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Ego States in Heart-Centered Therapies

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Abstract: Heart-Centered therapies have drawn from the traditions and techniques of Ego State therapy and developmental psychotherapy. Ego State therapy is a therapeutic approach which recognizes that every individual incorporates numerous discreet ego states, with boundaries ranging from non-flexible to highly permeable. Each of these ego states is a part of one's personality with a particular set of thoughts and feelings and beliefs. Each of these ego states has a unique historical development, which can be traced back to its inception early in life. Watkins (1978) identifies three sources: they can be pathological, arising from (1) trauma and (2) parental introjects, or they can be created through (3) normal development. The younger the age of the child when the introjection or the trauma occurs, the more infantile and primitive is the resulting ego state, since these ego states become delayed or arrested and do not mature or develop as the person grows older. As well, the more deeply embedded is the introject in the individual's entire fabric of self.

Primary topics

1. Ego state therapy
2. Somatic ego states
3. Developmental psychotherapy

Ego State Therapy

Absorption in an identity

One way of describing the phenomenon of ego states is that one becomes *absorbed* in a particular state, for example watching a movie or reading a story, arguing with one's spouse or lecturing one's children, focusing on one's weight or on the satisfaction of a compulsive desire. Absorption, or confining one's attention to narrow segments of reality, is a state of trance, the "trance of ordinary life" (Deikman, 1982). If one becomes chronically absorbed in the identity of "dumb blonde" or "adaptive child" or "rageaholic," then one is locked into a highly limited repertoire of behaviors, and of identities or roles or subpersonalities. John Bradshaw refers to a *family trance*, a hypnotic state of constricted identification or role forced on children by the culture of their family of origin (Bradshaw, 1988). The child learns to accept and internalize the prescribed world view and role, repressing into unconsciousness important aspects of his/her own experience. The family trance is an ultimate demand

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for compliance and conformity rather than authenticity, a demand to which no vulnerable child has the ability to say, "No" (Firman and Gila, 1997). The individual is dissociated from his/her own experience, unconsciously living out the posthypnotic suggestions implanted during childhood, at birth, in the womb, or before this life even began.

Ego state therapy

Ego state therapy is a therapeutic approach which recognizes that every individual incorporates numerous discreet ego states, with boundaries ranging from non-flexible to highly permeable, making up a "family of self" (Watkins & Watkins, 1982). Each of these ego states is a part of one's personality with a unique historical development, a particular set of thoughts and feelings and beliefs. This approach to therapy utilizes family and group treatment techniques for the resolution of conflicts between the various ego states. From moment to moment, the individual dissociates from one ego state into another ego state. Some ego states are dysfunctional, or maladaptive, in that they choose behaviors which are not in the highest good of the individual. The strategy of therapeutic change is not to eliminate maladaptive ego states, but rather to encourage such an ego state to become more adaptive, to make behavior choices more congruent with the person's overall benefit.

Ego states may be overt or covert, verbal or pre-verbal, somaticized or idealized, historical or archetypal. They may be complex enough to include all the behaviors and experiences used in one's occupation, or as narrow as a specific experience with a playmate in the second grade. This conceptualization of ego states is especially helpful in understanding and working through resistance to changing dysfunctional behaviors, that is, secondary gain. One ego state wants the new experience sufficiently to discard a current dysfunctional behavior, while a competing ego state is more motivated to keep the current dysfunctional behavior (secondary gain).

For our purposes, we will define ego in the psychoanalytic sense, as stated by Brown and Fromm (1986, p. 52):

> The ego is that conglomeration of functions dealing with the outside world and which, within the personality, moderates between the demands of the drives and those of the superego (the conscience). These functions comprise perception, motility, cognition, imagery and fantasy, attention, memory, talents, defenses, integrative and coping mechanisms, and the unconscious as well as the conscious decision-making processes.

Paul Federn (1952), a close associate of Freud's, was perhaps the first to formulate the concept of "ego states." He recognized that the experience of selfhood can vary depending on what state the person is in at a given moment. Thus he conceptualized these various states as separated by boundaries that are more or less permeable and perceive themselves as the subject 'I.' To explain ego states, Federn elaborated and specified Freud's concept of cathexis. Freud used the term *cathexis* to signify the allocation of a quantity of energy for the accomplishment of some psychological process. For example, when individuals *cathect* their perceptions of outside objects, they become more important and valuable. Freud (1953) referred to the directing of libido energy by the ego reflexively back onto its own self as narcissism, or self-love, and called it ego-libido. Federn applied the concept of reflexive cathexis to the internal process of experiencing oneself, one's selfness. He realized that people experience themselves somewhat differently in different situations, and allocate different amounts of energy, or identify differently, with these ego states. Usually, one experiences oneself differently when taking an important timed academic test, when attending a friendly party, or when falling asleep at home in bed. Federn postulated that at the moment of each experience, the individual is experiencing an ego state, and that particular ego state is cathected much more highly than any others. Watkins (1978, pp. 158-159) offers these definitions:

> **Cathexis**: an attached or allocated charge of energy that activates a psychological process.
>
> **Ego cathexis**: a kind or quality of energy that is the bearer of the essence of selfness. It is a *living* energy and is subject. Any element invested with it is experienced as "I" or "my"; hence, belonging to "me" as a part of my self.
>
> **Object cathexis**: a kind or quality of energy that bears no essence of selfness. It is a *nonliving* energy and is object. Any element invested with it is experienced as "it" or "not me"; hence, belonging to something outside my self. However, my awareness of it occurs only after it has impacted my ego.

Federn thus became much more specific than Freud about the nature of the ego's boundaries, those that separate the ego from the id, and from the outside world. These ego states are experienced within the context of a unifying, integrating energy that gives us the "feeling of unity, continuity, contiguity and causality" in our experience. We sense our self as being a oneness (unity), not as being many. We think of this self as having always existed (continuity), as being indestructible. All the elements of the self are

in close proximity, in communication with each other, so that a stimulus to one part is simultaneously transmitted throughout to all parts (contiguity). We view ourselves as being rational and subject to the normal laws of cause and effect (causality). Thus, Federn defined experience as an investment of continuously changing contents with the unifying, coherent ego feeling. And he suggested that the ego state that is most highly cathected at any given time holds the executive power and is felt as the self. Movement of the executive experience from one ego state to another occurs along a common bridge, be it memory, linguistic, affective, or somatic.

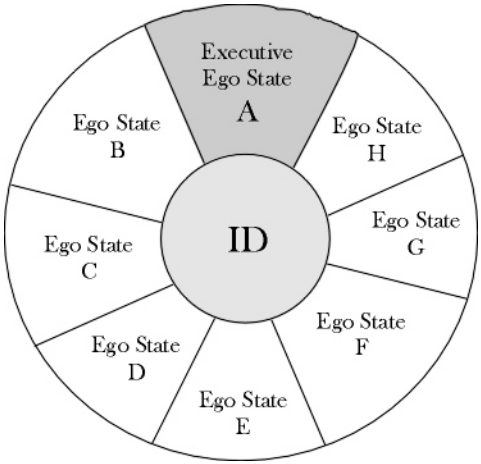

Table 1

Table 1 is taken from Watkins (1978, p. 144), representing the structure of personality as conceived in Federn's theoretical system. Federn recognized the one ego state most cathected as *dominant*, or *aroused*, although he did not use the term *executive* ego state. Normally all of one's ego states are invested with some degree of self-energy, or cathected, but in any given here and now moment the executive is the ego state most activated with the greatest energy, thus experiencing itself as subject. An individual is in one situation, perhaps reading an academic treatise on ego states, and experiences herself as Ego State A. Someone enters the room and interrupts her, asking if she wants to go to a party across town tonight. Ego State A becomes deactivated and the cathexis flows to Ego State B,

which then becomes executive. The thoughts that were foremost when Ego State A was executive fade into relative unawareness, experienced only dimly on the borders of consciousness, to be replaced by new thoughts relating to the relationship with her friend and the potential experience of the party. She may then return to her reading (Ego State A) or begin preparing to go to the party (Ego State C). In each dominant state, she is peripherally aware that each of the other states experienced alternately as executive are in fact *her own self*; the boundaries between ego states are permeable. She experiences that feeling of unity, continuity, contiguity, and causality referred to by Federn. In his own words (Federn, 1952, p. 225):

> To speak of inner ego boundaries means no more than the fact that the ego senses itself, not only as an indiscriminant whole, but also as having a thousand different 'shades' of feeling, depending on which aspect or state or sector of the ego comes uppermost in influencing the others.

People tend to respond to similar situations with a characteristic ego state; the process of moving through the relatively few most used states becomes automated, or reflexive, and patterns once established tend to perpetuate themselves.

Psychopathology occurs when there is an inadequate supply of cathexis to the ego boundaries or to the core, when there is weakness of the ego. A deficiency of cathexis can occur in one area of ego function but not in another; for example, an individual may experience debilitating anxiety in intimate relationships, yet do very well at his well-structured work setting. The ego cathexis is weak in one area of ego function, or ego state, and is functioning normally in the other. To treat this individual, we must access the specific state that is deficient, and differentially strengthen it. Hypnosis is invaluable as a tool to access specific ego states, or to "awaken" them in Federn's own words, because hypnosis allows the subject to focus and direct ego-cathexis toward or away from various aspects of the self. For example, one withdraws ego-cathexis from one state and invests it in another in the process of hypnotic age-regression from adulthood to age eleven, or from age eleven to age two. An entire ego state is activated (made executive) while another is deactivated. Alternatively, some part of oneself can be decathected and experienced as external (not-self) object. One method of relieving headaches is to assist the client to separate the physical sensations from his/ her body (withdrawal of ego-cathexis from that aspect of self and experience it as an

object). The same process occurring unconsciously is, of course, repression; one can repress (decathect) an aspect of the self, or an entire ego state. Thus, "repression need not be a pushing down into unconsciousness, but a removal from awareness of material by the decathecting of it in an adjacent or co-level ego state" (Watkins, 1978, p. 205).

Anna Freud (1965) proposed the concept of "developmental lines" to explain how pathology can result from a failure in normal human development in one or more areas of growth, i.e., developmental lines. Under the various formulations of developmental lines, each line of development charts the emergence of a specific developmental potential through a sequence of stages of growth. For example, there is a separate line of development for the consolidation of a sense of self (Kohut, 1971), for affect (Brown, 1985), and for the defenses (Vaillant, 1977). The focus of treatment is to repair the discovered developmental arrests with newly reframed beliefs and working models (Stolorow & Lachman, 1980).

