person who is on the mattress and briefly putting my hand on the shoulder of the 'teddy bear', while nodding approvingly in advance.

The client who is on the mattress can regress. This, of course, leads to transference towards the 'teddy bear'. This transference is extended when the therapist joins the pair. The therapist then often gets to play a type of grandparent role. You have to be able to tap into this. Yet this differentiation can easily be taken as a form of promotion, making you think of yourself as a kind of super-parent. This grandparent position is not age dependent. It is an acceptable role only if you have at least the inner conviction to have really lived. If not, envy is lurking.
I find it is very important to support the 'teddy bear' as well. A strong positive transference relation can exist between the client who is working and the therapist, which can disturb the client's working with his bonding partner. In that case the client prefers the therapist and becomes annoyed by the 'teddy bear'. Plenty of projective interaction patterns can occur. The therapist must prevent himself from being sucked in. It may be necessary for him to recommend the 'teddy bear' as an ideal alternative. If this suggestion has no impact, the focus on the therapist can always be brought up by mentioning it, for example, in the following way: "What is going on? Now that you have been offered so much by your bonding partner, you still keep reaching out to the therapist as if the grass is greener there."

When things go this far, the therapist's narcissism may be at the bottom. There is much to be said for taking care of that part of you and (if need be) accounting for it. This can be done by saying something personal about it, or at least mentioning it. The result is to demystify it.

In resistance stages the client will make a division between a positive parent figure and the therapist. The 'teddy bear' serves a containing function by offering protection, understanding and support, while the client can openly and without inhibitions offer resistance to the therapist. During such a resistance stage you often find the client literally hides behind the 'teddy bear' or repeatedly asks him for confirmation or permission. The negative transference requires a lot of the therapist.

The client is flat on the mattress and has nowhere to go. The therapist is sitting or standing and thus finds himself in a superior position. You have to stay aware of the positive transference towards the 'teddy bear'. Jealousy of the client or the 'teddy bear' should not lead you to sadistic provocation.

The therapist's role cannot really be considered enviable, especially not when a pair is concerned. Therapists will have to accept that they are on the outside. In their efforts to alleviate this they may take on the somewhat forced role of grandparent or try to change their fate by remaining the 'most favorite person'.

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Board Meeting 14

January 1996

Present : Jeff Gordon, Inger Johansson, Asa Lööf, Nimet Salem, Thomas Renz, Dario Cipani, Silvio Quirico, Ron Kissick, Domingos Neto and Johan Maertens

1. **Membershipsfee 1996**
   During the conference the ISNIP board agreed to raise the membershipsfees from 1996 onwards :
   Member in Training : 25$ 50$
   Fellow : 40$ 80$
   Teaching Fellow : 60$ 100$

2. **Finances international conference 95**
   The splitting of the profits of the conference between ASNIP and ISNIP : ASNIP to send 50/50 split of profits to be determined after all conference expenses are paid.

3. **Offices**
   During the General Meeting there was a proposition to maintain continuity in the office of the presidency leading of the society.
   The suggestion was to form a committee for daily leading composed by the past president, the present president and the future president.

   The Board Meeting and the General Meeting proposed that Ron Kissick would be the next president to be nominated at the Conference in Amsterdam 97. Hereby we would like to ask you to check with your chapter if there are any objections or other suggestions.
   If we accept the first point, we also have to indicate the future president , to be nominated at the 1997 Conference.

4. **International Conference 1997**
   Concerning the Conference 1997 in the Netherlands there was suggested to organise the conference in Amsterdam. This may attract a lot more Americans than any other location. We ask the Flemish/Dutch society to fix the dates and the location of the Conference.

   As topics for the Conference, two points were proposed. The first one is to have space and time to have consensus conferences at least on what is bonding in NIP and the second point was what point of view and how to work with Aids, seropositive clients in NIP.

5. **The assistant therapist :**
   description of his position (description of the criteria, description of the procedure will be added to the criteria for Fellow and Teaching Fellow and will be published together in the July membershipslist) :

   The assistant therapist has done the whole training for Fellow but has not the required formal education in his country to be a psychotherapist. He can work as :
   1.a grouppsychotherapist in an institute under the full responsibility of the clinical or medical director and with supervision of a teaching fellow in or outside the institute
   2.an assistant in a private centre where he works as a grouppsychotherapist under the full responsibility of the fellow or teaching fellow leading the groups.