

Psychotherapy Guidebook

# **NEW IDENTITY PROCESS**

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## Table of Contents

[DEFINITION](#)

[HISTORY](#)

[TECHNIQUE](#)

[APPLICATIONS](#)

# New Identity Process

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## DEFINITION

The New Identity Process (NIP) is a totally new psychiatric delivery system necessitated by the clinical observations uncovered while using the technique of scream therapy. The NIP deals with the ABC's of experience (A = affect, B = behavior, C = cognition), exercising feelings to effect changes in behavior and attitudes. Suppression, repression, or underutilization of feelings, which originally comes from cultural and parental impositions, can act as a block to happiness throughout one's adult life.

It takes a strong discharge of these built-up emotional tensions to permit a person to really be aware of their influence, to see the difference between the painful smothering of feelings and emotional well-being. With screaming, an emotion is exercised until it is fully expressed. The scream exercises take place in groups, where confrontation by and relationship with one's peers can act as a catalyst for getting to feelings.

As little time as possible is focused upon symptoms, but more time and effort is channeled into the reeducation process. As the emotions pour out,

insights pour in. “I exist,” “I need,” and “I’m entitled [to my feelings/to fulfill my needs]” are the basic principles that replace old attitudes. In learning to feel entitled, an individual gains a new sense of identity, hence the name NIP.

The human potential movement has contributed at least three important concepts to which the NIP is also committed. They are: 1) man is not innately evil, or born with an excess of aggression, 2) a person has the power to change himself, and 3) a person can enrich the quality of his life with new experiences. To these the NIP concepts are added:

a) Human beings have a biologically based need for emotional and physical closeness with others, which I call “bonding.”

b) Emotions are real (as biologically and chemically proven) and can be useful and meaningful when experienced and understood for what they are.

c) Emotions have their own points of reference (pain and pleasure), their own standards by which to be judged, as opposed to intellectual ones.

Emotionality is an integral part of being human, something we all have in common, something we all need to share. When, instead of letting emotionality be our common ground, we try to hide and protect our feelings, we are depriving ourselves of the bonding experience. Emotional openness or the flexibility allowing us to open (and close) is a prerequisite for an ongoing

bonding experience, and is necessary for fulfillment. Accepting or letting in pleasurable feelings can itself be a step in the right direction but the best proof of man's innate sociability is the fact that his pleasure is most valued when it is shared. Emotional groups are a first step toward sharing feelings, all feelings, whether it's for the first time or it's a relearning process.

## HISTORY

I have been developing the NIP since 1962, when I was greatly influenced by my involvement in Synanon, a residential facility for the treatment of drug addiction. There I observed how verbal confrontation helped speed up therapeutic progress. In the fall of 1963 a Synanon-styled, hostile-provocative encounter group was introduced to a selected group of patients from my private analytic practice. I had no idea the group process would be so effective with these middle-class neurotic, but nonpsychopathic, patients. Within six years it was necessary to move three times to larger quarters to accommodate almost six hundred patients (in groups) per week. My current quarters, a six-story building in the heart of Manhattan, additionally houses residential patients in AREBA (Accelerated Reeducation of Emotions, Behavior and Attitude).

I have been aided by a gradually enlarged staff of professionals and paraprofessionals whom I trained experientially through the process into

which they entered in the role of patients. Since the publication of my most recent book in 1972, the NIP model has become educational and not medical. I do not consider the patient-student “sick” but rather unhappy, a state reached through conditioned maladaptation of the ABC’s. The NIP attempts to teach them how to be and to feel happy.

If one wants to relate the NIP to traditional psychoanalysis, one must look to Freud’s earlier work involving hypnosis. The patient was induced to reexperience traumatic feelings in what is called an “abreaction.” In NIP this mechanism is paralleled by the discharge of emotions in screaming and a few other expressive exercises. This is sometimes spoken of as the “ventilation” of feelings, and its importance in therapy has been acclaimed by only one other worker, Arthur Janov, whose version of “scream therapy” is somewhat similar, but upon close examination, in more ways different from my process. Of course, the NIP has evolved beyond Freud’s hypotheses, for instance, in its effectuality with the severely character disordered personality of the drug addict.

## TECHNIQUE

The technique we use to help a person get to his feelings is screaming, which is the full-bodied expression of an emotion. Pain, anger, fear, pleasure, and the need for love are the basic human feelings that may have been



unacceptable elsewhere, but one is free to express in groups. One learns in groups that it's not dangerous to show feelings, that they won't kill you or overwhelm you. Group members demonstrate that you will not be condemned or disliked for having the feelings you have, and furthermore, their actual responsiveness and empathy reassure you that what you are experiencing is not abnormal.

Many of the problems that people are seeking to change in therapy are symptoms of character-disordered and neurotic personalities. Such symptoms as alcohol or drug abuse, overeating, inability to maintain good relationships, and self-alienation and estrangement are self-defeating patterns of behavior that the patient is told to drop. Until he has replaced his old habits with a new outlook and a correspondingly new strategy, he is told to "act as if" he doesn't need the crutch or escape he is used to. He is not allowed to hide from his emotions. It may be hard, because the only reward one gets for his efforts is growth. On the other hand, once a person gives up his symptoms, he will have all his old feelings coming up again, and he will start to make some real headway in the groups, with support and encouragement from group members.

Once inside the group, a person is told to drop his defenses completely, to express what he feels in inexpressible, either because of embarrassment or taboo. If the person is resisting help, blocking out others, or simply feeling

blocked and noncommunicative, this is when confrontation or prompting by group members cuts down time. For example, constant complaining about another's behavior without acknowledging feelings of hurt and anger would be an indirect expression of one's needs. Experienced group members would recognize at least one of the several messages that this person is giving: the person may be afraid to admit "I need love"; he may be afraid to get angry with someone he cares about (as most of us are); he may be worried that he will be judged as weak if he shows his pain. Confrontation helps bring these underlying feelings into focus. Each person will have specific thoughts and experiences contributing to such attitudes, and one's work in groups consists of finding out what these thoughts and attitudes are so that they can be discarded and replaced by adaptive, positive attitudes. One must practice in applying the new attitudes outside the groups.

A person learns gradually to operate upon the three basic attitudes — I exist, I need, and I'm entitled — and he practices taking what he needs with entitlement. If he is working toward these positive goals, group members will encourage and reward him with warmth and genuine affection, without even thinking about it, without judging him, without asking for anything in return. He will find that these feelings make him better able to deal with others, to be loving and confident that his love is a pleasure to those who receive it. A more satisfied person is not vulnerable as often as someone who is distressed. A well-adjusted person has learned that it is healthy to be vulnerable

sometimes, to feel pain or loss when necessary, so as not to be paying an emotional price of guilt or remorse after the events are long over.

### **APPLICATION**

The NIP deals not only with the mild or “normally” unhappy or disturbed, but with the most severely disturbed who do not have brain damage. That broad diagnostic range encompasses the severe neurotic, the severe character disordered (delinquent, alcoholic, addict) and the so-called borderline, functional (not organic) schizophrenic.