Federn also suggested that the ego is experienced in different modes. An *active* ego is experienced during planning, thinking, acting, or anytime one is attending or paying attention. A *passive* ego determines the need to receive stimuli. And a *reflexive* ego operates during self-love or self-hatred. The concept of ego activity and passivity was initiated in 1953 by Rapaport (1967), and differentiated from active and passive behavior. One may exhibit passive behavior through an active ego's autonomous choice, or conversely may exhibit an active behavior in spite of experiencing ego passivity, choicelessness. Ego passivity arises when the individual feels overwhelmed by instinctual drives, by impossible demands coming from the environment (Fromm, 1972), or by the demands of the superego (Stolar & Fromm, 1974). An individual may experience one ego state as passive while simultaneously another is active. For example, one part of the addicted person may look on helplessly while another part succumbs to the compulsive behavior. At that moment, the addictive ego state is most activated, most energized, and most capable of making the executive decisions regarding behavioral choice. The helpless ego state is passively observing, although it may also be actively judging or experiencing shame.

Federn offered elaboration of another of Freud's (1922) concepts, that of *Eros*, the force of creation and growth whose energy he called *libido*, and of *Thanatos*, the death instinct whose energy he called *mortido*. Federn considered them to be two different directions of movement that cathexis energy can take. One is an energy of attraction and openness to life and

growth: *libido*. The other is an energy of withdrawal, disintegration, and resistance to life and growth: *mortido*. Ego-libido is experienced as pleasantly familiar, while ego-mortido is experienced as pain and a fearful unknown. Libido object cathexis renders something more valuable and attractive. Mortido object cathexis leaves the individual feeling repulsion or hatred toward it. Watkins (1978, p. 159) offers these definitions:

> **Libido**: an energy direction that approaches or attracts. An element invested with libidinal energy (whether ego or object in nature) draws other elements closer. It is integrative and tends to bind elements together into more complex entities. It activates the principle of Eros. It is similar to centripetal force. Its characteristic is to move *toward* something else.
>
> **Mortido**: an energy direction that withdraws or repels. An element invested with mortidinal energy (whether ego or object in nature) pushes away other elements. It is disintegrative and tends to separate complex entities into simpler elements. It activates the principle of Thanatos. It is similar to centrifugal force. Its characteristic is to move *away from* something else.

The significance of libido and mortido energies in the context of ego state therapy is relative to the nature of boundaries between ego states. Ego states are separated internally from the unconscious by a boundary, and externally from the environment by another boundary. Boundaries serve to repel in both directions; for example, a prison wall serves to keep the inmates in and the outside citizens out. Similarly, ego state boundaries that are cathected with mortido energies, serve to differentiate, isolate, and dissociate. The young, healthy and untraumatized self and its many "unified, continuous and contiguous" ego states are highly invested with libido energies. Mortido energies increase with traumatic experience, leading to repression. And mortido energies increase with the aging process, leading to greater rigidity and lessened permeability between ego states. When the mortido energies rival the libidinal energies, the eternal battle between Eros and Thanatos tilts in favor of depression, repression and ambivalent participation.

An example of a chronic condition of mortidinal energies being out of balance with libidinal energies is *insidious trauma* (Root, 1992). Insidious trauma is trauma characterized by repetitive and cumulative experience of oppression and violence, such as genocide or femicide. When such trauma occurs during pre- and perinatal periods, the damage is devastating to the individual's ego development (Zimberoff & Hartman, 1998). The person's self-judgment and self-directed displaced anger create rigidly isolating ego boundaries.

One of the primary values of hypnotic trance within psychotherapy is its effect of relaxing ego boundaries. The mortido energies are weakened, allowing freer access to repressed states, and more permeability between them even to the point of simultaneous cathexis. For example, it is very common in the hypnotic trance to experience simultaneously being the nurturing "inner parent" and the "inner child" being nurtured.

Others who followed with further refinements of the concept of "ego states" are Sullivan (1953), Hartmann (1958), Berne (1961), Perls (1969a, 1969b), Kohut (1971), Lowen (1976), and Watkins and Watkins (1979). One important precursor of the concept of ego states is, of course, Carl Jung (1959).

Eric Berne popularized the categorization of ego states as adult, parent and child; for example, critical parent or nurturing parent, adapted child or natural child. He also systematized their interaction with each other into various "games." Berne's work is well-known as Transactional Analysis, and, along with Karpman's (1968) work, forms the basis for the Victim Triangle described in *Breaking Free from the Victim Trap* (Zimberoff, 1989).

Transactional Analysis (TA) provides a concrete framework within which clients who seek structure often find a welcome comfort level. Basically, the adult individual is perceived to be composed of a number of discrete ego states, which unconsciously reenact automatic "scripts" or life plans based on immature decisions made in childhood. TA masterfully popularized the concept of ego states by organizing them into functional and dysfunctional aspects of three categories: adult, parent, and child. The *Critical Parent* is that part of the Parent ego state that is controlling, prohibitive, and may have non-rational attitudes. The *Nurturing Parent* is the part of the Parent ego state that is protective and encouraging, without demands and expectations based on self-promoting agendas. The *Adapted Child* is the childish part of a person that is either rebellious or compliant, caught in a suspended state of unresolved development. The *Natural Child* is that part of each person that is childlike, spontaneous, joyful, free to experience with wonder and abandon. The *Adult* ego state is an aspect of the personality primarily engaged in objective data processing, not affected by archaic attitudes or beliefs left over from unresolved experiences in childhood. The goal of transactional analysis is to make the adult ego state more frequently executive so that the individual can become less controlled by impulsive infantile desires or by a tyrannical and unreasonable parent-derived conscience.

Children thrive on their parents' positive recognition (*strokes*), but also learn to accept their parents' prohibitions or negative commands (*injunctions*). These have been identified as (Goulding & Goulding, 1976, pp. 41-42): "Don't be: Don't be you (the sex you are); Don't be a child; Don't grow; Don't succeed; Don't be important; Don't be close; Don't belong; Don't be well (or sane); Don't think (don't think about X – forbidden subject); Don't think what you think, think what I think; Don't feel (don't feel X – mad, sad, glad, etc.); Don't feel what you feel, feel what I feel." The childish Adapted Child ego state accepted these injunctions and the mistaken beliefs upon which they were based, and implements the resulting script over the lifespan. The dysfunctional pattern continues until the behavior is brought under conscious control rather than being automatic and reflexive. Berne proposed that individuals have already arrived at a basic existential position regarding themselves and their relationships (their primary *Life Position*) by age seven. The four positions are: I'm OK – You're OK; I'm OK – You're Not OK; I'm Not OK – You're OK; I'm Not OK – You're Not OK. The concept of Life Positions and the related Scripts again popularized the notion of internal working models previously suggested by Bowlby (1969/1982) in attachment theory.

Berne (1966) associated transactional analysis with the existential approach very closely, noting that both have "a high esteem for, and a keen interest in, the personal qualities of honesty, integrity, autonomy, and authenticity, and their most poignant social manifestations in encounter and intimacy" (p. 305).

Fritz Perls used Gestalt techniques such as the empty chair to simulate interaction between an individual's separate personality elements. For example, he would have the "topdog" (Berne's critical parent) talk with the "underdog" (Berne's adapted child). These Gestalt techniques are helpful in accessing the otherwise hidden ego states, and in facilitating an emotional expression and catharsis within that state. See the article in this issue on "Gestalt Therapy and Heart-Centered Therapies" (Zimberoff & Hartman, 2003).

Kohut (1971) attempted to clarify what it is that a person dissociates from, conceptualizing that people have a cohesive self from which parts may dissociate. He defined cohesive self as that which experiences itself as a mental and physical unit having cohesiveness in space and continuity in time. Kohut explored the need for vertical splitting (i.e., dissociation) in order to achieve healthy functioning. Everyday examples of creative

dissociating include dreams and fantasies, roles and situation-specific skills, play that incorporates imaginary elements, and selective attention to environmental stimuli.

Lowen, in his bioenergetics model, postulated ego states that were, in fact, physiologically fixated. He used the analogy of a military general and his troops to explain the interrelationships: the general, the executive in charge, he called "ego" and the troops, the energetics, he called "body." Lowen (1967) also formulated the concept of "demon" ego states, the personification of a disowned part that has turned against itself in rage. A demon is pure life energy that can become undesirable when misdirected. A demon has boundless energy, accompanied by little or no behavior control, and thus may seem to be manic. When a person can validate and accept their "demons," that energy can be converted from self-destructive to asset.

Simultaneous to the development of ego state theory, Harry Stack Sullivan (1953) enunciated the interpersonal theory of psychiatry. He postulated that people learn to treat themselves as they have been treated by significant others, that people's self-concept and sense of identity reflect that of their parents. Thus, children whose primary caregivers abuse or neglect them adopt the same hostile attitudes and behavior toward themselves as they experienced at the hands of the initiator of abuse. Children whose primary caregivers nurture and love them adopt the same self-accepting attitudes and behavior toward themselves as they experienced. *Introjection* is the hypothetical process within a developing personality that leads to self-concept and self-action consistent with the imposed concept and actions of the significant others. The *introject* is conceptualized to be a relatively stable personality structure which "mirrors treatment received at the hands of significant others, includes self-appraisals, verbal and motor behaviors directed at the self, and cultivation of various images of the self" (Henry et al., 1990, p. 769). An example of this introjected personality split offered by Sullivan is the "Not-me," an alienated part of the self-concept that the individual experiences with horror, loathing and dread. He suggested that this has its origin in infancy when a mother punishes her baby for expressing its bodily needs. This arouses intense anxiety for the infant, who then represses, or disowns, that part of him/ herself.

