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Dear Ego State colleagues and friends,

What a summer! We have had an unbelievably hot summer even for South African standards. I, for one, cannot wait for winter while, my overseas colleagues tell me that they cannot wait for summer. With Spring and Autumn (hopefully) on the way, I wish you all a respite from these weather extremes. As with the change of seasons, I am starting to sense a gentle change in Ego State Therapy. It is well-known that Ego State Therapy lends itself to be used in combination with other therapies quite effortlessly, and this is reflected in new research where Ego State Therapy is being combined with EMDR, EMI and, at least in South Africa, with other body therapies. The neurological basis for Ego State Therapy is also being revised and expanded upon as we learn more than ever before about trauma and its effects. As always, our readers will be kept abreast of all new changes and happenings in this very exciting area of psychology.

Happy reading,

Jenny da Silva
Secretary of Ego State Therapy International

From the President's Pen

Dear Ego State therapist,

I am going to keep it short this time, because we are in the middle of an exhausting heat wave of temperatures varying between 30 and 42 degrees, the likes of which this country has not seen in over 40 years. I have therefore decided to bring you some HOT news (PUN INTENDED). I have been hearing and reading from various sources that the theory of Ego State Therapy is in need of a drastic facelift. Much

Inside This Issue

| | |
|------------------------------------|----|
| From the President's Pen | 1 |
| EST Interviews Woltemade Hartman | 2 |
| A short article - Gordon Emmerson | 4 |
| Ego State Therapy across the globe | 7 |
| International Congresses | 11 |

more is nowadays written on the neurological basis of the formation of ego states as well as the neurophysiology of trauma and the subsequent formation of ego states. Additionally, Ego State Therapy is nowadays also combined with various approaches such as Eye Movement Desensitisation and Reprocessing (EMDR), Eye Movement Integration (EMI), various forms of eye work and more recently with body work. I have recently finished my more than 3 years of training in Somatic Experiencing by Dr. Peter Levine and I am aghast with the effect trauma has on the body and the role it plays in the formation of traumatised and destructive states. Even more important is that, based on more neurological evidence, it is my firm belief that the theory of Ego State Therapy needs revision and modernisation. In my opinion, the latest neurological research will radically change the face of ego state epistemology in the next years to come. I therefore want to challenge researchers and clinicians alike to write more on topics such as "Is there a core self?" and if so, "Where in the brain is it located"? Have we not in the past followed a so-called top-down approach in Ego State Therapy by accessing ego states on a neocortical level and addressing ego states' needs on the level of the limbic system? Should we not change our strategy and rather follow a bottom-up approach by asking ourselves to what extent ego states are formed on the level of the brain stem after traumatic experiences.

Should we not, in Ego State Therapy, start asking ourselves what effects do certain ego states have on things such as body awareness, the felt sense, breathing, movement etc. Should we not, in Ego State Therapy, start to change our intervention strategies by focusing on the role of touch and embodiment to achieve a greater sense of containment, coherence and flow. These are just some of the questions that I am pondering as an Ego State Therapist, and I would like to challenge you all to start wrestling with these same topics.

Enjoy this issue of the newsletter!

Woltemade Hartman President of ESTI

ESTI interviews... Woltemade Hartman, President of ESTI



This segment in our newsletter interviews a prominent psychologist/ psychotherapist that has contributed to the advancement of Ego State Therapy in their country and abroad. In this newsletter, we interview Woltemade Hartman, Ph.D, first president of ESTI.

Jenny da Silva: Was it always your plan to be a psychologist?

Woltemade Hartman: No, my goal was to become a gymnast. I started gymnastics at the age of 4 and eventually became a member of the National South African team, so I wanted a career that included my love for sports. Our gymnastic teacher was one of

my role models and I think that is where this desire came from, which contributed to my self-confidence and tenacity.

JdS: Tell us a bit more about your career path.

WH: I wanted to then become a Physical Education teacher to continue focusing on my sporting career and first qualified as a high school teacher. I then taught at a high school for 2 years and then decided to continue my studies in psychology.

JdS: Why psychology?

WH: Because I was interested in the combination of sport and psychology, I first qualified as an educational psychologist.

JdS: I believe politics also played a role in your career path. Tell us a bit about that.

