Newsletter 2 of 2017

ESTI
EGO STATE THERAPY INTERNATIONAL
NEWSLETTER

Website: ***www.egostateinternational.com*** ***Email:*** ***estioffice@gmail.com*** ***Newsletter*** ***heleen.d.malherbe@gmail.com***

Dear colleagues and friends of ESTI

Thanks to the input and suggestions from the ESTI community we were able to bring a distinct new and personal flavour to the Newsletter. One could with reason expect to have the Newsletter focus on intellectual, academic and developmental issues. But, we are a relatively small and specialized group of professionals that aims to establish EST within a wider world. We believe that in being approachable, more connected and willing to share on a personal level, we will strengthen the sense of community and the drive to expand our knowledge and thinking.

We take great pleasure in presenting an interview Dr Maggie Phillips conducted with the esteemed Dr Arreed Barabasz. He advocates a specific and thought-provoking stance on treating combat stress making use of Ego State Therapy techniques. The ESTI community extends a special thank you to Dr Barabasz for the willingness to share both his extensive knowledge and experience, but also enabling the readers to experience the enthusiasm he carries for this work.

The diversity of application of EST is further demonstrated in Dr Maggie Phillips' article on *The Wounded Healer*, finding some points of reference with Dr Barabasz. This illustrates the beauty and the art of psychology and hypnosis within the present timeframe, allowing the professional to match intrinsic knowledge both with the client and the presenting problem, but also within a framework which the professional is comfortable working in. None of us is expected to agree with all or utilize all.

A special place will in future be reserved to introduce our members. Within this issue you are introduced to some of the most recent therapists to receive their ESTI certificates. We anticipate that this will fill you with the same sense of hope and appreciation we experienced in reading these contributions.

Dr Maggie Phillips & Dr Heleen Malherbe

Inside This Issue

From the President's Pen	
ESTI Interviews – Dr Arreed Barabasz	2
Article – Dr Maggie Phillips	5
Article – Susanna Carolusson	8
A Word from ESTI Therapists	10
News across the Globe	11
International Congresses	13

From the President's Pen

Should you be on your way to Manchester for the XIV European Society of Hypnosis Congress: Unlocking Hidden Potential, we wish you all the best. Plan to enjoy a safe and calm Manchester and emerge yourself in the presentations. Plan to find hidden potential in all the colleagues you happen to meet up with, enjoy their company in ways that will inspire and bring renewed energy to manage all the difficulties we as therapists encounter.

Whilst on the topic of congresses it just so happened that the usual number of delegates could not be able to attend the ESH Manchester congress. This unfortunately brought about that our first official meeting of the ESTI board representatives would have been at the August 2018 congress of the International Society of Hypnosis in Montreal. But, ESTI is rapidly acquiring interested and competent members, supervisors and trainers, bringing us to a position where we need to bite the bullet and reconsider some of the processes, training and representation that worked in the beginning years.

Therefore a meeting of representatives from all countries is scheduled in Wiesbaden on 14th September 2017. Firstly, this meeting (and please send all your representatives) aims to develop a more or less standardised and agreed upon ESTI Training Schedule. It goes without saying that such standardisation will always leave room for cultural and language differences as well as some of the special interests of a specific group. Woltemade and I will soon be asking for written input to be discussed.

Secondly, the meeting will also serve as a formal board meeting as we need to find consensus on a number of issues. One of the challenges I am constantly confronted with is representatives being exemplary loyal to ESTI, motivated to exhaustion, but not being able to find the time to actively participate in correspondence, contribute to the Newsletter or any decision -

making; this solely due to their busy schedules which include frequent training events.

While I am on the topics of meetings, I want to move on to our next ESTI congress. Organising a congress is a huge undertaking that comes with massive financial risk. After a vast amount of to and fro correspondence, sharing, weighing and thinking, it was decided that the 2019 congress will be in Namibia from 21-27 February 2019. Have a look at the scheduled international congresses section of the Newsletter and clear your diary for time to spend in the beautiful Namibia this time around missing out on South Africa.

I am passionate about building a historical legacy around John and Helen Watkins – as well as carrying forward their work. Included in this issue of the Newsletter you will find a personal account of working alongside John and Helen Watkins – *How I got to know the Watkins'* by Susanna Carolusson, our representative from Sweden. I will in future call on all those that had personal contact, be it in training or socially, with both John and Helen. But, I would appreciate any contribution no matter how short. There is always a place to share these valuable snippets.

All my best wishes and I hope to see you soon!

Dr Heleen Malherbe
President ESTI

ESTI Interviews – Dr Arreed Barabasz

By Maggie Phillips Ph.D

At the age of 23, Dr Arreed Barabasz (EdD, PhD, ABPP) completed his first doctoral degree in Counseling Psychology. His PhD in Clinical and Human Experimental Psychology is from the University of Canterbury, New Zealand where he conducted the first studies of EEG and Hypnosis in Antarctica. Arreed also completed a post-doctoral Clinical Fellowship at Massachusetts General Hospital & Harvard Medical School. He is the Editor of the International Journal of Clinical and Experimental Hypnosis (IJCEH) and has just retired from his position as full professor at Washington State University. He is a licensed psychologist and Diplomat of the American Board of Professional Psychology (ABPP), the highest distinction in professional psychology.

Honors he has won includes Fellow for "Outstanding and unusual contributions to the science and practice of psychology" in the American Psychological Association, the American Psychological Society, and the Society for Clinical and Experimental Hypnosis. He has published over 100 refereed research papers and received numerous national awards for his achievements in research, theory and practice. He is the three-time winner of the coveted Henry Guze Award from SCEH and other awards.

His three most recent books are published by Routledge/Taylor & Francis. Professor Barabasz's (2005) book *Hypnotherapeutic Techniques, 2nd Ed*, co-authored by John G. Watkins was awarded the 2005 SCEH National Award for the "Best Book on Hypnosis." His 2008 *Advanced Hypnotherapy: Psychodynamic Techniques* textbook with John G. Watkins won the 2010 Roy M. Dorcus Award for the "best clinical contribution" from the Society for Clinical and Experimental Hypnosis.

This May, I had the great pleasure of interviewing Dr Barabasz for the current edition of the ESTI Newsletter. He is indeed a giant within the field of hypnosis and an important contributor to the theory and practice of Ego-State Therapy. Arreed is particularly known for his Manuals on Ego-State Therapy and on Psychophysiological Monitoring in Hypnosis. His most recently published manual is on *Abreactive Ego-State Therapy for Stress Injury, PTSD, and ASD.* Manuals can be purchased from Dr Barabasz directly by contacting him via his email address arreed barabasz@wsu.edu (Please reference your membership in ESTI).