Ego state identity

An individual lives through the day not as one consistently present ego state, as most people believe, but rather as a never-ending succession of different ego states, each of which hands off the baton of the 'I' experience seamlessly to the next. I experience speaking to a friend about a mutual acquaintance; I become aware of a memory with that person when I was fifteen years old; I become aware that my conversation is interrupted by a small child screaming at his mother; I become aware of an irritation with a parent who ignores her infant; etc. Upon closer inspection, I might identify each of those ego states by age (56, 15, 56, and 27 years old respectively) or by primary emotional tone (secure, adventurous, startled, angry). Generally, in order for me to identify with a given current ego state as 'I' requires that I dissociate from any others for that moment. They are sent through the revolving door into storage in the unconscious, available for retrieval as needed. The meaning of the "unconscious" now comes closer into focus, because to each ego state only the others may be unconscious. Beahrs (1982, p. 7) discusses the hypnotherapist's view of the unconscious:

> Hypnotherapists do not see the unconscious as a teeming cauldron of untamed fury almost crying for suppression so that society can survive, to be dealt with by a hierarchy of "defense" mechanisms. Rather, the unconscious is seen as the source of all life and growth. Being a repository of all our prior learning and experiences, it must clearly contain information far in excess of what is usually available to awareness. It is this collective of all our component parts which I liken to the orchestra, that which actually makes the music of life. The "conscious," ideally, correlates with the executive or conductor, an organizing force which must be in charge even while doing little of what is better done by the orchestra itself. Hypnotherapists often find that, contrary to the view of some psychoanalysts, the unconscious is more likely than the conscious to be cooperative, dependable, realistic, and workable. We therefore do our best to access this composite "unconscious" consciousness by all means available, while dealing with the conscious respectfully enough to preserve its pride, reinforce its need to be in charge and avoid unnecessary resistance.

Derivation of ego states

Where do these ego states come from? How do they arise initially? Helen Watkins (1993) identifies three sources: (1) normal differentiation, or pathological development, arising from (2) trauma or (3) parental introjects.

Being a multitude of 'I's is not in itself problematic, and can be highly adaptive. It allows for specialized focus on one area at a time, with the ability to temporarily defocus on others. This is reflected in appropriate boundaries, with one set of behaviors when alone with one's spouse and

another with a neighbor. The rigidity of separation between ego states is determined by the degree of dissociation; mild dissociation results in more flexible boundaries and severe dissociation results in rigid, impermeable boundaries.

First, we examine ego states created through normal development. As an individual grows, learns new skills, expands into new roles socially, and creates more complex relationships, he/she is creating an expanding repertoire of ego states for use in the ever more divergent situations that life presents. A child can only guess at, and perhaps play at what it is to be a parent. Normal development of ego begins with introjects of the caregivers, followed by identification with that state. That is, that which enters us first as object is assimilated by the ego and embraced as self. When that child grows into adulthood and becomes a parent, and then the parent of a teenager, and then the parent of a married daughter, he/she develops and subsequently calls on more specialized ego states from storage in the unconscious. Each ego state is a cluster of behaviors, attitudes, and experiences that serve a specialized function, and that is called into "executive" status through selective attention. Ego states with nonrelevant or competing functions are selectively screened out of awareness, dissociated into "unconsciousness." This allows the individual to focus on each task that arises throughout the day without interference. When a nonrelevant or competing ego state does ascend to "take over," it is experienced as intrusive. For example, one is focused on taking a timed mathematics test and a sexual fantasy intrudes, or one is engaged in amorous activity and a disconcerting memory of a rejection at eighteen becomes foreground.

Watkins (1993) describes the development of ego states, functional and dysfunctional. One of the basic processes in human development is *integration*, by which a child learns to put concepts together, such as dog and cat, thus building more complex units called animals. The companion process in development is *differentiation*, by which a child separates general concepts into more specific categories, such as discriminating between 'good doggies' and 'bad doggies.' As the child grows in complexity, he/she organizes selected similar behaviors and experiences with a defining common element into groupings called ego states such as "mad at mommy" or "eager to please" (integration). As the child develops a repertoire of these ego states, he/she begins experiencing each one as a boundaried state of "I" (differentiation).

The separation of ego states is accomplished through dissociation. Mild dissociation produces "self-transparent" ego states with very permeable boundaries, with cooperative agreement between them for taking turns at being in charge. John Watkins (1978) describes a healthy dissociation whereby a father who, in one ego state, easily crawls on the floor with his baby playing "peek-a-boo" and momentarily can respond to an emergency by giving sophisticated instructions to a nurse on how to manage a medical crisis. Watkins asserts that dissociation lies on a continuum from this example to the opposite extreme of multiple personality disorder (D.I.D.), and innumerable variations in between. The degree of rigidity and permeability in boundaries between ego states determines placement on the continuum.

At a given moment, one of these ego states is in charge, making the choices, and experiencing itself as the 'I,' the Executive. At one end of the continuum, the momentary executive ego state is leading by collaborative consensus of all existing ego states, in harmony and resolving conflicting demands through internal dialogue and compromise. At the other end of the continuum, the executive-of-the-moment is oblivious to, or in conflict with, the others. At the extreme, this would be representative of dissociative disordered individuals.

The developing child normally creates ego states to accommodate new skills and roles. However, when the demands of a particular situation become too stressful, the child chooses to avoid the stress-producing experience by escaping to a less conflicted experience. While this escape may be a conscious choice at first, it soon enough becomes habituated, beyond voluntary control. Now fixated and rigidified from further development, it remains unconscious to the individual's other ego states. For example, once the violent rage has subsided, the individual is honestly unaware of how far out of control he was during his binge of raging. These fixated states can generally only be activated to consciousness in dreams, hypnosis, and psychotherapy.

Ego states that split off at the occurrence of trauma, betrayal or loneliness in childhood serve as a dissociative defense (Edelstien, 1981). These states remain available for activation throughout the lifespan, unconsciously influencing the person's present behavior.

The second primary source of developing ego states, then, is early trauma, when the child dissociates as a survival defense. If the experience is too awful to bear, he/she simply stops experiencing it by separating part of himself (the "weak part" or the observer or the Soul). If that separation

occurs during the narcissistic period of development, before the ego has fully individuated, the split off parts are likely to become alter egos (Greaves, 1980). Otherwise, separation occurring later is more likely to produce personality disorders (Narcissistic, Borderline, or Antisocial Personality Disorders). In any case, obviously the estrangement between the ego personality and the Self, begun in the rapprochement stage, is not resolved and they remain isolated from each other.

When the early trauma leads to introjection, or possession, the child takes on clusters of behavior and attitude from significant others. If these are accepted and become identified as one's own, the resulting ego state is a clone of the other. For example, the person's internalized critical parent ego state can become "executive" at a particular moment and abuse his/her own children. The nagging parent once internalized becomes an interminable nag within. But if the introjected ego state is not accepted and identified as one's own, then the new ego state is repressed, and the individual will suffer internal conflict (such as depression or authority issues) and may direct the abuse at himself (such as self-hatred or self-mutilation). The introjected nagging parent *not* internalized manifests as an embattled personality with conflicted perfectionism (highly demanding of self and simultaneously resistant).

An example of an ego state built around parental introjects would be: "a child takes into himself the introject of a cruel parent. He identifies with that introject and infuses the item with selfness (ego cathexis). Now, he no longer deals with it as if he were its victim. He *becomes* the cruel parent . . . The defense mechanism of identification often involves a protection of the self by becoming one with an aggressor" (Watkins, 1978, p. 160). The implanted introject contains not only the particular aspect of the parent which has been "borrowed," but also the child's *perception* of it, and any conflictual elements from the child's relationship with that aspect of the parent. A boy who is humiliated and abused by his father, for example, may defend his powerlessness by introjecting his father's authority and power. The ego state created is powerful in the same way as his father is, i.e., abusively, and so the boy exercises his authority over the family dog with humiliating abuse. However, the ego state introjected also contains an element of fear and shame, reflecting his conflicted acceptance of the form of power upon which that ego state is based. The younger the age of the child when the introjection or the trauma occurs, the more infantile and primitive is the resulting ego state, since these ego states do not mature or develop as the person grows older. As well, the more deeply embedded is

the introject in the individual's entire fabric of self. Withdrawal of object cathexis from these introjects is extremely difficult. "To remove them is a major job in psychological surgery. Painful as they may be, unhappy as they make the individual possessing them, he will cling to them like a drowning man to a straw. The therapist who attacks them can anticipate bottomless wells of resistance to their removal" (Watkins, 1978, p. 401).

Here we refer to the distinction between introjection and assimilation (Perls et al., 1951). Introjection is taking in someone else's ideas, beliefs or feelings whole without digesting them. What is assimilated is not taken in whole, but is first digested and transformed, then absorbed selectively according to the needs of the person. "Whatever the child gets from his *loving* parents he assimilates, for it is fitting and appropriate to his own needs as he grows. It is the *hateful* parents who have to be introjected, taken down whole, although they are contrary to the needs of the organism" (p. 190).

An example of internalized, unassimilated introjection is the formation of "secondary handicap" (Emanuel, 1997). When a baby is discovered to be damaged at or soon after birth, the mother's unbearable feelings of disappointment may not be fully processed, and the infant then internalizes a disappointed, hostile or horrified introject and feels worthy only of rejection. The infant's "primary handicap" may be compounded by the development of a "secondary handicap," emotional damage, through projective identification with a disappointed, rejecting internal object.

Sometimes fully assimilating the negative introject causes overwhelm, and individuals "split off" the more toxic (suffocating, intrusive) aspects of the introjected object (e.g., mother, father) in order to survive, defensively encapsulating part of that object while allowing the rest to be assimilated (Celentano, 1992). That split-off part is an autonomous complex, an ego state or an alter ego.

Jung's conceptualization of complexes

This phenomenon of fragmented identity can, then, result in what Jung referred to as complexes. One of the complexes is the ego-complex, the center of the field of consciousness, the adaptive, conscious executive of the personality, the observing aspect. The personal unconscious is related specifically to this ego-complex. Other complexes are collections of ideas and images organized around one or more archetypes at the core of the complex and having a certain feeling tone and energy charge. Examples might include a father complex, mother complex, hero complex, child

complex, the anima, the animus, etc. All the complexes together Jung called the collective unconscious, or objective psyche. In the altered state, the normally unconscious complexes begin to come into conscious awareness.

