Ego State Therapy

Foundation Training in Ego State Therapy and further training toward becoming a Clinical Ego State Therapist

Presented by: Dr. Gordon Emmerson, PhD,

Registered psychologist

9th, 10th, 11th, 12th & 14th, 15th, 16th, 17th January 2014

Professor Gordon Emmerson is an Honorary Fellow in the school of psychology at Victoria University, Melbourne. He is the author of the books 'Ego State Therapy' (2003, 2007, 2010), and 'Advanced Techniques in Therapeutic Counseling (2006, Crown House). He authored Ego State Personality Theory (2011), and has developed techniques for working with many psychological conditions. His conceptualization of Vaded Ego States has defined how to work with addictions, OCD and trauma. As a registered psychologist and member of the Australian Psychological Society, he has published a number of articles on Ego State Therapy and has conducted and published clinical research on its efficacy. Dr Emmerson has conducted numerous ego state workshops in Australia, South Africa, Germany, the UK and in the US, and he makes keynote conference and convention addresses on the therapy. He provides Foundation and Clinical Qualification training in Ego State Therapy.

Dr. Gordon Emmerson Professional Associations

- Registered Psychologist, Australia
- Member: APS, Australian Psychological Association
- Life-time Honorary Member, and Patron: AHA, Australian Hypnosis Association
- Member: ASCH, Australian Society of Clinical Hypnotherapist
- Life-time Honorary Member and Cofounder: AESTA, Australasian Ego State Therapy Association
- Honorary Fellow, Victoria University
- Author of the Books
    - 'Ego State Therapy' (2003, 2007, 2010),
    - 'Advanced Techniques in Therapeutic Counseling' (2006),
    - 'Healthy Parts Happy Self' (2012)
- Dr Emmerson has conducted numerous ego state workshops in Australia, South Africa, Germany, the UK and in the US, and he makes keynote conference and convention addresses on the therapy

Workshop Details

Ego state therapy is a powerful and brief therapy based on the premise that personality is composed of separate parts, rather than being a homogenous whole. These parts (which everyone has) are called ego states. The therapist learns to work directly with the state that can best benefit from chance, rather than with an intellectual, talkative state.

We are each made up of a number of different states; each has its own feeling of power, weakness, emotion, logic, or other personal traits. When we say, "Part of me wants to," we are talking about an ego state. When we say, "I feel at peace with myself on this issue," we are talking about our ego states agreeing, not having an internal struggle. Our various states help to make our lives rich, productive, and enjoyable. A state harboring pain can cause unrest and unwanted emotional reactions.

The Goals of the Therapy are

- To locate ego states harboring fear or rejection and facilitate expression, release, comfort, and empowerment (It is unresolved states that come out and make us feel out of control. They are our tender spots)

- To resolve conflict between ego states (the statement "I hate myself when I am like that" indicates two states lacking in proper communication)

- To help clients learn their ego states so that the states may be better used to the clients' benefit (e.g., allowing the client to, at one time, be open to enjoy emotional experiences and, at another time, be assertive to feel expressed when challenged).

Foundation Training in Ego State Therapy

The Foundation Training in Ego State Therapy is designed to introduce therapists to work with ego states and provide enough training for therapists to begin using some ego state techniques with clients. It **includes presentation and discussion, demonstrations, and practice in order to introduce therapists to work with ego states**.

Participants will receive some practice in bringing out ego states and engaging with them. Below are some of the **inclusions covered** during the foundation training, and, further, what will be covered for those participants who continue to the Clinical Training.

This workshop provides the first level of the Clinical Training in Ego State therapy.

- *Brief History of Ego State Therapy*
- *Nature of Ego-States, Formation, Goals of Ego-State Therapy, Permanence*

- *Ego States vs. DID (Multiple Personality) Alters*
- *The Executive State, Surface and Underlying States*
- *Normal, Vaded, Retro, and Conflicted States*
- *Introduction of Ego-State Therapy to the Client*
- *Ways to access Ego-States*
- *Working with Ego States; Gaining confidence and facilitating state to state communication*
- *How to address Ego-States, and how to move from one to another*
- *What questions to ask and what notes to keep*
- *Aspects of an Ego-State Session*

The program also includes assistance for participants to be prepared for some roadblocks (given below) that clients manifest.