MP: *How did you encounter Ego-State Therapy during your professional development?*

AB: It was relatively late in my career. I started out as a Rogerian psychologist, and was trained by Carl Rogers himself. I then shifted to Cognitive Behavioral Therapy and did post-doctoral work with Dr. Albert Ellis, one of the earliest fellows in the Society for Clinical and Experimental Hypnosis. When I was president of SCEH, Ellis was always the first to pay his dues each year. In the 1970's and 1980's, my experimental research was focused on enhancing hypnotizability, including controlled studies in Antarctica on Isolation and Hypnotizability. I still do publish and present at conferences on the effects of Sensory Deprivation also known as Restricted Environmental Stimulation. My research from the mid-1980s to early 2000s was, as you know, focused on experimentally controlled research on the physiological basis of hypnosis including rigorously controlled studies of EEG evoked potentials that clearly showed the effects of hypnosis *per se* that could not be produced by relaxation, attention placebo intervention nor by those who were of low hypnotizability. I think there are now 5-6 replications of my 1999 findings reported in the International Journal of Clinical and Experimental Hypnosis (IJCEH).

My interest in Ego-State Therapy began out of curiosity when I took a workshop with Jack and Helen Watkins back in the early 1990's. I was intrigued by the theoretical and conceptualization and very cautious about the abreactive aspects. I took the workshop three times from Jack and Helen, and began to recognize that the EST was an acceptable and powerful way to present analytic concepts to patients that was understandable. My experimental work originated from the impressive results I was observing in working with patients and the durability of positive outcomes at follow-ups.

MP: *Let's discuss some of the results you have obtained from using EST with patients. What kind of successes have you had?*

AB: The biggest EST success story is from 2011 – 2013 when I wrote (with Drs Marianne Barabasz, Ciara Christensen & Jack Watkins) on the theory and manualised procedure as well as placebo controlled research on abreactive single-session Ego State Therapy for PTSD. The initial aim was to conduct this work within four to four and a half hours. We discovered that this was unworkable because there was not enough time to establish rapport and trust. Our model has evolved into five and a half to six hour sessions. There are two articles related to this work.

The first is "Efficacy of Single-Session Abreactive Ego State Therapy for Combat Stress Injury, PTSD, and ASD" (A. Barabasz, M. Barabasz, Christensen, French, and John G. Watkins (IJCEH, 2013). The other primary controlled study (Christensen, Barabasz and Barabasz) on the efficacy of abreactive ego state therapy focused on anxiety and depression as well as trauma resolution (IJCEH, 2013). The results of these studies were that over 70% of the patients were symptom-free from the trauma. Co-morbid depression, anxiety, and flashbacks were also resolved. We now have follow-up data at 24-months. (NOTE: This and other articles can be downloaded for free by going to https://researchgate.net/search).

MP: *Can you tell us about your protocol that can help to create these dramatic shifts in traumatic experiences?*

AB: The most effective tool is the abreactive phase of the manualized procedure where trauma is resolved. It's important to note that it doesn't work by itself. All phases of the procedure are essential to good outcomes. Repeating the abreaction a minimum of three times until the patient is physiologically and psychologically exhausted and doesn't want to or can't go through it anymore is critical. It's important to reach the level of exhaustion (it also can be exhausting for the therapist as well). With one case, we had to repeat the abreaction six times, but that's very unusual. The abreactions are repeated within that single session.

Ciara Christensen and I are currently engaged in a study comparing the manualized EST approach to to EMDR. Our results so far indicate the effects of EMDR and Abreactive EST are roughly equivalent at the immediate post treatment testing, but half the EMDR patients show little if any symptoms resolution at follow-ups. In contrast, Abreactive EST produces durable results even at long-term follow ups.

MP: *Are there any specific cases that stand out for you in terms of extraordinary results?*

AB: There is no single example. In the sessions I've run with Marianne Barabasz and Ciara Christensen, by the end of the session, the patient typically says, "I feel like a new person." Facial expressions are more alive; and we have had reports where subsequently these patients are able to get out of bad relationships. It's not just the resolution of the actual trauma. This is impressive across the board. After 2 years of follow up, we're getting more than a 70% retention of results.

MP: *You wrote two books with Jack Watkins, Hypnotherapeutic Results 2nd Edition (2005), and Advanced Hypnodynamic Techniques (2008). Did Ego-State Therapy have a place in these two books?*

AB: *The Hypnotherapeutic Techniques* volume includes over 100 scripted protocols. A number of those were used and referred to in our 2015 *Abreactive Ego State Therapy manual for PTSD and Combat Stress Injury* manual. The Hypnodynamic book has chapters on Ego State Therapy as well as several case examples and dynamic protocols.

MP: *Let's get right into abreaction. It's at the heart of your approach along with the support, reconstruction, and reassurance afterwards.*

AB: The repeated abreactions within that single session are key to trauma resolution that dissolves the symptoms but you have to make sure that you put the patient back together with inductions (from *Hypnotherapeutic Techniques* book) that are supportive, reassuring and durably reconstructing of the injured structure. With the manual, you can literally read the scripts we use to your patients.

MP: *Because abreaction is still heavily debated within our field, what do you think is the most important part of preparing a person successfully for this procedure?*

AB: The initial phase in the manual is qualifying the patient for single session EST. We use the Clinician Administered PTSD Scale (CAPS). Many clinicians are resistant to the CAPS because it takes so much time, but it's an excellent structured way to develop rapport and trust with PTSD patients because severely traumatised patients, particularly males, do not want to talk about the trauma event in sufficient detail. The structure of the CAPS along with empathic follow-questions opens up the relationship that is essential to the success of the protocol. Those with combat traumas often simply don't want to talk about their traumatic experiences. The CAPS administration opens the door to developing that level of communication.

We also must assure that the trauma is circumscribed. The single session model is not intended for anything but a single, perhaps repeated trauma event.