Here lies the incompatibility of some of those competing identities. One may be determined to "be good" and stay away from sweets, while another pops up and devours all the candy in the jar. Each is successively in control, and the secondary gain of the latter defeats the intentions of the former. Jung saw most people as identified almost entirely with certain acceptable aspects of themselves (the *persona*), having denied and repressed the unacceptable aspects (the *shadow*). In fact, Jung refers to this identification with the persona as an instance of *possession* (Jung, 1959, p. 122). One identity, which he called a *complex*, hijacks the whole confederation of identities for a moment or two before another takes over. "Everyone knows that people have complexes," Jung wrote, but "what is not so well known … is that complexes can have us" (Jung, 1964, p. 161). So we find ourselves one day in a job we don't like in order to pay the mortgage on a home we resent. Who made the choice twenty years ago to live this way? Which complex hijacked you?

A particularly strong complex is the victim, which fights back when attempts are made to release it. An example is a woman who did some personal work on taking back her power only to find herself hours later flat on her back and helpless. It looked as if "the victim" complex was literally threatened by her healing attempts and proceeded to let her know who was in charge. She definitely appeared to be possessed by the victim.

Another example of this predicament is a couple who fall in love with each other at first sight, feeling an almost eerie sense of familiarity, and then gradually realize that they actually hate each other. The familiarity may come from marrying one's unhealthy parent, re-creating a nuclear family just like the original family of origin. Or the familiarity may come from marrying someone who personifies the repressed shadow part, who is overtly very outgoing and sociable but underneath is actually quite self-conscious, thus marrying that introverted part of himself. This relationship re-creates the internal conflict that is still waiting to be resolved.

In the Jungian perspective, not all complexes are pathological; only when complexes remain unconscious and operate autonomously do they create difficulties in daily life. Complexes become autonomous when they "dissociate" (split off), accumulating enough psychical energy and content to usurp the executive function of the ego and work against the overall

good of the individual. Autonomous complexes are usually the result of unconscious response to traumatic childhood experiences, or unconscious ingrained patterns left over from interrupted and unfinished developmental milestones (premature weaning or toilet training, for example, or the imposition of an age-inappropriate gender stereotype). Traumatic experiences typically cause negative fixations or blind-spots, whereas interrupted developmental milestones cause fixation on the satisfiers of unmet needs and compulsive behavior (Washburn, 1995). The hallmark of these patterns, or autonomous complexes, is that they operate unconsciously; that is, the person is chronically dissociated. Only when the dissociation is broken and the complex is brought to consciousness can the emotional charge be assimilated and the autonomous nature of the complex be dissolved. The split-off parts, having taken some of the ego's energy and become shadow aspects of the ego, need to be re-assimilated.

What differentiates the multiplicity of ego states and/or autonomous complexes in Dissociative Identity Disorder (DID) or Multiple Personality Disorder (MPD) individuals from the rest of us? Memory makes the difference. Cohesiveness in space and continuity in time of the self (Kohut, 1977) is missing for most of the DID ego states. Each of them has the sense of cohesive selfhood, experiencing itself as a whole or separate person and other ego states, if known at all, are experienced as a third person, i.e., "not-me." The DID individual also exhibits
sudden shifts in executive control among personalities with no transition (and thus continuity).

Ego boundaries – dissociation and repression, diffusion and dissolution

Whatever the experience of an individual vis-à-vis "where I end and you begin," it varies significantly with altered states of consciousness, including hypnosis. Changes in ego boundary are easily accomplished in hypnosis (Brenman et al., 1947). For example, spatial and time orientation become plastic, allowing the phenomena of believable age regression or age progression. The "closed container" experience of self expands to allow one to "be" the fetus that one was, or to experience "being" both the three-year-old and the adult providing comfort simultaneously (Blum, 1970; Laurence & Perry, 1981).

Dissociation and repression are means of modifying the ego boundaries by narrowing down the "perceived self" to eliminate any unwanted experiences. In this way the ego puts *out of sight* (and only wishfully *out of mind*) the unacceptable aspects of itself – the shadow

parts. One of the conceptualizations of how this works is proposed by E. R. Hilgard (1977), called the neodissociation theory. Two levels of cognitive function are envisioned: an executive function, which plans and directs behavior and experiences self-awareness, and a monitoring function, which observes these operations and allows some of them to become conscious to the executive ego state but some to remain unconscious. The monitoring function, the "hidden observer," is normally capable of screening which data (internally generated or externally stimulated) to bring to the attention of the executive ego state. Thus the individual is utilizing dissociation through careful control of the boundaries between ego states. That dissociation can be for purposes of efficiency, since the human mind cannot simultaneously deal with all the internal and external stimuli. The dissociation can also be for purposes of defense against traumatic memories or threatening realizations.

In hypnotic trance, the normal distinction between executive and monitoring functions are loosened so that aspects of the self normally out of awareness may come into consciousness and may actually plan and direct experience. In other words, the usual dissociative ego boundary control comes under self-control. Dissociation can be structured to support the client's therapeutic experience during the uncovering work and the integrative work in psychotherapy. Brown and Fromm (1986, p. 177) identify three ways to utilize dissociation in hypnotherapy:

> (a) dissociating the experiencing and observing parts of the ego (Fromm, 1965a, 1965b), (b) eliciting a hidden observer (Hilgard, 1977), and (c) evoking a particular ego state (Edelstien, 1981; Watkins & Watkins, 1979).

Dissociating the experiencing ego from the observing ego is useful to diminish the painful feelings, emotional or physical, when an individual is unable to tolerate it. Eliciting the hidden observer can be useful in analgesia, for example, or in requesting information from an otherwise unconscious internal source, such as in ideomotor signaling or in the Gestalt technique of "giving a voice to a body part or a physical sensation."

The most frequently used form of controlling dissociation is to evoke a particular ego state that is dissociated from consciousness (Klemperer, 1965). Certain ego states have become dissociated as a defense, i.e., repressed, and others have simply become dissociated through withdrawal of energy, i.e., decathected. Accessing repressed ego states requires skill, tenacity, and safety; activating nonrepressed but decathected ego states,

ironically, operates best with therapeutic "effortlessness." In other words, evoking a particular state, such as a fear response or an episodic memory, is successful in inverse relation to the effort required to engage it. The more one's hypnotically evoked experience "just happens" without cognitive effort, the more hypnotically vivid it is (Weitzenhoffer, 1980; Woody et al., 1992). This is very similar to the well-known phenomenon for athletes and performers that too much conscious attention to their performance actually results in a poorer outcome. Once a skill has been developed through considerable training and practice, the performance is rendered automatic, with implicit rather than explicit control. Similarly, "hypnosis can be understood as direct activation of the implicit memory system" (Spiegel, 1998, p. 234).

Ego boundaries can also be *diffused*, as distinct from expanded or narrowed. Diffused boundaries allow internalizing introjected parental traits without assimilating them, i.e., identifying with them. We previously discussed the distinction between introjection and assimilation. Bernstein (1997) used the Structural Analysis of Social Behavior (SASB) to assess evidence of introjection and identification. Self-representations of incest survivors at their worst (their negative introject of father-abusers) were complementarily related to their perceptions of their fathers at their worst with a high degree of shame.

Finally, ego boundaries can become dissolved, resulting in psychosis. This occurs when the ego is too weak to absorb the powers of the unconscious. Dissolved ego boundaries manifest as either expanded beyond containment or disintegrated into a plurality of autonomous complexes which take the place of the ego. This process may be easiest to observe in its extreme form of Dissociative Identity Disorder (DID). Nijenhuis and van der Hart (1999, p. 45) write that DID involves the formation of "separate ego states. . . . Here some identities experience pain, but others are anesthetic; some are intensely fearful, while others experience aggression; still others know about, but escape experiencing, the trauma. Various trauma-ignorant identities continue to perform tasks in daily life, becoming aspects of the apparently normal personality." A curious selectivity exists in the crossover of memories between ego states. In the extreme, "While the dissociative disorders involve profound impairments of autobiographical memory, and of self-referent semantic memory, other knowledge stored in memory appears to be relatively unimpaired. The individual's fund of world knowledge (non-self-referent semantic knowledge), and repertoire of cognitive and motor skills

(procedural knowledge) remain intact" (Kihlstrom & Schacter, 1995, p. 341). The same selectivity of memory impairment exists between ego states in a non-dissociative individual. The addict, in the impulsive rush of acquiescing to his compulsion conveniently "forgets" recent self-referent semantic knowledge regarding abstention.

This individual may well experience that "something (or somebody) inside me made me do it. I just couldn't stop myself." Who is the 'I' that couldn't stop, and who is the 'myself' that was unstoppable? Wegner and Wheatley (1999) have pointed out that most people easily come to attribute causality to the self, regardless of the degree to which actions may have been elicited by other factors. If the source of causality is believed within, yet inconsistent with self-image, another part of oneself, a known ego state, may be 'blamed.' More serious versions of such attributional illusions may indeed play a role in psychological disorders like depression, paranoia, and bipolar disorder (Kinderman & Bentall, 2000).

Of course, one may conceptualize these "separate ego states" as existing separately in reality or in metaphor only (Merckelbach et al., 2002).

The goal of ego state therapy

The goal of ego state therapy is increased permeability of ego state boundaries, and an improved internal harmony resulting in better cooperation and congruence among the various ego states. This approach recognizes that most dysfunctional behavior is the work of dissociated ego states with rigid, non-flexible boundaries. One desired outcome of ego state therapy, then, is to decrease the tendency to dissociate into unconsciousness ego states that are not currently engaged as executive, to keep conscious awareness of ego states as they travel through the revolving door. That means maintaining consciousness of the ego state attendant to any particular behavior, e.g., the addict ego state that succumbs to compulsive behavior, or the unworthy ego state which engages in negative self-talk and self-sabotaging behavior. One of the advantages of utilizing the hypnotic trance in therapy is the capability of accessing particular ego states. We can ask to speak with the ego state attendant to a particular behavior. Indeed, by invoking a recollection of the attendant behavior through use of a somatic or affect bridge, we invoke ascendancy of that particular ego state. Then the individual has direct access to the source of a particular ego state's inception for healing purposes.

In hypnotic age regression to the pivotal moments of trauma or introjection in childhood, the person discovers some generalization assumed by the child which provides the foundation of the newly created ego state. “I am not good enough,” or “The world is an unsafe place for me,” or “I deserve to be abused” or “I can trust that my needs will be met.” These generalizations (variously called early conclusions, scripts, internal working models, personal laws) summarize the individual’s fixation (arrested development) at an unresolved developmental milestone. Those early conclusions define one’s existential issues. The repressed energy fixated at a given incomplete developmental stage, desperately avoiding the pain (*angst*) of the mistaken belief of the early conclusion, is channeled into the creation of an ego state to deal with it. Given the same early conclusion, different children will utilize different behavioral strategic decision. One will dissociate, another will become hypervigilant and responsible, another will act out with hostility, and another will adaptively do everything possible to placate.