- Overcoming hurdles: When the client has difficulty naming an ego state, when the client has *difficulty finding an ego state that can help another state, accessing the desired state,*
- *When the client is reluctant to speak to an ego state or introject in using an empty chair,*
- *When the client does not speak directly to the introject in the empty chair,*
- *Spontaneous hypnosis*
- *Handling Resistance in Ego-State Therapy,*
- *Dealing with difficult or destructive ego states,*
- *Working with abreactions*
- *Speaking to the introject of a perpetrator*

The Foundation training will include the presentation of skills to:

- *Bridge to the original sensitizing event that is the origin of may psychological disorders*
- *Expression/Removal/Relief technique to resolve states that have retained fear or rejection from past incidents*

WHY should YOU learn?

The **Foundation course is a required level of training for the Clinical Training in Ego State therapy**. Below are some additional skills and techniques that will be covered in the Clinical training, for those who continue to that more advanced level of training?

Those who finish the clinical training will qualify for Clinical Membership in the Australasian Ego State Therapy Association (AESTA) and will receive a certificate as a Clinical Ego State Therapist. The Clinical training will help therapists learn to assess a presenting problem to determine the best techniques to use for each problem.

There are three central Ego State Techniques that provide interventions for most psychological issues. The clinical training provides presentation, demonstration and practice for these three methods of working.

- Helping ego states that are holding issues from the past (vaded states) that interfere currently.
- Helping ego states that are conflicted with each other to the point of causing psychological distress.

The Clinical Training also includes specific ego state techniques to help clients deal with a range of presentations. The participants will receive supervision for these techniques during the Clinical Training, and for those who choose to continue with supervision beyond the training, Ego State supervisors may be accessed via Skype.

- Helping the client learn to have the most appropriate part out to deal with issues, perform at a high level, and enjoy living.
- Complicated Bereavement: Working with grief and loss, past loss and future loss
- Suicidal ideation
- Anger issues
- Working with Introjects: Internal impressions the client holds of another person. This includes issues of guilt, fear, feelings of rejection, and feelings of disappointment.
- Promoting Self Awareness and Knowledge of Strengths (self esteem).

The **Clinical Training also includes advanced training skills** that will help the therapist better work with ego states:

- Helping ego states keep their purpose to help, but learn to accomplish that purpose in a way that is helpful to the client.
- Ego state assessment: assessing the problem, not the person, to know which direction to take in therapy.

History of Ego State Therapy

Paul Federn, a contemporary of Freud, was the first to write about ego states. Federn theorized that the personality was composed of a group of parts he called ego states, and while an individual is experiencing and acting from one of those parts that part has ego identity. That is, when a person is

in a compassionate state he or she will think, ‘I feel compassionate toward others,’ and when that same person is in a rejecting state the thought might be, ‘I don't trust or like others.’ The ego, the I, is experienced in each state.

While Federn (1952) defined and theorized about ego states he did not build a therapy using this theory of personality. Federn practiced therapy as a psychoanalyst, in-line with the prevailing therapeutic orientation of his day.

In order to complete training as a psychoanalyst, an Italian, Eloardo Weiss (1957), underwent psychoanalysis with Paul Federn. During this process Federn shared his views of personality with Weiss. Weiss, likewise, later psychoanalyzed the American, John Watkins, so he could complete his training as a psychoanalyst. When John Watkins learned about ego states from Weiss the work he had been doing as a therapist gained an understandable therapeutic theoretical underpinning (Watkins & Watkins, 1997).

Watkins had used hypnosis as chief psychologist of the Welsh Convalescent Center with returning soldiers from World War II (Watkins, 1949). He had learned that by hypnotizing soldiers with psychosomatic symptoms he could bring forth traumatized states. When this trauma was alleviated the psychosomatic symptoms would most commonly disappear. He recognized the switching of states in his clients but at that stage did not have a theoretical understanding that enabled him to understand his observations. It would be later that he and Helen, his future wife, would lay the groundwork for ego state therapy.

In the mid-1970s, Hilgard and Hilgard defined hidden observers (1975). They had found while doing experiments on hypnotic deafness and hypnotic analgesia that while the conscious personality indicated no awareness of sound when the participant achieved hypnotic deafness, a sub personality could respond to sound using finger signals. The same response was evident in relationship to pain. Participants who reported no conscious feeling of pain when a hand and arm were submerged in ice water responded with finger signals that signified that some unconscious part did indeed feel the pain.