Gordon Emmerson (author of *Ego State Therapy* and *Resource Therapy Primer)* explains his approaches to EST without

abreaction and without uncovering covert states, which can be more palatable to many therapists. Dr Erika Fromm, who was my External Examiner for my second doctoral dissertation explained that she was quite sure that abreaction was effective but that she simply did not like working with such intensity with patients. It can be difficult to use sufficiently intense abreaction if you have not worked with another therapist who has done this kind of work for some time. Marianne Barabasz and I recently treated a patient using our manualised approach who became violent during the abreaction. It takes courage to carry it out to completion even for some very experienced clinicians. You can't give up when the work gets difficult like that. You have to learn to "sweat on the side of your face where the client can't see." Even though you can't know exactly where the abreaction is going, you don't give up when the going gets tough.

MP: *Once you've qualified your patient for possible success, how do you keep the individual safe for what can be a wildly dramatic abreaction?*

AB: The key is that the patient does not face the trauma event alone in the abreaction because you are right there and you're accompanying the patient in hypnosis that has been already established in the previous phases of the manualised approach. Your co-therapist plays an important role as well. The client might say, "I can't do it. He'll hurt me." I might take the perpetrator role that I have assumed many times, and my co-therapist will say, "I won't let him do that." Sometimes this needs to be repeated, and that by itself can get the client through the abreaction, and help them abreact even more, to get to physiological and psychological exhaustion, which is supported. Next is the supportive phase of reconstruction and reassurance.

It's also important that you feel that the patient understands the nature of Ego-State Therapy. The therapist can simply photocopy a couple of pages from the manual's section "What is EST?" for the patient to read in the session to foster the sense that it's normal to have different feelings about the same belief or experience.

MP: *When you enter into the abreactive process, are there* any *other elements that you include if patients are really* disturbed *or distressed?*

AB: There's the whole issue of *resonance* that Jack (Watkins) wrote about before I met him, the belief that the therapist has to be able to feel *with* the patient. That also can be quite exhausting but can also be critically important in conducting abreactive Ego State Therapy for some patients.

MP: *Your model is very close to the model that Jack and Helen used for abreaction. How was it for you to learn and work with Jack Watkins?*

AB: Jack was a great mentor. He was going through an extended grieving process after losing Helen when we were working on the second edition of *Hypnotherapeutic Techniques* in 2005. By the time we started on the second book, *Advanced Hypnotherapy,* he had taken the lead. For the 2013 efficacy studies I would send him the tapes of the abreaction sessions I conducted with either Marianne Barabasz or Ciara Christensen. Jack was the "fidelity checker" to assure that we were carrying out the abreactions in accordance with how he had conducted them with Helen. He was also a great supervisor in terms of our early work when we were learning abreaction, as a board certified clinician; we had the benefits of his knowledge and experience with a lot of trust and respect already built in.

MP: *Where would you like to see the field of Ego State Therapy evolve from here?*

AB: I'd like to get some training on manualised EST PTSD treatment going with the military here so that this approach can be accepted as a primary treatment for PTSD, particularly with combat related traumas.

MP: *What are you passionate about these days in the wider world of healing?*

AB: I remain passionate about hypnosis and Ego State Therapy. I also remain interested in Sensory Deprivation/ Restricted Environmental Stimulation research and therapeutic effects. The interest in sensory deprivation and use of "wet" flotation and "dry" flotation is growing again. I have had both dry and wet flotation tanks in my lab at Washington State University and have personally used these approaches in conjunction with hypnosis to peak performance for athletes in tennis, basketball and even marksmanship. I worked with one basketball star at WSU who spent time in the tank before playing an important PAC 10 game an hour and a half later. He scored more than 60 points! We also ran a study with this approach that showed specific results in the enhancement of imagery.

MP: *Arreed, thank you so much for giving so generously of your time for this interview!*

Dr Arreed Barabasz (EdD, PhD, ABPP)
arreed_barabasz@wsu.edu

The Wounded Self in Ego State Therapy

Dr Maggie Phillips, PhD - USA

A recent issue of the *American Journal of Clinical Hypnosis (*59:1-121, 2016) explored the concept that for some patients, unresolved emotional disorders present more complexity if they are related to unresolved emotional wounding issues. The concept of the *wounded self* in the context of this material is "analogous to Jung's *complex,* Beck's negative *self-schemas,* Watkins' *wounded self ego state,* and Berne's *life scripts"* (p. 2).

This commentary will focus on Jack and Helen Watkins' conceptualization of the wounded self from the ego-state perspective in both theoretical understanding and treatment. Three articles are relevant to our discussion. The writers are Dr. Eric Spiegel, Dr. Richard Kluft, and Dr. Arreed Barabasz.

Attachment-Focused Psychotherapy and the Wounded Self

In his article, "Attachment-Focused Psychotherapy and the Wounded Self," Dr. Spiegel perceives that wounds to the self "stem from the interaction of damaging life experiences and the psychological defense strategies utilized to keep wounded individuals safe from their feared stressors" which involve both internal and external cues that lie just beneath a person's conscious awareness (p. 48). Often, only the self-perception of vulnerability is conscious without the understanding of why this exists.

Spiegel points out how attachment theory considers ways that the attachment relationship becomes internalized and expressed during the developmental process. Particularly, he emphasizes how joint attention in the "therapeutic space" can create joint attention to reciprocal sharing of moment-to-moment experience. He recommends the use of multiple sensory pathways to reinforce "the integrity and reality of self-experiencing" (p. 55).

His case example of "James," (p. 62), features his work with a 25-year-old young man suffering from social anxiety. After evaluating James' issues further beyond his initial complaint, Spiegel concluded that he also struggled with self-wounding that might be related to diagnosis on the narcissistic spectrum, since James determined that his difficulties with sports and related reactions of others, including his father, were devaluing and limited his sense of self-efficacy (p.61). Because his anxiety symptoms were so strong, Spiegel used hypnosis to help him develop positive sensory experiences in his body and also utilized the hypnotic qualities of absorption and dissociation to enhance his attention in social situations, a process that resulted in his feeling significantly more confident.

When James subsequently was interviewing for internships, he became aware of a "serious, critical inner voice" that appeared to be related to an ego state that was "stereotypically male" and judgmental. In bringing this ego state forward, Spiegel asked permission to speak to this part of the self. James described experiences of feeling very angry, swearing, and saying "angry, hateful" things under his breath or even out loud. After further exploration, Spiegel and James decided that the anger was a way of stopping his more helpless, vulnerable feelings. His hypnotic ideomotor "yes" signal indicated that James' adult self felt uncomfortable making "small talk" with others while simultaneously feeling alone or invisible.