These personal decisions of a behavioral strategy are then blindly and unconsciously repeated through the lifespan (repetition compulsion) until the underlying mistaken conclusion is resolved. The enacted behavioral decision is what we call the shadow (e.g., the addict, the judge, the buffoon, the rage-a-holic, the wallflower, et cetera). Recognizing and returning to the incomplete developmental stage, through age regression, provides access to the deep-seated erroneous conclusion that is unbearably painful. Returning to the “scene of the crime,” the traumatic experience that the child generalized into a “law” about what to expect in life, presents the opportunity to experientially and kinesthetically correct the mistaken belief to reflect the positive inner resource of strength) that awaits activation (e.g., “I am always free to choose” replaces “I am powerless,” et cetera). Of course, mere affirmations are inadequate to counter the deeply imprinted beliefs of which we speak. The individual in most cases needs to experience the correction *in the original ego state* in which the faulty belief was created. Utilizing a hypnotic state to effect the regression is profoundly important for successfully releasing the old belief and fully embracing the new one.

What is commonly termed “ego strength” reflects, in this model, sufficient resources available to functional adult ego states that regression to outgrown, outmoded or developmentally arrested coping mechanisms which were appropriate only at an earlier age will not need to be called upon. In summary, we quote from McNeal (2003, p. 241):

In traditional psychotherapy the patient often displays strong resistance to letting go of the false self because of fear of being overwhelmed by the pain that is being held by the wounded real self. With the use of Ego State Therapy, the wounded real self can be contained, nurtured, strengthened, and protected from malevolent ego states so that the fear of being overwhelmed is reduced and the false self can be released more easily.

Ego states, particularly those created in moments of trauma, may be predominantly somatic. Stated another way, symptoms may be state-specific, and physical symptoms may contain dissociated memories. For example, a child may physically shut down to become totally still as a means of defense against the terror of abuse, thus creating a "somatic ego state" of pervasive immobilization. Following the somatic bridge (body memory) of immobilization back in regression leads to conscious access to the memory of the source trauma which created that ego state, i.e., the incident of terrifying abuse. The dissociated memories are "physically contained" within the somatic symptoms (Gainer, 1993). That wounded ego state can be dramatically healed by retrieving it for re-experience in age regression, abreacting the experience, and allowing a means of reintegration and transformation of the trauma experience into a *physically* corrected experience of empowerment (van der Kolk & Greenberg, 1987). A corrective experience activates psychophysiological resources in his/her body (somatic as well as emotional resources) that had been previously immobilized by fear and helplessness (Levine, 1991; Phillips, 1993, 1995). The regressed person is allowed to actually experience the originally immobilized voice yelling for help, and the originally immobilized muscles kicking and hitting for protection. These somatic and emotional corrective experiences *reassociate* the individual's originally dissociated body and emotion in positive ways to positive outcomes.

Another way to state the objective of therapy is to become aware of what is and is not truly yours, to consciously reject what doesn't fit, and to selectively effect introject *dispersion* (or assimilation) to reduce intrapsychic conflict (Kutash & Wolf, 1991; Simon, 1996). The experience of age regression in hypnotherapy very effectively assists the individual to accomplish this three-fold process. We now examine each of these three stages of healing in turn: becoming aware of what has been unacceptable or unattainable; releasing what no longer serves me; and assimilating and affirming what is truly me.

The process of becoming aware

The process of individuation begins with recognition of the shadow aspects of the personal unconscious, unconscious elements that previously had to be neglected and repressed because we judged them to be too bad (and therefore unacceptable) or too good (and therefore unattainable). Repression of higher impulses can be just as damaging to the psyche as repression of material from the lower unconscious. A repression barrier operates to keep these higher and lower identities out of awareness, protecting the self-interests of the ego (the identity of the moment lost in a trance of ordinary life).

The individual's lower unconscious consists of all the psychologically damaging experiences of every developmental age, called *primal wounds* (Firman and Gila, 1997). These are represented by the early mistaken conclusions such as "I am alone and unsupported," or "I am unlovable," or "I am responsible to meet my needs and the needs of everyone else in my life." The lower unconscious also includes the collective lower unconscious, the *transpersonal shadow* (Vaughan, 1986) of unworthiness, spiritual separation and exile, or powerlessness. Serving to repress the lower unconscious from awareness are shame, fear, loneliness, unworthiness, pain, abandonment, and spiritual isolation.

The higher unconscious consists of the transpersonal qualities, or *peak experiences* (Maslow, 1968, 1971), incorporating altruistic love and will, humanitarian action, artistic and scientific inspiration, philosophic and spiritual insight, and the drive toward purpose and meaning in life. Judging ourselves to be unworthy of some higher impulse or talent, we repress its existence from awareness with *transpersonal defenses* (Firman & Gila, 1997), mainly the fear of letting go and trusting (surrender). These are represented by the early mistaken conclusions such as "My musical talent is mediocre," or "I am too dumb to understand esoteric psychology," or "I don't deserve an intimate relationship with God."

The undoing of the ego's grip on the illusion of independence and control, its absorption in its identity of the moment, requires undoing the primal repression and embracing that which has been repressed. Psychosynthesis, first formulated in 1910 by the Italian psychiatrist Assagioli (1971), is concerned with integrating material from the lower unconscious and with realizing and actualizing the content of the superconscious.

The way out of this possession, back to authenticity and real *free will*, is through recognition of how fragmented we actually are. When we wake

up to the unconscious nature of most of our choices and experiences, when we "snap out of" the state of absorption, we expand our consciousness of who we are to include a wider spectrum, allowing for new possibilities. Liberation from unconsciousness, waking up from the trance, arousing from the dissociation comes with *dis*identification from the momentary 'I'. First we must become aware of, incorporate and even embrace our dark side, our shadow, those parts of us that we shudder to conceive could be within us or the parts we are afraid to grow into. Part of us may be "the compulsive smoker", and another part is the great mystic, and both parts are intimidating to own up to. Experiencing our shadow is the "doorway to the real," ripping apart the ego's imaginary identifications (Humbert, 1988, p. 50) and seeing clearly into the blind spots. The ego, that succession of momentary 'I's, prefers to be always 'I' and nothing else, to believe "in its own supremacy" (Jung, 1959, p. 133).

This philosophical point of view is verified by today's science. Brain researchers now document frequent lapses of consciousness in most people's daily existence, unknown to the individuals themselves. Using remote measuring devices, sleep researchers have recorded brain waves from subjects going about their daily activities. They have discovered that most people frequently and repeatedly enter into short microsleep periods, which are clearly indicated by their brain waves but of which they themselves are totally unaware. These frequent periods of unaware brain sleep last from thirty seconds to three minutes. These findings support the concept of lapses in awakened consciousness throughout normal existence (Metzner, 1998, pp. 25-26).

We can fall into the same trap of identifying with one aspect of the *un*conscious at the expense of all others, and struggling to disidentify. Jung spoke about this: "That is one of the great difficulties in experiencing the unconscious – that one identifies with it and becomes a fool. You must not identify with the unconscious; you must keep outside, detached, and observe objectively what happens. . . . it is exceedingly difficult to accept such a thing, because we are so imbued with the fact that our unconscious is our own – my unconscious, his unconscious, her unconscious – and our prejudice is so strong that we have the greatest trouble disidentifying" (Jung, 1996, p. 28).

Releasing what no longer serves

We now examine the second of the three stages of healing (Kutash & Wolf, 1991; Simon, 1996): releasing what no longer serves. First one must

clarify what it is that needs to be released.

The aim of transformation is not the dissolution of the ego, but the dissolution of the *false view of the ego*. What is to be achieved is an openness to all possibilities and a realization that we are infinitely more than we believe we are when *identified* with our concrete little ego. We have limitless potentials, once we are free from the bondage of our egocentric world (Moacanin, 1986, p. 83). The goal of transformation is to open ourselves up to who we really are and what our true potential is as a human being. It is about growing, learning and discovering instead of hiding, denying and keeping our heads in the sand.

Then come transcendent experiences, i.e., those based in the collective unconscious, in which the ego discovers its subordinate place to a greater reality, a transpersonal center of which it is only a small part. The Self, then, is the totality of conscious, individual unconscious and collective unconscious reality. The mature, individuated ego is capable of surrender, at least to the next experience that challenges its autonomy. "Individuation is a process, not a realized goal. Each new level of integration must submit to further transformation if development is to proceed" (Edinger, 1972, p. 96). The ego that has surrendered its predominance lives consciously by the code "not my will but thine be done." Edinger calls this stage of development the *Self-oriented ego*, that is "the individuated ego which is conscious of being directed by the Self" (1972, p. 146).

It is important to note here the distinction between "dissolution of the ego" and "surrender of the ego." If an individual's ego functioning is too weak to absorb and integrate unconscious archetypal material and primary transpersonal experiences, he/she is *overpowered* by them and may become psychotic. Here the ego has dissolved and been rendered non-operational. Alternatively, the ego can fracture into competing parts and also be rendered non-operational, or psychotic. Here the personality disintegrates into a plurality of autonomous complexes or subpersonalities which take the place of the ego. Jung (1966) discusses the similarity of the world vision of the psychotic with that of a mystic (the brilliant philosopher Schopenhauer), and the difference between how each adapts to it. The mystic (Schopenhauer) has the ability to transmute the primitive vision into useful abstraction, based on his strength of ego, while the psychotic's ego crumbles. The mystic surrendered identification with the ego, the insistence on the supremacy of the conscious sense of 'I'. This surrender of the ego is really giving up the exaggeration of its importance, of the misapprehension of it being absolute, independent, and permanent.

The psychotic *identified* with the Self (megalomania) and lost ego function; Schopenhauer *loosened his identification* with the ego and gained access to the forces of the unconscious.

How do we discriminate between transpersonal states outside the boundaries of the ego activated by the developmental stages beyond "normal" adult ego on one hand, and psychosis activated by insufficient ego strength on the other?