John Watkins recognized Hilgard’s hidden observers to be what he, Weiss, and Federn called ego states. Watkins and Watkins (1990) replicated the Hilgards’ experiments using hypnosis, and spoke directly with the sub personalities that had an awareness beyond that of the conscious state. Participants in both the Hilgards’ and the Watkins’ experiments were not multiple personality individuals who suffered from dissociative identity disorder (DID). In the Watkins’ experiments participants were previous clients of Helen Watkins, his wife. The Watkins (1990) had wondered if previously discovered ego states (during Helen’s work with the subjects when they were her clients) would emerge as ‘hidden observers’ responding to hearing and feeling when the conscious state of the participant was hypnotically deaf or hypnotically anaesthetized. This was indeed the case. Ego states that Helen had mapped and named were able to respond as hearing states when the participant was hypnotically deaf, and were able to respond as states that experienced pain when the participant was hypnotically anaesthetized.

Beginning in the mid 1970s John and Helen Watkins published on ego state therapy numerous journal articles, book chapters, and in 1997 the book, "Ego states: Theory and therapy.” They can be considered the father and mother of ego state therapy.

A number of other authors have published on ego state techniques and theory, both in the form of journal articles and books. Among those authors who have greatly contributed to our understanding of ego states are Maggie Phillips, Clare Frederick, Shirley McNeal, Moshe Torem, Waltermade Hartman, George Fraser, and Michael Gainer. In 2003, the first world congress on ego state therapy was held in Bad Orb Germany, near Frankfurt, attendance numbered in the hundreds. Also in that year the book, "Ego State Therapy,” (Emmerson, 2003) was published.

About Ego State in relation to CBT

The Psychodynamic movement of the early 1900's was based on the contention that traumatic events that occurred earlier in life resulted in later psychological distress. This movement was led by sigmund Freud, and while the later movements of phenomenology and cognitive behaviourism did not deny this cause and effect relationship, they evolved because the psychodynamic techniques failed to address the underlying issues initiated by distressing events. The early psychodynamic movement succeeded in contributing an accurate theoretical understanding of the causes of pathology, but it failed in devising ways to address these causes to elevate their symptoms. Because the psychodynamic therapists did not have the techniques to address the causes of pathology, the cognitive behaviourists attempted another type of intervention. They determined to leave the past alone, and aim the focus toward homework and reframing. The goal was symptom relief, not a resolution of what was taken on from the past. This was helpful, but the problem with this approach was that the unresolved emotions still sat in the psyche. These unresolved emotions would return when situational issues brought them out, plus the patient often maintained a continued awareness of an unresolved heaviness still pending. The cause of psychological distress was left unresolved, while the therapeutic focus was on attending to the symptoms.

The psychodynamic therapists did not have the tools to expeditiously locate the origins of distress or to bring resolution, and the cognitive behaviourist techniques merely bypassed resolution to assist patients with coping skills for the anxieties that persisted.

What is needed is both, 1) a theory of personality that recognises the causes of psychological stress, and 2) clear intervention techniques to enable therapists to locate and to resolve these causes. When the causes of pathology are resolved the symptoms related to that pathology are also resolved. It is important to understand the precise parts of the personality that relate to specific types of pathological symptoms.

It is my contention that states can be vaded by fear, rejection,disappointment or confusion, and that these various types of Vaded states relate directly with specific DSM categories. Vaded state theory is presented in this book to assist the reader with an understanding of the aetiology of issues including, but not limited to, OCD, depression, eating disorders, addictions, and PTSD.

Technique regimens for working directly with the different types of Vaded states are presented and illustrated. These techniques will enable therapists to gain direct access to the personality parts that hold pathology and to assist these parts to gain affect resolution. Resolving the feelings of Vaded states alleviates the causes of various types of psychological distress, and does so in a manner that allows the patient to experience a freedom in decision making.

(OCD) Mia could not drive without stopping (Dr. Gordon Emmerson)

OCD is caused by an unresolved Vaded ego state coming to the executive, then being blocked from the executive by another (Retro) ego state entering into OCD behaviour. This behaviour is emotionally easier to experience than the negative feelings of the Vaded ego state. In order to treat OCD it is necessary to locate and resolve the Vaded state that is the precipitating cause of the defensive OCD behaviour.