I come from a family who vehemently opposed the apartheid regime. My mother was very vocal in the resistance movement. This surely had an influence on my life and probably also contributed to my ability to persevere. I was then forced into conscription in the South African Defense Force, which was compulsory for all white male South Africans at that time and I ended up in the South African Prison Services. My duty was to work with political prisoners. This sparked my interest in Clinical Psychology, the psychology of racism and the psychology of evil. I pursued my studies in clinical psychology and was then incarcerated for putting up FREE MANDELA placards at the university. After my discharge from the South African Defence Force I finally qualified as a Clinical Psychologist and attended the International Society of Hypnosis in Konstanz in Germany in 1990. This was the beginning of my career in clinical psychology and hypnosis.

JdS: Where did your interest in hypnosis begin?

WH: My interest in hypnosis began in the 9th grade when I read a self-help book on hypnosis and I tried it out on my 4 year-old sister. Today I realize that I

did succeed in inducing a hypnotic trance. What amazes me more, is that today I realize that she displayed signs of the hypnotic constellation as well as the hypnotic phenomena. My interest in hypnosis stayed and I was exposed to the theory of hypnosis in my pre-graduate years. However, I did not pursue my interest again because at that time we were told that there is no scientific basis for hypnosis.

JdS: Where does Ego State Therapy feature?

WH: During the ISH congress in Konstanz, Germany, I attended a workshop by Jack and Helen Watkins, the originators of Ego State Therapy. I was amazed and thrilled by ego state theory and method and then decided to write my Ph.D thesis on the topic. Prof Jack Watkins was one of my supervisors and I eventually received the Ph.D degree in 1994 on the topic of 'Ego State Therapy with sexually traumatized children.' The Watkins had a profound influence on my career as I spent many hours with them in Missoula, Montana where they lived between 1991 and 1994.

JdS: Who would you regard as your academic giants?

WH: Without a doubt, John and Helen Watkins, if it wasn't for their mentorship I probably would not have ended up in this field of specialization. The Watkins', Dr. Claire Frederick and Dr. Maggie Phillips were not only my role models but also my teachers. They were the ones who invited me to present internationally for the first time at a hypnosis conference in Vienna, Austria during 1993. This I regard as the beginning of my international career. I then had the privilege to receive my training as an Ericksonian therapist at the Ericksonian Foundation in Phoenix, Arizona (USA). I received many years of training under the marvellous tutelage of Dr. Jeffrey Zeig and Dr. Brent Geary. The Ericksonian perspective had a profound influence on my conceptualization of hypnosis and psychotherapy. This is when I began combining Ericksonian with ego state methods. This has continued until today. Other giants who have crossed my path were Jay Haley who taught me about strategic therapy, Dr. Don Ebrahim

from the United Kingdom and Prof Lenie Grovè from South Africa.

JdS: How did your international career in the German-speaking countries start and evolve?

WH: I met Bernhard Trenkle from Germany during an ISH congress in San Diego in 1997. He took an interest in my work in Ericksonian and ego state methods and invited me to do my first workshop on ego state and Ericksonian methods in the treatment of sexually traumatized children in Germany in the December of 1999. Armed with my basic language course in German from high school, Bernhard believed that my German was good enough to present a German workshop. I was absolutely terrified and stressed out! But I survived! The rest, as they say, is history. I have been teaching in the German speaking countries in German now for almost 15 years.

JdS: What does your current interest lie?

WH: I have always been very interested in the psychology of racism and evil; a topic which still to this day interests me. Working with political prisoners, victims of racism and severe abuse and trauma, I developed a keen interest in the field of trauma. To this day I regard this as my field of specialization. This led me to discover the tremendous effect trauma has on the body. I then decided to start my training on Somatic Experiencing. I had two wonderful teachers, namely Dr. Maggie Phillips from the USA and Dr. Sonia Gomes from Brazil. I have just completed my advanced training in SE. My interest now lies in combining hypnosis, Ego State Therapy and SE in the treatment of trauma. It feels like I have started pursuing a new career path.

JdS: What do you consider your greatest contribution(s) to the field of psychology?

WH: What would make me happy would be to get enough professionals trained world-wide in hypnosis and Ego State Therapy as I firmly believe in its merits

as a psychotherapeutic intervention strategy. I am still dedicated to pursuing that goal. My greatest contribution would probably be to convince colleagues and younger professionals to discover their own therapeutic selves. This would enable them to serve those that are in most need of our help.

JdS: What lies in the future?

WH: I have had the privilege to study and learn from some of the world's most respected psychotherapists, hypnotherapists and body therapists. My aim is to accumulate enough wisdom to influence younger generations of professionals and to make a contribution to help human kind.

JdS: Tell us something that nobody knows about you.

WH: Something that people don't know about me is that I value integrity, wisdom, joy and to celebrate life because to me life is not a quantity measured in chronological time, but a quality measured in experiential time.