> Transpersonal theory proposes that there are developmental stages beyond the adult ego, which involve experiences of connectedness with phenomena considered outside the boundaries of the ego. In healthy individuals, these developmental stages can engender the highest human qualities, including altruism, creativity, and intuitive wisdom. For persons lacking healthy ego development, however, such experiences can lead to psychosis. Superficially, transpersonal states look similar to psychosis. However, transpersonal theory can assist clinicians in discriminating between these two conditions, thereby optimizing treatment. The authors discuss various therapeutic methods, including transpersonal psychopharmacology and the therapeutic use of altered states of consciousness. (Kasprow & Scotton, 1999, p. 12)

Jung envisioned "the transformation of personality through the blending and fusion of the noble with the base … of the conscious with the unconscious" (1966, p. 220). Before transformation can occur, the ego must be a unified, complete conscious state. That is accomplished through incorporation of repressed unconscious material, through successful completion of the developmental stages, and through the unification of all the fragmented parts of a person's psyche.

Needless to say, this transformation occurs only rarely and incompletely in human beings. For most people it is, at best, an ideal to strive for and, at worst, an unknown potential. For the ego to willingly submit to a higher authority (the Self) requires surrender, and the surrender of ego is rare. See "The Ego in Heart-Centered Therapies: Ego Strengthening and Ego Surrender" (Zimberoff & Hartman, 2000) for a detailed discussion.

The possibility of movement into *transegoic* realms, of transcending the ego, was a basic tenet of Jung's departure from the classical Freudian viewpoint. Psychoanalytic theory sets the final level of personal growth as a more and more individuated ego. Jung observed a tendency at midlife or later for the ego to undergo a reversal of the "I-Thou" dualistic ego (an *enantiodromia*). He believed that this reversal is a natural part of the movement of life, "the first half of which is devoted to ego development and the second half of which is devoted to a return of the ego to its

underlying source in the collective unconscious or objective psyche" (Washburn, 1995, p. 21). Jung asserted that the natural consequence of the ego's descent into the collective unconscious, where it is engulfed and annihilated, is a triumphant return, born anew, regenerated, transfigured (the hero's odyssey).

That movement back to the source is also a reversal of the original rapprochement process of the two-year-old. That is, the adult at the outset of this developmental stage develops an intense ambivalence toward its own potentiality as a *Self-oriented ego*. The conflict is based on a growing awareness of its dependence on that aspect of its identity for meaning, purpose and immortality, and simultaneously experiencing its long-standing drive for autonomy and independence. The personality's desires for transcendence and autonomy here clash in a serious way, each one undermining the other: the desire for transcendence making autonomy seem like *alienation* (loss of connection) and the desire for autonomy making transcendence seem like *annihilation* (loss of self).

The process of releasing what no longer serves can be viewed as one of reframing. Bandler (1978) elaborated seven steps in his reframing model of ego state therapy. Those steps correspond to sequencing in the Heart-Centered hypnotherapy process. Bandler's steps are:

1. Identify the dysfunctional behavior that needs to be changed
2. Identify the ego state responsible for the dysfunctional behavior.
3. Establish communication with the ego state responsible for the dysfunctional behavior.
4. Separate behavior pattern (early behavioral decision) from intention (positive pole of the existential issue)
5. Negotiate with the responsible ego state to replace the old pattern with a new pattern of behavior that is appropriate to the individual in the present reality and that satisfies the original intention.
6. Ratify the new behavioral pattern with the responsible ego state.
7. Conduct an ecological review of the entire system to confirm the acceptance of the new behavioral pattern and get a commitment for action.

The hypnotic trance state provides an ideal means of access to an individual's ego states.

In Heart-Centered Hypnotherapy, the client begins by identifying the current pattern of dysfunctional behavior, e.g., lack of intimacy in relationships due to fear of abandonment and the associated emotions.

He/she will then follow the *affect bridge* or *somatic bridge* back to the source of this pattern in life. This regression step accomplishes both the identification of and communication with the responsible ego state. For example, one client regressed back to three years old. Her father was hitting her for not behaving and then scared her by telling her that he was going to drop her off at the orphanage and leave her there. During her session, she experienced the terror of that threat of abandonment, and was able to release the feelings in the same ego state/developmental stage where those feelings had been stored for twenty years. After she expressed the pent-up emotions, she experienced a deep sense of relief and release.

Next, this client regressed even earlier to being in her crib and crying for her mother. Her mother came into the room, very disturbed by the crying. The mother checked and, believing that nothing was wrong, left the baby alone again. The baby cried and cried but to no avail. At this moment, she concluded that she would always be abandoned and that her emotional needs would never be met. It is during these early moments that many self-limiting unconscious decisions have been made and are stored in the deep recesses of our minds. Therefore in order to change these patterns, we need to be able to access the precise moment when the decision was made. She can then separate the behavior pattern of withdrawing from intimacy (the early behavioral decision) from the original intention of protecting herself in nonrewarding relationships, by understanding the mistaken belief (the early conclusion) upon which the behavior was based.

After the unresolved emotions have been released and the mistaken belief corrected, the client then becomes clear to make a new decision from her *adult ego state*, or more precisely from her *no-longer-developmentally-arrested child ego state*. The new decision is that she does indeed deserve to have her needs met and that she can attract healthy, loving relationships into her life. Once the new decision is made on the deepest of unconscious levels, the patterns change. The client will then be directed to create an internal *nurturing parent* who will give the child the new messages. This inner dialogue, performed simultaneously on the conscious and unconscious level, is the closest experience we have to re-parenting the inner child. Because trance-state work elicits the senses, the client actually experiences the unconditional love that the inner child has always craved. In this state, the new behavior pattern is ratified, reinforced, and anchored. The nurturing parent ego state can now review the new decision for congruence and assert commitment for action.

Assimilating and affirming what is truly me

Having released what no longer serves, individuals are ready to assimilate and affirm what is truly theirs. One part of that process is to identify those aspects of the self that were rejected in early childhood as *unattainable*. A child being told not to be so arrogant when she says, "I want to be a doctor when I grow up," concludes that she is incapable of high aspirations and decides to settle for mediocre goals in life, repressing her buoyant self-confidence. Her confident ego state is now a shadow, and the confidence is an inner resource to be reclaimed in the healing process. Whenever one goes back in therapeutic age regression to a time of traumatic experience, the corrective experience leads to both the release of negative self-judgments ("I'm bad," "Others know what I need better than I do," or "I'm powerless") and simultaneously to the reclaiming of those inner resources that were rejected as unattainable ("I'm really good," "I always know what I want and what I need," or "I have the personal power to guide my life's direction").

Another part of assimilating and affirming one's true self is to take back one's externalizations, or projections. These are generally parts of ourselves that were judged to be unacceptable by parents in early childhood, and rejected into unconsciousness by the child. A child being physically abused concludes that he is unworthy of love and decides to deal with the abuse by becoming as invisible, adaptive and quiet as possible, rejecting (repressing) intense anger toward the abusive parent. The anger is now a shadow. The judgment of self as unworthy of love is a shadow. Healing requires that these aspects of self be reclaimed as well. Embracing the angry child ego state brings permission to express (and thus release) the anger. The act of embracing the unworthy child ego state enhances and validates self-esteem.

"Non-egotized" aspects of personality

There may be parts of the personality that are "non-egotized" which act as observer and not participant (Watkins, 1993). One means of accessing that part is by "de-egotizing" parts of the body and asking them to express unconscious wishes, thoughts or desires (Fromm, 1968). An example is *automatic writing*, a technique in which the client in trance is told to allow the hand to separate away from the body and write the client's unconscious feelings on paper. The therapist has separated the conscious ego (state) from the unconscious ego (state). Another example is the Gestalt technique of *giving a voice to a body part or sensation*, e.g.,

observing a clenched fist, while the person has just denied any anger, and asking the fist to speak. It will invariably say, "I'm angry." There is also the use of *ideo-motor signals*, which often respond in a much different manner than the personality or ego. The child ego state does not want to believe that "daddy touched me" but the unconscious ego state knows and is able to respond independently through the finger signals. Other "non-egotized" aspects of personality may exist and be available as well, such as pure intuition or psychic insight.

One of the possible ego states, we believe, is that of "non-ego," using the word *ego* in a spiritual sense. The ego state therapy approach facilitates both psychological and spiritual growth. Personal work and spiritual work interweave; as people loosen up their fixed ideas of self, they enhance their spiritual growth. As people explore and acknowledge their indwelling multitude of ego states, they begin to hold themselves less tightly and to disidentify from lifelong rigid concepts of who they are. Jack Engler defines ego, in a spiritual sense, as an attempt to grasp ourselves. "It's the myriad forms of self-grasping that are doomed to endless frustration and disappointment. I think that's the root of what ego is, and everything else follows from this, whether it's preoccupation with self-image or whether it's attempts at self-aggrandizement or whether it's experiencing self as separate and over/ against others. The core of it seems to be this attempt to grasp the self and fix it. Or *fixate* it, that's a better word. And where does the self-grasping come from? I think it mostly comes out of fear, out of this core, chronic, anxious sense that we don't exist in the way we think we do."

What differentiates this process of disidentification and loosening of fixed ideas of self from the *loosening of associations* that forms the primary disorder in schizophrenia? Loose associations describes the circumstance in which one idea leads to another without a logical connection. The presence or absence of cohesiveness in space and continuity in time make the difference, i.e., a cohesive self. The individual who loosens his/her self-grasping continues to have a sense of continuity through the constant rotation of ego states.

Our spiritual life and our psychological life are intricately interwoven. Both spiritual practice and transpersonal therapy work in the same direction, to loosen up one's fixed ideas of self and expand the "co-consciousness" of the many ego states. Paradoxically, we develop our sense of self by seeing through the illusion of self. Jung (1975) called this process *depotentiation* of the ego. We consider it to be surrendering ego. It

implies limiting the exaggerated importance attributed to ego, and correctly apprehending the ego's relative and dependent position to the total human being. One way to see this perspective is as a process of letting go of possessiveness, where the concept of possession is expanded to include nonmaterial objects such as identity, personality, beliefs, and ideologies (Ross, 1991). Surrendering ego, then, is letting go of the possessiveness of identity. In the Tibetan Buddhist tradition, the pathway toward mental health is a process of cutting through materialism to uncover a clear, egoless, awakened state of mind. Becoming possession-free does not mean giving up all material objects or renouncing love, intimacy, sex, relationships, pleasure, or comfort; it involves overcoming a neurotic preoccupation with or identification with any of these. Becoming "ego-possession free" doesn't mean giving up the functions of ego, but rather loosening the identification with any one aspect of it and the simultaneous dissociation of others into unconsciousness.