This example of using Ego State with OCD reveals the process of separating the behaviour from the cause (the angst of a Vaded ego state), bringing the Vaded state into the executive, bridging to the initial

sensitising event, resolving the Vaded state, and then finding a positive ego state resource to assist the patient in the future.

I had a patient, Mia, who had great difficulty driving anywhere because each time she saw even a small object on the road she would begin obsessing that someone would hit that object, have a car crash, and die. Mia would attempt to drive on, her obsession with what might happen would become so strong that she would have to turn around, drive back, park, and remove the object from the road. She intellectually understood that this behavior was probably more dangerous than leaving the object on the road, but she could not cease her obsessive behavior. She hated herself for doing this, and it greatly interfered with her ability to travel.

This is an example of one ego state disliking another ego state, and this is extremely common for OCD patients. One, or more, other states really hates the state that continues to carry out the obsessive behavior, but the 'helping state' that carries out this behavior is actually attempting to bring peace to the personality. It feels its role is necessary, and important. It is willing to sacrifice its popularity, both within the personality and outside, in order to do the job it feels is important.

Her Vaded ego state was the one that would feel anxiety when she saw an object on the road, it was not the one that would turn around, park, and remove the object from the road. I, therefore, asked her to close her eyes and imagine driving along the road that she often travels. I had her to describe how she felt driving, what time of day it was, what she was wearing, and what she saw as she looked out the windscreen of the car.

Then, I said, "I'm not sure if you have noticed it yet, but up in front there's a small object on the road. As we approach it tell me what it looks like."Here, after revivifying her driving experience I brought the conversation into the present tense so she could imagine being there, as if it were happening currently. This is an important aspect of bringing the Vaded state into the executive.

Mia described to me what the object looked like, and I asked her to tell me her feelings as she drove around the object, and drove on. She said she really wanted to go back and remove it from the road.

I told her I understood that, and asked her to, "Describe exactly what you are feeling right now, as you continue to drive further away from the object." She began to show a heightened level of emotional distress, which indicated that the Vaded ego state was assuming the executive. At this point I was able to use bridging techniques to locate and help bring resolution to her Vaded ego state. It is imperative that the Vaded state is in the executive, showing emotion, otherwise bridging techniques will be ineffective in locating the initial sensitizing event associated to the Vaded state.

Following bridging, and the expression, removal, relief work to help resolve the Vaded state, I had the patient to return to the image of driving. Again, I revivified the scene of her driving, and I introduced the vision of an object lying in the road. I asked her how she felt.

Mia said she felt different. She said she was still somewhat nervous, but felt that she could drive around it and continue without having to stop.

I asked her just to continue with the image of driving and described to me, 'What is happening'. She said that she was able to continue, and the further away from the object she got the less she thought about it.

I asked her to tell me how she would most like to feel when she sees a small object on the road in the future. She said that she would like to just notice that it was there, and if it seemed too small to cause problems she did not really want to think about it at all.

I ask her to tell me about a time in her life that she noticed anything small, and then did not think about it afterward. I had to clarify my question a time or two so that she understood what I was asking.

She reported that it did not bother her at all to see a small paper on the ground, so I revivified a seen where she had seen a small paper on the ground and had her to report exactly how she was feeling at that time. This was done to bring into the executive and ego state that could be helpful for her when she noticed small objects on the road.

With questioning, she was able to give me a name for this ego state that was able to notice small papers and easily dismiss them. I called the state by name, and ask it if it would be willing to help the Mia while she was driving, when she noticed small objects on the road. I told this part that it was very good at noticing inconsequential things and appropriately dismissing them, and that Mia could use its help in noticing inconsequential things on the road and appropriately dismissing them. It said that it would be willing to help.

Then, I again revivified the scene of her driving and noticing a small object on the road, I mentioned by name the ego state resource that she possessed, and I asked her to describe how she was feeling within this image. She reported feeling very confident.

This was a process of finding an ego state resource that could help her with her needs. This process would not have worked prior to the resolution of her Vaded state, because the Vaded state would have overpowered any other ego state that tried to come to the executive. But, after her Vaded state had returned to a Normal ego state condition, she was able to use one of her resources (the ego state that could see things as inconsequential) to satisfy her needs (being able to drive without constantly stopping).