Over time in his childhood, James learned to be his father's mirror, asking him questions about his day when he was riding home from school, though his father never asked reciprocal questions of James. Spiegel then suggested that James' adult self could return to those experiences, sitting in the back seat of his father's car with the young boy, putting his arm around him, and reassuring little James that it was fine just to relax, that he no longer needed to play a role. James later commented, "I no longer feel alone and I know there's nothing wrong with me…my wise self tells the hurt kid that our Dad cared even though he couldn't show it…he just didn't have the words to show his love and interest…he was really uncomfortable although that doesn't mean that I have to be."

The Wounded Self in Trauma Treatment

The second article to be explored is "The Wounded Self in Trauma Treatment" by Dr Richard Kluft. Initially, Kluft points out that no single model of treatment has established itself as preeminent in trauma therapy. His experience is that, with some exceptions, the relationship between therapist and client is the more powerful in working toward goals than the influence of specific techniques or models and the personal magnetism of the therapist.

Kluft draws on the theory of Heinz Kohut to identify three relational needs of the human self, pointing out that individuals need accurate mirrors to reflect appreciations and affirmations back to the person so that he/she can "see" himself or herself with more accuracy. Second, the individual needs idealized others to provide safety and provide models for the person's own personal development; and third, individuals need a sense of connection with others based on the appreciation that they share much in common, "a sensed sameness described as alter ego or twinship experiences" (p. 71).

According to Kohut and Wolfe (1978), there are several kinds of self-pathology, all of which are relevant for professionals that treat trauma:

1. The **understimulated self**—a lack of vitality which is related to a deficit in stimulating "empathic responsiveness";

2. The **fragmented self**—a recurring tendency to fall apart due to a lack of integrating responses from childhood, or a temporary condition when self-esteem is drained without replenishing support;
3. The **overstimulated self**—occurring in response to "unempathic overstimulation" when grandiosity is promoted (Kluft, p. 71)
4. The **overburdened self**—as emotions build up without the opportunity to merge with the calmness and support of an idealized introject, the self is overwhelmed.

Although Kluft does not include reference to Ego-State Therapy at this point in his article, the categories above can be viewed as helpful ego state styles or patterns to be considered by the trauma professional.

Kluft advises against the use of specific techniques, including hypnosis, in highly traumatized individuals, because facilitators of a treatment plan cannot be used when no treatment plan is in place. When hypnosis is introduced prematurely, overlooked or withheld, dissociative phenomena may emerge to challenge, if not destroy the treatment (p. 75). The author states that relaxation and self-hypnosis training require similar cautions. Ego-state therapy, however, according to Kluft, would appear to offer "little risk of misadventure," even early in treatment. He notes, however, that different skill sets may be required to address an unexpected encounter with a self state that has a rigid view of itself and a view of reality that might be significantly discordant with views of reality that had prevailed moments before (p. 76).

In the close of his article, Kluft suggests that "the most important objective for any session processing trauma is the patient's leaving that session safe and stable" (p. 82). He identifies several steps that can make this outcome more likely:

1. Trauma processing or searching for trauma not spontaneously presented during initial evaluations are usually contraindicated until the goals of safety and establishing the therapy frame and plan are established.

2. Trauma processing does not mean initiating efforts to process during every session. Although it is important to pursue intrusive remnants of trauma being processed, time for recovery, reflection, and focusing on everyday life concerns should also be paced carefully to avoid overwhelming clients.

3. Kluft's "rule of thirds" recommends that unless planned trauma work can be initiated during the first third of the session, pursued in the second third, and preserving the last third for discussion and destabilization, trauma work should not be attempted to "avoid creating a destabilizing race against the clock".

4. The importance of shutting down trauma processing in order to restabilize in these cases is inherent (p. 82).

To end a session safely, Kluft proposes "truncating and terminating trauma processing" by creating a count-down suggestion toward the end of the session: "Whatever more needs to be expressed in order to be able to put this matter aside between sessions…Let that come through in the next 5 minutes." He also utilizes "slow leak techniques" to transform the sense of failure into "a unique form of active mastery" (p. 83), such as sending enough of the distress to an inner vault for safekeeping. This and related strategies are an important skill to establish. He also recommends the use of the Howard Alertness Scale to make a subjective estimation of the patient's baseline state of alertness.

Kluft's approach may be described as teaching hypnotic skills needed for trauma and stabilization well in advance of their use for dealing with difficult trauma material. He endeavors to strengthen patients and to bring them along a protective learning curve well before the more challenging experience of trauma processing is initiated (p. 84).

Resistance to Healing the Wounded Self

The third article of interest in this discussion, and the most relevant, is "Resistance to Healing the Wounded Self: A Psychodynamic Rationale for a Targeted Treatment", authored by Arreed Barabasz, Marianne Barabasz, and Ciara Christensen. The writers propose that to understand the wounded self, it is necessary to understand "subject-object" –i.e. what is within my "self" and what is not.

They remind us of the two types of personality energy proposed by Paul Federn (1952), a predecessor of Jack Watkins. *Ego energy* or energy of the self, activates the ego, and *object energy,* which is experienced as "not me," an object outside "my" self (p. 90).

To find out why the wounded self can be so resistant to healing, the authors point out that the dynamics of introjection and identification depends on the distribution of object and ego energies. Although the authors suggest that introjects are not ego states but can be treated as ego states, from the Watkins' point of view, introjected ego states are one of the three basic kinds of ego states which further include adaptive ego states and trauma-related ego states (Watkins & Watkins, 1991). Kind, helpful ego states can be found when significant people in a patient's life were benevolent. Introjects in the wounded self, however, "are often scary, abusive, and threatening", and may result in the "not-me" critically and harmfully impacting "the me." The writers suggest that "the wounded-self patient"

is frequently astounded at the emotions they experience while an introject is executive, yet by experiencing this introject in the first person, the patient develops a better understanding of that introject.

Gordon Emmerson (2006) has indicated that an introject internalized as cold and harmful, may through ego state negotiation, become warm and caring. A parallel conceptualization (Emmerson, 2013) involves what he terms *vaded* states, which are filled with anxiety-producing levels of fear and/or rejection; when they become executive or conscious, they exhibit emotions not relevant to the current environment or setting, or feel disempowered because they cannot respond in an appropriate manner. If the patient *identifies* with such a significant other, he or she may become less able to adapt, so that maturity and healthy adaptation is precluded.

Barabasz et al. report that when conceptualizing treatment on the basis of object-subject energies, hypnosis emerges as the key modality for moving and changing energies to benefit the patient. For example, when a hypnotic suggestion is given to a patient that he or she is able to move a hysterically paralyzed limb, the suggested movement may occur because ego energy has now been invested in it, changing it from object to self and back to the patient's voluntary control (p. 91).