Somatic Ego States

For many of our clients, the deep experience of emotions has been blocked or repressed. Often in experiential therapy the key to unlocking those repressed emotions is to get the individual "into their body" and the energy in their body moving. Activating the flow of physical energy activates the flow of emotional energy. It may also release "body memories," which bring to consciousness any repressed memories of experience contained in them. Finally, activating physical energy *in the powerless ego state in which the trauma originally occurred* is immensely empowering for the client.

Ego states, particularly those created in moments of trauma, may be predominantly somatic. van der Kolk's (1997) research has documented how traumatized children become obsessed by their traumatic memories, split them off from conscious awareness, and express them somatically. Fifty percent of traumatized children have digestive problems (versus 10% of controls), 60% have skin problems like acne (versus 16% of controls), 50% have asthma (versus 4% of controls), and migraine headaches are much more common in traumatized individuals than in non-traumatized individuals. Interestingly, traumatized children seldom get sick because constant hyperarousal of the stress response systems gets the immune system working at a high level. Eventually, however, chronic stress leads

to breakdowns in the immune system, and as adults there is a high frequency of autoimmune diseases, e.g., asthma and arthritis.

Traumatic memories are stored in the right side of the brain in the limbic system, which is responsible for attention, arousal, and attachment, and are usually stored as somatic (body sensations) memories. If the traumatic memories and experiences are to be resolved, the therapist must engage in activities that access the right side of the brain with a therapy that accesses body memories. Effective therapy must initiate a high level of arousal for the client; since the traumatic memories were stored in conditions of high arousal, resolving them can only be accomplished when high arousal is present). Then once the right side of the brain has been triggered to produce traumatic memories, the focus of therapy needs to shift to triggering the left side of the brain, where language and insight have the ability to help resolve trauma.

Stated another way, symptoms may be state-specific, and physical symptoms may contain dissociated memories. For example, a child physically shutting down to become totally still as a means of defense against the terror of abuse creates a "somatic ego state" of pervasive immobilization. Following the somatic bridge (body memory) of immobilization back in regression may lead to conscious access to the memory of the source trauma which created that ego state - the incident of terrifying abuse. The dissociated memories are "physically contained" within the somatic symptoms (Gainer, 1993). The physical means of that containment is muscular armoring (Reich, 1949). That wounded ego state can be dramatically healed by retrieving it for re-experience in age regression, abreacting the experience, and allowing a means of reintegration and transformation of the trauma experience into a *physically* corrected experience of empowerment (van der Kolk & Greenberg, 1987). A *physical* corrective experience activates psychophysiological resources in his/her body (somatic as well as emotional resources) that had been previously immobilized by fear and helplessness (Levine, 1991; Phillips, 1993, 1995). The regressed person is allowed to actually experience the originally immobilized voice yelling for help, and the originally immobilized muscles kicking and hitting for protection. These somatic and emotional corrective experiences *reassociate* the individual's originally dissociated body and emotion in positive ways to positive outcomes. Similarly, Reich's student Alexander Lowen (1976) developed the therapeutic system called *bioenergetics*, a technique combining breath, movement, and manual manipulation to integrate the ego with the body.

Changing a trauma-induced behavior (such as fears, phobias, self-defeating patterns, recurrent and intrusive dissociation, numbing of general responsiveness) is best accomplished *in the ego state in which the behavior was originally established*. Here we refer to recent research in state-dependent memory and learning (Rossi, 1986; Janov, 1996; Pert, 1997). Research shows that a person who learns a task or creates a memory while under the influence of a particular emotional state will repeat the task or recall the memory most efficiently when again under the influence of the same emotional state. We might use the hypnotic age regression to access a traumatic event for healing, assisting the person to reconnect with the state in which the state-dependent learning took place.

The body, not only the brain, contains the unconscious mind. The body physically encodes its learned symptoms, neurotic coping mechanisms, and decisions in the limbic-hypothalamic systems. Healing occurs by accessing the encoded learned responses, following the affect or somatic bridge back to the state in which they were learned, and healing them through activating psychophysiological (physical and emotional) resources in the body that had been previously repressed or immobilized.

> During the shock and stress of an automobile accident, for example, the special complex of information substances that are suddenly released by the limbic- hypothalamic- pituitary-adrenal system encodes all the external and internal sensory (visual, auditory, propioceptive, etc.) impressions of the accident in a special state or condition of consciousness. The accident victim is often recognized as being "dazed" and in an altered state of psychophysiological shock. Hypnotherapists describe such shock states as *hypnoidal:* The memories of these traumatic events are said to be *deeply imprinted* as *physiological memory, tissue memory,* or *muscle memory.* We propose that all these designations are actually metaphors for the special *state-dependent encoding of memories by the stress released hormonal information substances.*
>
> When accident victims recover from their acute trauma and return to their 'normal' psychophysiological states a few hours or days later, they find to their surprise that the details of the accident that were so vivid when it took place are now quite vague and more or less forgotten. This is because the special complex of stress-released information substances that encoded their traumatic memories has changed as their mind-body returned to normal; the memories are thus not available to normal consciousness. We say they are now experiencing a traumatic amnesia. That the traumatic memories are still present and active, however, is evidenced by the fact that they may influence the accident victim's dreams, for example, and/or be expressed as psychosomatic problems. Clinicians typically hypothesize that the memories are *dissociated* from normal consciousness and encoded on *'deeply imprinted physiological levels'* where they form the nuclei of psychosomatic and psychological problems.
>
> Essentially similar psychobiological processes of stress-encoded problems can take place in many other traumatic life situations. These range from what has been called the 'birth trauma' to child abuse and molestation, from 'shell shock' under battle conditions to the extremes of social and cultural upheaval and deprivation." (Rossi & Cheek, 1988, pps. 7-8)

There is ample evidence of the vital importance of a somatic, or physical, experience for accessing deep trauma, and for healing that trauma. This principle operates on the cellular and hormonal level of the body, where memories are encoded and can be reframed. This principle also operates on the gross motor level, wherein body memories provide a somatic bridge to follow in the retrieval of repressed emotions and memories, and in the physical reframing of now-dysfunctional imprints.

Developmental Psychotherapy

First, let's review a basic tenet of an ego state approach to psychotherapy: we view the individual, not inductively, parts to a whole, but rather deductively; moving from whole to parts with the individual consisting of a whole person - composed of past, present and future - experiencing the conditions of existence that all people must face throughout their lifetimes, from birth through death. The individual is today an amalgam of ego states of varying completed and incomplete developmental stages, and realized or unrealized potentials.

> The tasks of normal infancy and childhood are to learn to attach to and trust others, to learn how to play and share with others, to have conflicts and learn ways to resolve them, to learn to dream and to imagine, to learn to have empathy for oneself and others, to learn how to settle oneself down when upset, and to learn how to regulate one's level of arousal. Serious, chronic trauma during infancy and early childhood dramatically interferes with each of these tasks (van der Kolk, 1997).

Most neurotic symptoms can be seen as age-inappropriate behavior, exhibiting a developmental deficit or unresolved developmental stage. That is, the neurotic individual is relying on behaviors that were the best choice available among limited options at an earlier developmental stage, but used in his/her current life constitute a repetition compulsion. For example, an adult who avoids intimacy in relationships despite an acknowledged need for it may be continuing the pattern initiated as a child to avoid an abusive caregiver.

Conceptualizing personal growth and healing as completion of unresolved psychosocial developmental stages was the hallmark of Erik Erikson's (1979) work. He stressed that "In childhood we see the actual trauma; in maturity we see the behavioral consequences of such disturbances" (p. 58). Of course, the very same traumatic moments of

choice in each stage offer potential invaluable inner resources (e.g., trust, autonomy, or intimacy) as well as disturbances (e.g., mistrust, shame, or isolation). As Erikson said, "if we let our observations indicate what could go wrong in each stage, we can also note what can go right" (p. 58). One's overall level of psychosocial maturity, i.e., successful completion of developmental stages, has been found to correlate with one's level of self-actualization (Olczak & Goldman, 1975), with greater hopefulness (Brackney & Westman, 1992), and is inversely related to death anxiety (Lonetto & Templer, 1986; Rasmussen & Brems, 1996; Vargo & Black, 1984).

Psychoanalytic theory provides a model of neurosis as the consequence of arrested development. Psychopathology is the outcome of fixations at points of unresolved ego development, including the defenses available to the ego at that developmental stage (Glover, 1955). The goal of psychotherapy within a developmental model is the integration of the ego through a "downward" working of material – resistance, transference and dysfunctional behavior – toward uncovering affects and drives defended at specific developmental points (Smith, 1984). Smith continues:

> Within the personality, the basic ego weakness is that point at which the development of the psychic organization was arrested and at which the attachments were made to the destructive, rejecting, or otherwise toxic experiences of loved figures. It is the point in development of psychic organization at which the "basic fault" in growth occurred and at which the ego splits itself (Freud, 1905; Fairbairn, 1954; Guntrip, 1969) to manage these experiences, while warding off their unpleasant effects" (1984, p. 99).

Greenspan (1997) enumerates several principles of any developmentally based psychotherapy. We encounter individuals as a whole person, operating at different developmental levels in different aspects of their lives. People's conflicts, fantasies, self-image and interactive patterns have meaning only in the context of the developmental level that organizes them. Thus we work therapeutically at a number of developmental levels simultaneously, engaging the client at the developmental levels that have been mastered in collaborating to recreate experiences that will facilitate growth in those that have not. We consistently promote, therefore, the clients' self-sufficiency, assertiveness, and autonomy.

We assess carefully the areas of developmental deficit presented by our client, and address him/her at the actual level of functioning. The resulting developmental profile is based on observation of current behavior patterns,

and is not reliant on their memories of formative experiences. For example, we do not expect clients to identify and verbalize emotions if that is a developmental milestone they have not yet mastered. Some clients are operating at a primitive developmental level wherein they act out feelings and wishes rather than explore them verbally. For them, life is a series of interactive behaviors rather than feelings leading to behaviors. Some clients have difficulty constructing patterns of their feelings and behavior. Some clients have difficulty understanding the meaning of other people's feelings or behavior. Some clients have difficulty maintaining a psychological boundary, confusing which feelings are theirs and which are another person's. These are developmental milestones that were not fully completed, and therefore remain beyond their reach, but which develop as the developmentally deficient ego states heal and grow up.