At the end of the session, during the debriefing, Mia asked, "Will this really work?" I replied, "I don't know. Sometimes it's just nice to be surprised." This is an honest response, because we never really know how well an intervention will work, but it is also a response that prevents some patients from wanting to prove the therapist wrong. The statement, "Sometimes it's just nice to be surprised," subtly leaves the connotation that the intervention may work so well that the patient will be surprised. While the real power is in the intervention, subtle phrasing like this can also be helpful.

The patient later reported that she was somewhat nervous in driving, but that she found she would forget to notice objects on the road. At the end of a trip, she could think back and remember that there had been small objects, but that she had not really thought about them. She found it hard to identify with, and even remember, the anxiety that she had once felt.

Jane had PTSD panic attacks caused by a near drowning experience

In “Ego State Therapy” (Emmerson, 2003, 2007, 2010), I wrote about a woman who was suffering from panic attacks (the transcript is in that book). She did not know why she had the panic attacks, but when she had one she felt as if she was being choked, and she felt that she needed to break away and run for her life.

In therapy, the ego state that was Vaded with this feeling was brought to the surface and a bridging technique allowed the woman to revisit the initial sensitizing event. She bridged to being a 10 year old girl swimming in the ocean. She was caught in a rip tide and a smaller cousin was hanging onto her neck. While she had not previously connected this event to her panic attacks, it was her cousin trying to hang onto her neck that caused her to want to rip something away from her neck during her panic attacks. At ten, in that rip tide she thought she might drown and was terrified. She had been swimming, having a good time, experiencing consciousness in an ego state that enjoyed, among other things, swimming. When the near drowning experience happened the ego state that was in the executive at the time

became Vaded with that experience and could not come to the executive without experiencing feelings of panic.

Following the incident she was afraid to tell her parents. She was afraid she might be in trouble. Had she been able to talk with her parents, and had she been able to get love and support and understanding is likely that she would never have developed panic attacks. As a 10-year-old, she lived through a life-threatening, terrifying event, and talked to no one about it. The ego state that experienced that event became extremely upset and was left in that condition.

It became overwhelmed by experiencing an event that it did not fully understand. From that time on, whenever this ego state was brought to the surface, usually by life incidents that reminded it in some way of the near drowning experience, it would relive this unresolved feeling. It is interesting that it would not bring with it the memories of this experience, but it did bring the emotions of the experience. She did remember the almost drowning, but she did not intellectually connect it to her panic attacks.

It is not unusual for an intellectual ego state to believe that a past experience is resolved because it is not the state that holds the negative feelings. Following the bridging to an ISE held by a Vaded state and resolving that state, it is common for a patient to say that he or she had previously had therapy for that incident and thought it was resolved. It may have been resolved for the intellectual state holding a memory, but it had not been resolved for the actual Vaded state that experienced the event.

Patients often come to therapy because they are experiencing emotional reactions that cause them to feel upset and out of control. When ego states are Vaded, the experience they have when they come out and the adjectives that are used to describe these bad feelings directly describe the initial sensitizing event.

When this woman described her panic attacks she said she saw the color, blue but black, and she said she was having trouble breathing. Her description of the event including the need to get away or she might die, the need to pull something away from her throat, seeing the terrifying color blue but black (what she saw when her face would go into the water), and having trouble breathing all directly described her initial sensitizing event, near drowning with her cousin holding onto her neck.

An added benefit of resolving the negative feelings of Vaded states is that the state that had been Vaded can return to its original role. Often patients report feeling more free and playful following this kind of resolution. It is much better to resolve the negative feelings of a Vaded state, leaving that state feeling safe, supported and cared for than to merely teach a coping skill that would not free that personality segment.

This patient's panic attacks were the direct result of a Vaded state that held onto the feelings of panic, and periodically coming into the executive bringing with it those feelings. Those were the occasions she would experience a panic attack. Once that state was brought to the executive in therapy and was able to feel safe, supported and cared for by another ego state of the patient, it no longer held onto the terrified feelings. At that point the Vaded state returned to a Normal condition, with a feeling of understanding and support. That personality segment was freed to again be available to the patient.