To understand how painful self-wounds develop, it is important to recognize that personality develops through two basic processes, integration and differentiation. Through integration, a young child learns to put information and experiences together, such as dog and cat to build more complex concepts called "animals." By differentiation, a child separates more global concepts into more specific meanings, such as differentiating between a dog and cat. However, when the differentiation process occurs in excess it becomes "maladaptive dissociation" (p. 92).

Differentiation is generally adaptive and considered normal; in the wounded self, however, two states may be so separated from one another that they cannot be compared; only one is within consciousness at any given time. The authors conclude that dissociation observed in resistant wounded-self patients is essentially pathological.

Child ego states were most likely created when the individual was quite young and think concretely like a child. While adolescent or adult life states may respond to "top-down approaches," they might not reach child states. States created during the patient's teenage years will tend to think like an adolescent, often suspicious of adults and protective of their own independence and rejecting being told what to do. When working with child or adolescent states, the therapist should consider the age of the ego state, noting that ego states that fuel wounded selves who attempt to function for the adult patient and result in inappropriate or maladaptive behaviors which may be characterized by short-term instant gratification rather than more mature, goal directed behaviors. As the professional retrieves more information, approaches can be modified through the use of hypnosis by targeting relevant ego states and providing corrective emotional experiences (p. 93).

It is crucial to become familiar with the differences in the circumstances of the patient's past and that of present time in order to enhance treatment success. When targeting wounded-self ego states, therapists must attend carefully to patients because the state will first come forward with slight changes in posture, mannerisms, voice quality, and language use. The writers maintain that hypnosis, targeted to the relevant ego state, is the key approach that adjusts and regulates subject and object energies. Other therapy resources can also be used at that point such as cognitive-behavioral, psychoanalytic, Rogerian, Energy Psychology, EMDR, and other tools.

Ego state boundaries also must be considered in wounded-self patients. On one end of the continuum, the boundaries are so flexible that they are almost non-existent, while at the other end the boundaries become more and more rigid and impermeable and at the extreme end, the states no longer interact or communicate with one another, as in the case of true dissociative identity disorder (DID). The in-between states have semi-permeable boundaries and often do not spontaneously appear overtly, but can be activated to become executive through hypnosis. Conflicts between states in this middle range may be expressed in the form of symptoms such as headaches, anxiety, depression and other mind-body problems.

Additional guidelines for working with ego states include the importance of understanding that wounded-self patients typically have ego states that differ widely in purposes, interests, needs, and values. The authors urge caution in allowing states to reveal their uniqueness as they unfold rather than suggesting names, functions, or other qualities.

The authors close with their five-phase model that follows the manual of their evidence-based treatment with PTSD (Barabasz et al., 2015). All five phases should be successfully completed to achieve a good clinical outcome: 1.) "qualifying the patient (the self-wound or early unresolved emotional injury must be accessible, circumscribed, and orienting" (p. 97); 2.) contacting ego states; 3.) diagnostic exploration of ego states; 4.) ego state mapping, and 5.) resolving internal conflicts through hypnotically induced abreaction and reconstruction to empower the wounded

states. They propose that abreactive hypnosis is the key to precise targeting of underlying unresolved emotional injury in treating the wounded self, and believe that patients should always be treated as individuals; manualized protocols must be tailored appropriately to patients' clinical responses.

Discussion

Although the three articles described here vary in their approaches as well as their theoretical orientations, the authors meet in discussing how to work with patients who struggle with deep self-wounding and conflict. Spiegel's discussion of how his client James, who struggled with an angry, critical voice, was particularly interesting. He and James were able to identify through direct and indirect hypnosis that the voice and accompanying gestures and thoughts were a defense against vulnerable feelings of humiliation related to his father, brother, and peers. The corrective experience of his adult self who comforted the small boy, who had been hurt by his father, was particularly engaging.

Kluft's article is the least connected to Ego-State Therapy, yet suggests valuable patterns of the wounded self and emphasizes the paramount importance of safety in treating wounded-self patients. His guidelines for trauma processing include strategies for teaching hypnotic skills that result in safe and stable outcomes for patients are particularly helpful.

The third article featuring Arreed Barabasz as the primary author is focused on understanding why complex resistances to healing often occur in wounded-self patients. This paper is written clearly from an ego-state perspective and highlights how ego and object cathexis, the differences between differentiation and integration, time orientation issues, and the developmental qualities of ego states can sometimes serve as barriers to healing. The authors' five phase model drawn from their evidence-based treatment for PTSD makes an interesting case that hypnotic abreaction is the key to identifying precise targets of underlying, unresolved and often unconscious emotional injury at the heart of treating the wounded self.

Reading List

Barabasz, A., & Barabasz, M., & Christensen, C. (2016). Resistance to Healing the Wounded Self: A Psychodynamic Rationale for a Targeted Treatment. *American Journal of Clinical Hypnosis, 59: 88-99.*

Barabasz, A., Barabasz, M., & Watkins, J.G. (2011). Single-session manualized ego state therapy (EST) for combat stress injury, PTSD and ASD, Part 1: The theory. *International Journal of Clinical and Experimental Hypnosis, 59(4),* 379-391.

Barabasz, A., Barabasz. M., & Watkins, J.G. (2012). Single-session manualized ego state therapy for combat stress injury, PTSD and ASD, Part 2: The procedure. *International Journal of Clinical and Experimental Hypnosis,* 60(3), 1-12.

Barabasz, A., Barabasz, M., Christensen, C., & Watkins, J.G. (2015). *Abreactive ego state therapy manual for combat stress injury, PTSD, & ASD. (2nd ed.). Authors.*

Emmerson, G. (2013). The vaded ego state and the invisible bridging induction. *International Journal of Clinical and Experimental Hypnosis, 61(2),* 232-250.

Federn, P. (1952). *Ego Psychology and the Psychoses.* New York: Basic Books.

Kluft, Richard P. (2016). The Wounded Self in Trauma Treatment. *American Journal of Clinical Hypnosis,* 59: 69-87.

Kohut, H., & Wolfe, E. (1978). The disorders of self and their treatment: An outline. *International Journal of Psychoanalysis, 59,* 413-425.

Spiegel, Eric B. (2016). Attachment-Focused Psychotherapy and the Wounded Self. *American Journal of Clinical Hypnosis* 59:47-68.