We assess developmental level in several ways. One is the elaborateness of ideas and emotion in what a client presents. The more a client tends to talk in undifferentiated feeling states which have a somatic basis, the less developmentally advanced he/she is: "My body is tense" or "I'm empty inside." Likewise, global feeling states indicate more primitive development: "I feel bad" or "I don't like you." The degree of constriction in the flexibility of the personality indicates the degree of maladaptive development. Acting out emotions rather than verbalizing them is, of course, indicative of early incomplete development. Some people may have incomplete early development in one area but not in others. For example, a person may be able to talk about loving or lonely feelings, but is only able to act out on hostile feelings. While one individual may be terrified and avoidant of intimacy in all relationships, another may only avoid closeness with members of the opposite sex, or with authority figures. Greenspan (1997) suggests that the developmental level of basic ego functioning and flexibility can be applied to, and parallels, the traditional categories of psychiatric disability:

> psychosis and borderline conditions (age-inappropriate level of basic ego functioning); character disorders (major limitations in flexibility in critical sectors of the personality; neurotic disturbances (encapsulated limitations in flexibility around certain areas of experience); and developmental conflicts (the difficulties experiences by the person with a flexible structure as he or she works through particular developmental tasks). The focus on selected disorders such as depression does not compete with the developmental approach presented here. In fact, the developmental approach helps the clinician determine just what type of depression a person might be evidencing. Is the person having difficulty regulating mood to such a degree that such basic personality functions as reality-testing are interfered with? Or is the person experiencing depressive thoughts in an age-appropriate personality structure, where the depressive affect simply constricts the range of experience? (p. 414)

In our developmental hypnotherapy, we regress the client to the developmental stages where the trauma originated, where the developmental tasks were derailed, where the choice was made between what was acceptable and attainable (the persona) and what was unacceptable and unattainable (the shadow). Our purpose is twofold: to clarify what was the child's conclusion regarding his/her life (the angst-producing faulty belief), laying bare the core existential issue in need of healing; and to clarify the child's behavioral decision regarding how to deal with the terrifying conclusion, emphasizing some aspects of self into persona and repressing others into shadow. Then the uncompleted developmental tasks can be resolved. The awareness of self can be expanded to incorporate the previously repressed aspects. The over-emphasized aspects can be relaxed into a natural balance. And the inner resources that were abandoned at that time in the process of implementing the decision can be reclaimed. As these stages are healed, the individual moves from rigid and reactive expression of underdeveloped ego states to expression of a wise, whole and ultimately surrendering ego.

We see the most appropriate way of assessing progress in therapy as assessing the repair and resolution of previously uncompleted developmental tasks, i.e., of the incorporation of healthy ego states into a collaborative self. What does the inner child need that he or she is not getting? Which developmental stage is this from? How does the person go about getting this need met? What prevents the person from getting these needs met?

Following is a summary of the developmental issues, shadows, and inner resources to reclaim for each developmental stage. See "Existential Issues in Heart-Centered Therapies: A Developmental Approach" (Zimberoff & Hartman, 2001) for a complete discussion.

First developmental stage - Conception to birth - Root chakra

Developmental issues (faulty conclusions) include fear of needs not being met; terror of abandonment; a deep, basic mistrust or insecurity; numbness and dissociation; feeling of "I don't want to be here."

Behavioral decisions (shadows) include not recognizing physical needs or doing anything to get them met; addictive and compulsive behaviors, especially ingestive addictions such as food, sugar, alcohol, pills, tobacco, or eating disorders; inability to ask directly for anything; terror of abandonment; needing external affirmation of one's worth; a deep, basic

lack of trust of others, and of having one's needs met; frozen feelings, numbness; not enough money, food, time, etc; inability to bond physically/emotionally.

Inner Resources to reclaim include the ability to express needs, to accept nurturing, to bond emotionally, to trust others (including God), and to choose to access the full vitality of the life force energy.

Second developmental stage - Birth to 18 months - Sacral chakra

Developmental issues (faulty conclusions) include fear of abandonment and/or engulfment; self-destructive, self-sabotaging, or self-hatred; deep sense of shame; lust and greed.

Behavioral decisions (shadows) include not knowing what one wants; boredom; fear of trying new things or experiences; deferring to others; fear of abandonment and/or engulfment; fear of making mistakes; not being aware of one's body, frequent accidents or injuries; overly adaptive; obsessive/compulsive behavior; lack of vitality and motivational problems; reluctant to initiate, non assertive; being hyper-active or under-active.

Inner Resources to reclaim include the ability to explore and experience the environment, to develop sensory awareness, to express needs and trust that others will respond, to know that there are many options in problem solving, to develop initiative, to openly and fully experience passion for life, and to live without pretense or defense.

Third developmental stage - 18 months to 36 months - Solar Plexus chakra

Developmental issues (faulty conclusions) include powerlessness; Victim / Rescuer / Persecutor patterns; authority issues; "Life isn't fair."

Behavioral decisions (shadows) include difficulty with boundaries, distinguishing one's own needs, wants, and feelings from those of other people; not feeling separate or independent; codependent relationships; avoiding conflict at any expense; unable to say no directly, but using manipulative means instead; inappropriately rebellious; using anger to mask other feelings; negative, oppositional, controlling, rigid, critical, or withholding relationship styles; intestinal and colon disease; demanding, often feeling cheated; Borderline or Narcissistic Personality Disorder; Attachment Disorder.

Inner Resources to reclaim include the ability to think for oneself, to test reality by pushing against boundaries and people, to learn to solve problems with cause and effect thinking, to express anger and other feelings, to balance separateness and autonomy in intimate relationships, to

give up thoughts of being the center of the universe, to create security, integrity, self-confidence, response-ability and the empowerment of accountability.

Fourth developmental stage - 3 years to 7 years - Heart Center

Developmental issues (faulty conclusions) include identity confusion; social exclusion ("I don't belong here"); abandonment; feeling stuck; despair.

Behavioral decisions (shadows) include relying on guesses and unchecked assumptions; having incorrect or missing labels for feelings, with anger often labeled as sadness or fear experienced as anger; belief that incongruity between one's thoughts, feelings and actions is normal; power struggles to control one's own and others' thoughts and feelings; a grandiose sense of one's own magical powers, e.g., if I act a certain way, my father won't drink or my parents won't get divorced; clinging to the magical hope of being rescued from challenges; manipulating others to take responsibility for them; sexual identity problems; use of seductiveness to get needs met; metabolic and circulation disease; taking care of others' feelings (emotional rescuing) to avoid abandonment; needing to always be in a position of power, or afraid of power.

Inner Resources to reclaim include the ability to assert an identity separate from others while creating social inclusion; to be confidant in one's knowledge about the world and oneself; to learn that behaviors have consequences; to learn to attract healthy relationships; to practice socially appropriate behavior; to separate fantasy from reality; to learn what one has power over and what one does not have power over; to create compassion, forgiveness, and *dis*identification from the ego states based in limitation and unworthiness.

Fifth developmental stage - 7 years to 12 years - Throat chakra

Developmental issues (faulty conclusions) include perfectionism; living in the past or future, not in the present.

Behavioral decisions (shadows) include a belief that one should know how to do things perfectly, without instruction; lack of information on how to organize time for complicated tasks; procrastination; inability to negotiate, either giving in completely or insisting on having one's own way; perfectionism; inflexible values; acting without thinking; discounting one's own feelings; ulcers, headaches, high blood pressure; living in the past or future, not in the present; having to be part of a gang, or being a

loner; difficulty with rules and authority, rebelliousness; reluctance or inability to be productive and successful.

Inner Resources to reclaim include the ability to be skillful and learn from mistakes; to accept one's adequacy; to think clearly and act effectively; to learn the appropriateness of having wants and needs; to accept the structure of the family and the culture; to accept the consequences of breaking rules; to have one's own opinions, to disagree, and still be accepted and loved; to develop internal controls; to learn about taking responsibility and who is responsible for what; to develop the capacity to co-operate; to compete and test abilities against role models and peers; to speak the truth, express feelings, discover the creativity within, and live transparently.

Sixth developmental stage - 12 years to 18 years - Third Eye chakra

Developmental issues (faulty conclusions) include lack of clarity regarding one's purpose in life; fear of intimacy; Narcissism.

Behavioral decisions (shadows) include desperately seeking companionship to fill the emptiness one perceives in oneself; refusal to accept traditional standards of behavior; flaunting of differences through extremes of dress or style, thumbing one's nose at society; either extremely dependent or isolated; without needs and wants; forming codependent symbiotic relationships in which one loses a sense of separate identity; extremely rebellious; conflicts with authority figures such as police, bosses, teachers, the government, etc.; sexual games, addictions or dysfunction, confusing sex with nurturing; use of psychological games to avoid real intimacy; self-absorbed; needing to be one-up on others; vengeful; difficulty with completion, beginning or ending jobs or relationships; abandons others to avoid separation or completion; confused sexual identity.

Inner Resources to reclaim include the ability to achieve independence; to emerge as a separate person with one's own goals and values; to be responsible for one's own needs, feelings and behaviors; to integrate sexuality into one's identity; and to see clearly on the interpersonal and on the spiritual level, i.e., with empathy and compassion.

Seventh developmental stage - adulthood - Crown chakra

Developmental issues (faulty conclusions) include spiritual struggles; God/authority issues.

Behavioral decisions (shadows) include all dysfunctional or self-limiting behaviors, which are substitutes for the missing meaning, satisfaction, and sense of fulfillment in life.

Inner Resources to reclaim include the ability to overcome stagnation and be creative, to create meaning in one's life through relationships, contribution to the community, self-actualization, and spirituality.

Eighth developmental stage - elder of the community - Etheric body

Developmental issues (faulty conclusions) include death anxiety; death urge or preoccupation; resistance to change, fear of the unknown, denial of death.

Behavioral decisions (shadows) include self-destructive tendencies; deep sorrow and "pain of loss;" preoccupation with and idealization of what is past; guilt and self-reproach; feelings of "unrealness;" lack of energy and fatigue.

Inner Resources to reclaim include the ability to face death with dignity and readiness, having lived and accepted life fully.

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