Watkins, J.G., & Watkins, H. H. (1997). *Ego States: Theory and Therapy.* New York: NY: Norton.

How I got to know the Watkins'


Susanna Carolusson, EST-Sweden


Helen Watkins

It is a long time ago now.

So I do not remember exactly when and not even where it began! I am this way with people I develop an attachment to: I remember our conversations, the immediate surroundings, the smiles and the looks, the eyes and the relational quality, but I am lost when you ask me about abstract details, like year and geographical location.

The first time I participated in their teaching was in one of the European Congresses of Hypnosis or an International one. It was around 1990 or the late 80s. I learned hypnotic ways of working with dissociation, in SSCH (1978 – 1982), letting patients' parts be interviewed and understood on a deep level, and in various creative ways finding new ways for the previously conflicting parts to accept, interact and support one another.

We were taught by Marlene Hunter, Stanley Krippner, Onno van der Hart, and others. Later, Steven Gilligan visited us and demonstrated ways to care about self and alien parts.

Marlene Hunter introduced me to Helen and John Watkins. We listened to them together and I decided to invite them to teach my students in Sweden. So, I attended all their workshops at the International and the European Congresses from then on. Konstanz, Munich, Vienna, Rome … and during those meetings we became friends.

I invited them to teach EST in Sweden, at three of my consecutive, 3 years post- graduate psychotherapy training programs (1994, 1998 and 2002). I always attended and learned new aspects from their intense teaching. They spent about 20–25 hours teaching and supervising my students; each visit, consisting of two or three days. We had dinners together in the evenings and after workshops, when they stayed a couple of extra days with my husband and I. Helen loved Gothenburg and she loved my husband too. They had much in common; warmth, originality, a fling for gourmet food and good wine. She felt at ease with the pleasant inhabitants and the calm tempo in the streets of Gothenburg.

So, what more can I tell you, about my meetings with Helen and Jack? Maybe some of their positive qualities? When they were teaching together, they chose to present themselves as John the theorist and Helen the clinician. They told me they preferred these roles, complementing each other. Helen even told me that she did not want to compete with her husband on the domain of theory and John always praised her clinical excellence, from which he learned the importance of resonance, he told me. Well, those of us who knew him, also know that John had clinical skills too. Especially so his excellent clinical skills evidenced in his pioneering trauma therapy with war veterans that became apparent during any conversation about his experiences.

In my collaboration with both of them, I soon realised that John was and behaved as an authority figure. At one of their workshops in Sweden, the last afternoon was approaching, and Helen had not yet demonstrated her Chair Technique, which was scheduled in the program, and in my opinion a mandatory highlight in their workshops. But this time, John's theoretical discussions had engaged people in prolonged, and I feared endless, Q and A sessions. At lunchtime, I therefore asked Helen to do her usual demonstration and she accepted. When we entered the classroom and informed John, he opposed such a late demonstration as inadequate time was left to deal with any unforeseen or abreaction. I, with hands on the hips, told him that this seminar was part of a two years teaching program under my responsibility, and that I would take care of any possible side-effects shown by the students. John left with a "Not with me present!" Helen did her demonstration and after 10 minutes John came back, sat at the back of the room with a look of acceptance on his face. Apparently he liked strong women, as evidenced by him marrying Helen.

After that occasion John started consulting me about a project he had, writing a novel. One evening, when Helen was supervising my students after dinner, and John and I were private, he read his manuscript aloud, asking for my advice. Actually, it was Helen who encouraged him to ask me if I could support him writing a novel draft. He was ill at ease to take up my time in the evening, tired as we all were. The three of us kept contact about the novel, about life and about hypnosis.

I was always impressed by Helen's calm manner. She did not have any stage nervousness, no need to be on her own to prepare before teaching, no need to have a private "warming up"-minute in the morning. She would be discussing with me all kind of things until she, in a second, switched into her teaching state and had an immediate rapport with the audience. There she was, in her high quality dresses, often in a violet colour, a hairstyle that was classical, always perfect. She was proud of her style, and did not hesitate telling me she never washed dresses, but always sent her dresses to dry cleaning. In Sweden, that could have been regarded as an upper class attitude, but we compared our economies and realised, that in Sweden we did not have (it may change in the near future 2016 -) any low paid occupations, so we both learnt about cultural-political differences.

One evening, as Helen and Jack had just arrived to Gothenburg, we had a "how are you, what has happened since last time"- meeting in a ship restaurant in the harbour. We had such an intimate encounter. Helen told me about some hardships, and I told them about my son's accident, his brain injury and our struggles. She listened, she asked, she listened again. When I left them outside their hotel, Helen looked sincerely at me, saying with conviction: "My hat off for you, Susanna! I would not have had the strength you have", which I am sure she would have. Nobody can imagine their own resources until they have to.

Helen never told me her age, so I was of the belief that she was much younger that Jack, and it was not until she died, that I realised that she was at least 15 years older than she looked. She once told me how empty it would be to eventually become a widow, so I took the opportunity to discuss the eventuality of such a fate, and my wish to have her teach in Sweden, even if Jack would not be with us anymore. "No!" she could not do their workshops alone, she would feel like betraying him. I argued against; meaning Jack would love her to go on teaching, honouring his memory. That eventually did not happen, destiny made Jack a widower.

We kept some contact. He came to Stockholm as a private participant to our SSCH annual meeting, and he proudly danced a jitterbug. Jack was so happy to realize that he still was able to dance he decided to take up his ballroom back

home in US … and to find himself a new wife. As he told me that, with the "Helen's husband ego state" speaking: "Helen is and always will be first and best". No woman can ever take her place. "It would be unfair to another woman, but I need the company of a woman". He sent me letters, always handwritten on paper, short notices on how life went on with work, family and future plans.

Let us honour their legacy. Of course they taught me more than I can ever describe in one go, but I will mention two things: Helen taught me to relax and be myself in the act of teaching. John taught me to discipline myself and invest with joy, the pleasure of writing and teaching, not giving in to retirement age, which for me is this year.

In my mind now, right now, I ask Helen for her advice on the issue of ageing and retirement. I hear her saying: Take care, enjoy your private life and our wonderful nature as well, not the least enjoying the wonderful Europe. Teaching is an unselfish, energy-consuming part of life. Even if I never revealed that to anybody, not even to myself, it was.

Remember to re-load
Often
Thank you, my "Helen-introject", or whoever you are.

Read more about Jack and Helen Watkins at http://www.egostateinternational.com/jack-and-helen-watkins.php

A word from ESTI Therapists

 ***Karin Potgieter from South Africa***

I am so excited and grateful at the same time for being part of the ESTI family. The training has been a wonderful and much needed journey towards a more effective and enjoyable therapy experience for me. I am an Educational Psychologist at an Education Department. I work with the whole spectrum of school age children, teachers and parents across a range of cultures, languages and socio-economic circumstances.

I find EST to be very effective in working with bereavement, trauma and especially bullying, be it the victim or the perpetrator. EST often surprises me in how naturally it is accepted by clients. Parts work really carries simultaneously the relief of understanding the problem and of negotiating the solutions.

I am very grateful towards my trainers, Dr Woltemade Hartman and Dr Elzette Fritz and to all the EST practitioners who took the time and effort to publish or to present at conferences so that we could share in their knowledge and experience.

Appreciative greetings from my Inner Family.

 ***Daniela Kovacs from Austria***

I am a "Klinische und Gesundheitspsychologin Psychotherapeutin" located in 2700 Wiener Neustadt, lower Austria. This is about 45 minutes away from Vienna.

I appreciate the ego state therapy as a wonderful tool for handling problems in decision making of any kind and most of all in quitting smoking and sugar addiction.

As I have to deal with big groups of obesity patients I now and then give them a thought of the ego state approach in my theoretical lectures. What I do observe when explaining what it is about theoretically, is that many of them seem to go into a light trance while listening. They seem to be interested in it a lot.

Thank you very much for your efforts.

 ***Kerstin Hentschel from Switzerland*** take us on a journey, explaining her highly personal experience of body-work in combination with EST. We hope there will be more such insights to come, Kerstin.

Born 1962 in Germany, grown up in the Black Forrest region, having first studied Mathematics and Informatics at the University of Bayreuth, Germany and later on Clinical Psychology and Neurophysiology at the University of Tübingen, Germany, love brought me to Switzerland in 1993.

During my studies I became more and more interested in the interface between psyche and soma. This led me to a neoreichian training as accredited psychotherapist at the International Institute of Biosynthesis IIBS in Switzerland, led by David Boadella and Silvia Specht Boadella.

An important highlight concerning this interface between psyche and soma or body and mind was when I met Stephen Porges 2007 in Zürich and learnt about his Polyvagal Theory. I learned and experienced in my own body and mind that it is possible to feel safe in a new way. And that I as therapist could enhance the integration of psyche and soma by activating and "using" the so called Ventral Vagus or Ventral Vagus Complex, with myself and with my clients.

Another interesting insight for me was that this Ventral Vagus of our Autonomic Nervous System isn`t just influencing the interaction of body and mind, it seems to be this part of ourselves in which our soul is embodying itself. This Ventral Vagus seems to be the immediate access to our

Higher Self, to our Inner Strength. All all these techniques have their roots in ancient wisdom as we know it with Mindfulness Meditation, Mindful Compassion and Selfcompassion. They seem to "use" the Ventral Vagus Complex helping our mind being and staying present, with a Felt Sense what`s going on in and around us. So the Ventral Vagus seems to be our direct connection with archaic wisdom of ancient spiritual traditions.

When I joined Ego State Therapy in 2012, I was far from knowing that this work with inner parts of the self would change my work as a body-psychotherapist profoundly. And far from knowing how this work would change myself.

While I had a process- and attachment-oriented view on my client as a whole or "one" person before, and while I tried to intergrate my knowledge of the Ventral Vagus Complex in my work along the interface of psyche and soma, suddenly a new dimension arose.

Suddenly it was not only one client, it was that the embodiments of several Ego States in one body felt at different places in the body! Suddenly there wasn`t only one personal attachment history or experience there were several attachment experiences in the inner world of one person.

And I could see that the Polyvagal Theory and the work with the Ventral Vagus Complex not only could help my clients to improve their capacity for selfregulation and secure attachment in their life with the outside world but also within themselves on the inner stage with their inner states. And that it is possible to train the neuronal networks of safety even for different Ego States who weren`t able to experience safety when they were formed. And now they can experience healing and become whole and integrate with others.

Personally this somatic or body-oriented work with the different Ego States and their embodiment with or without using hypnosis enriched me with humor, creativity and lightness in a way I haven`t experienced before. But more than this: I am feeling like dancing with the elements, singing within in resonance with my clients, their Ego States and their rhythms, sometimes knowing that my work is founded in my own activated Ventral Vagus and my Inner Healer. Or with the words by Claude Poncelet: “through the shaman within having clear intention, attention and trust“.

Therefore I am very grateful. And happy to be part of the Ego State Therapy community.

 And from ***Cologne, Gemany, Dr Thomas Nick*** writes a special personal account:

I am a medical consultant for psychiatry and psychotherapy and work in my own practice. Although I am psychiatrist, I work psychotherapeutically mainly.

I am a 56 years old gay man, married and has been together with my husband Joerg, since 22 years and live and work in Cologne.

My psychotherapeutic backgrounds are education in Psychodrama, Psychodynamic ("tiefenpsychologisch fundierter Psychotherapie“) and Systemic Therapy. Later trainings and education by Gunther Schmidt in the Milton Erickson Institute Heidelberg brought my interest to the concept of the divided self and I started my training in Ego State Therapy in Berlin with Kai Fritzsche. Parallel I discovered that Woltemade Hartman teaches in Germany too, so I decided to absolve a second complete training with Woltemade. I was so thrilled that I absolved the complete curriculum twice (with Kai and Woltemade).

Currently I have integrated the Ego State approach in my work more and more and feel much enriched. I work with Ego State Therapy concretely but sometimes I use the theoretical concept only, which is very helpful also.

Best wishes

 ***Dr Matthias Reitzer from Austria***

A very humble man who uses few words, wrote:
“I am behavioral therapist and use EST with Personality Disorders or difficult emotions and Trauma”.

News across the Globe

What is happening in Switzerland?

Certification

In December 2016 Kerstin Hentschel attained supervisor status and Max Schlorff, the co-chair of Ego State Therapy Switzerland, achieved trainer status in April 2017. What an achievement!

 

Kerstin Hentschel and Max Schlorff

Training

There are some special upcoming events to take note of:

- 1 July 2017 (Zürich) - Somatic Ego State Therapy: Supervision Day with Maggie Phillips
- 30 August to 10 September (Zürich) - Resource Therapy/Advanced Ego State Therapy: Resource Therapy Curriculum with Gordon Emmerson.

The highly experienced ESTI Trainer and Supervisor, Silvia Zanotta, gave an interview at the Children's Conference in Heidelberg on her anxiety treatment with ego state therapy. Although this is in German, I believe our German-speaking members will find this interesting. The link is: https://youtu.be/5sF_4Qq35qY

What is happening in France?

Certification

Guillaume Poupard, the ESTI representative for France has achieved supervisor status. Well done, especially as Guillaume is the first in France and could rely on colleagues outside his home country to support him in this.

Guillaume and Silvia celebrating his supervisor status

Training

- May 2017 - Silvia Zanotta from Switzerland has been teaching Ego State Therapy in Avignon, France
- November 2017 (Avignon) – Silvia will lead a special seminar on anxiety and ego state therapy

Contact either Silvia: szan@bluewin.ch or Guillaume: poupardguillaume@gmail.com for further details.

Training in Avignon

What is happening in Poland?

Training

- October 2017 - Silvia Zanotta will be teaching an advanced seminar on Ego State Therapy

Contact either Silvia: szan@bluewin.ch or Kris Klajs: info@p-i-e.pl for further details.

What is happening in South Africa?

Jenny da Silva shared the following:

I remember my first training on Ego State Therapy. It was Autumn 2010 and I was a master's student. I cannot quite remember what got me hooked first, if it was the way in which trauma and dissociation was explained, or the fact that I liked it that ego state theory just made such perfect sense to a master's student grappling with so many other theories in her master's years. Nevertheless, I have never looked back.

Now, almost a decade later (where have the years gone) and I have been humbled to offer training in this same modality. Ego State Therapy now boasts at least 9 internationally recognized generations of pioneers who have contributed significantly to the advancement of Ego State Therapy. Happily, this number keeps growing. In South Africa, we now have several internationally certified ego state therapists with many of those rapidly fulfilling requirements to be registered as internationally qualified supervisors and trainers. We are also seeing a surge of new research in the area.

Dr Woltemade Hartman continues his very full teaching programme in Europe. EST teaching programmes in China, Hong Kong and now also in Singapore will resume in the next month. We look forward to welcoming therapists, supervisors and trainers from these countries into the ESTI family.

Below is some feedback from Vanessa Killoran (Barnes), Educational Psychologist, who has just commenced her training in Ego State Therapy:

I attended the beginner's level 1 training in Ego State Therapy in March of this year. This was a life changing experience for me that reignited my enthusiasm for my career as a psychologist. In the nine years (five as a registered counsellor and four as an educational psychologist) I have spent working in this field, I have always had a passion for working with others who had experienced trauma. I felt I had solid training in identifying symptoms of trauma but always knew I was missing something in terms of accessing and resolving these traumatic experiences. The training I received in both Ericksonian Hypnotherapy and Ego State Therapy truly opened my eyes to new possibilities of accessing and resolving trauma in a holistic manner. All the things I had already experienced and seen in my clients began to make sense to me. The potential I have seen for resolving trauma effectively through the use of Ego State Therapy has been a mind-blowing experience. I have already put into practice what I have learnt so far and seen phenomenal results which would normally require months of therapy to achieve. I am excited to complete all the training in Ego State Therapy this year as I believe I have now found my passion. The training we received from both Dr Elzette Fritz (Ericksonian Hypnotherapy) and Jenny da Silva (Ego State Therapy) far exceeded my expectations for the courses. They are both incredibly knowledgeable and bring a wealth of experience to the programmes. I found I was able to learn so much from both of them which made it easier to apply this new-found knowledge to my own practice.

International Congresses

2017

23-26 August 2017, XIV European Society of Hypnosis Congress, Manchester, UK
www.esh2017.org

16-19 November 2017, Hypnose: Aufbruch ins Leben. Deutsche Gesellschaft für Hypnose Congress, Bad Lippspringe, Germany
www.hypnose-dgh.de

13-17 December 2017, Evolution of Psychotherapy 2017 Anaheim, CA, USA
www.erickson-foundation.org

2018

23-25 August 2018, 21st International Society for Hypnosis Congress, Montreal, Canada
www.hypnosis2018.com

1-4 November 2018, The 3rd Parts Therapy Congress/Teile Therapie Tagung, Heidelberg, Germany
Bernhard Trenkle: kontakt@meg-rottweil.de

15-18 November 2018, Hypnose: Entfaltung in Trance. Deutsche Gesellschaft für Hypnose Congress, Bad Lippspringe, Germany
www.hypnose-dgh.de

2019

7th World Congress on Ego State Therapy - Save the date
21-27 February 2019, 7th World Ego State Therapy Congress, Namibia – more details to follow soon.
Contact Hanlé Marais at info@meisa.co.za

30 May – 2 June 2019, The first Rottweiler Ego State Therapy Colloquium, in Rottweil, Germany – Language: both German and English.
Bernhard Trenkle: kontakt@meg-rottweil.de

Please forward information regarding upcoming congresses to heleen.d.malherbe@gmail.com and hanle@meisa.co.za
For publication in the ESTI newsletter and on the ESTI website.

ESTI Participating Countries and Board Representatives

Australia: EST-AU
Peter Richard-Herbert - peter@aesta.com.na

Austria: EST-AT
Eva Pollani - office@eva-pollani.at or Susanne Hausleitner-Jilch - susanne.hausleithner@chello.at

Canada, Mexico and United States of America: EST-NA
Maggie Phillips - maggiephillipsphd1@icloud.com

Denmark: EST-DK
Ann Marie Harnum - mail@harnum.dk

France
Guillaume Poupard - poupardguillaume@gmail.com

Germany: EST-DE
Elfie Cronauer - e.cronauer@t-online.de and Susanne Leutner- susanne.leutner@t-online.de

Israel: EST-IL
Jospeh Meyerson - hypnoclinic10@gmail.com

Poland: EST-PL
Klajs, Kris - info@p-i-e.pl

South Africa: EST-SA
Woltemade Hartman - info@meisa.co.za and Jenny da Silva - jennysilva.edpsych@gmail.com

Sweden: EST-SE
Susanna Carolusson - susanna@carolusson.se and Sya Tien Redman - tien@redman.nu

Switzerland: EST-CH
Silvia Zanotta - szan@bluewin.ch and Max Schlorff - max.schlorff@bluewin.ch

United Kingdom: EST-UK
Heleen Malherbe -heleen.d.malherbe@gmail.com