Sensory Experience Memory (SEM) in Pathology and Treatment

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Sensory Experience Memory (Emmerson, 2014) has become an important part of my theoretical understanding of pathology, and strategically

influences the therapy I do and the trainings I conduct. When we think of memory we normally think of intellectual memory. It is the thoughts and images of the past that we think of as memory. A SEM is not a thought, but an emotion which may be associated with an intellectual memory, or it may have been dissociated from its intellectual memory. Bridging to an ISE (Initial Sensitizing Event) is a process that can re-associate a SEM with an intellectual memory.

A common type of memory in psychological literature is Sensory Memory. This is a short-term memory of sensory perception, "The effects are extremely short term with this information forgotten within a few seconds" (Explorable.com, 2011). An example of this type of memory is glancing at a picture and visually remembering the detail in the picture. This memory is not associated with emotion, and in my view has little therapeutic significance.

A type of memory that has direct therapeutic significance is Intrusive Emotional Memory (Brewin & Saunders, 2001; Davies & Clark, 1998; Halligan, Clark, & Ehlers, 2002; Holmes, Brewin, & Hennessy, 2004; Schlagman, Kvavilashvili, & Schulz, 2007) or also called Involuntary Memories (Staugaard, 2014). These are the negative, emotional memories one experiences, for example with PTSD. These types of memories are included in my conception of Sensory Experience Memory, but also are our positive emotional memories. Therefore, Intrusive Emotional Memory or Involuntary Memories are only subclass examples of Sensory Experience Memories.

By better understanding SEMs we can better interpret client pathology and devise more powerful treatment responses.

Definition

When an event is experienced the memory of that event is recorded both intellectually and emotionally. In the short-term the intellectual memory and the emotional memory are connected. If an individual witnesses a car crash and immediately tells a friend about that car crash

and immediately tells a friend about that car crash the emotion of seeing the crash will often be re-experienced. It is the emotional memory that is the Sensory Experience Memory. The fact that a SEM is easy to experience in the short-term explains the real benefits of some therapeutic techniques. This will be further explained below.

Most normally, over time, the emotional memory fades even quicker than the intellectual memory. A year after the crash the individual might relate the experience of seeing the accident without experiencing any significant degree of emotion.

I theorize that one reason the Sensory Experience Memory and the intellectual memory are separated over time is due to the fact that the state that relates the memory is not the same state that experienced the event. Hypnotic regression to the original experience, where the original state recalls the event, will most often facilitate an awareness of the Sensory Experience Memory.

A SEM can be a memory of a positive event. Regressing a person to their first swim in the ocean is an example of bringing to the conscious the state that originally experienced the event; thus enabling the positive emotional memory to be re-experienced. I often first train students in bridging techniques by encouraging them to bridge other students to positive SEMs.

Pathology and SEMs

When a state is Vaded with fear or rejection (that is, experiences a level of fear or rejection that cannot be incorporated or understood) the negative experience held by that Vaded state may come to the conscious later in life. When this happens that negative re-experience of the event is a SEM. This negative experience can come to the conscious even without an intellectual memory. The client may report experiencing negative feelings without knowing the origins of those feelings.

Examples of pathologies caused by SEMs include panic attack, phobias, PTSD's, many anxieties, fear, sense of worthlessness, or sense of being unlovable. These negative SEMs are directly associated with addictions, OCD, eating disorders, narcissism and a myriad of other complaints (Emmerson, 2014).

Treatment and SEMs

Some of the most powerful treatment techniques incorporate the use of SEMs. Intellectual understanding does not equate to emotional calm. A client may know all people are lovable, but may still feel unlovable.

If a client felt profoundly rejected by a parent that client may have a state that became Vaded with rejection. That state carries a SEM of feeling rejection. The client who feels unlovable may feel a need to please to be good enough, may feel that, "If others really knew me, they would not like me", or may attempt to escape from feelings of non-worthiness, e.g., by engaging in compulsive shopping, or addictive behavior.

This client may intellectually understand that he or she is just as good as the next person, but may still feel profoundly unworthy. The state Vaded with rejection needs to internalize a feeling of being lovable. An important component of resolution (see Emmerson, 2014 for the complete resolution regimen) is, after Bridging to the Rejection ISE, to facilitate the Vaded State to speak as the 'rejecting parent' so the Vaded State can actually feel what it felt like for the parent to be unable to share unconditional love.

When the therapist again speaks directly with the Vaded State; that state has been able to internalize that it was the parent who was at that time unable to show unconditional love. The immediate SEM from just having been the parent, allows for this cathartic understanding. It is not what the parent introject says to the Vaded State, it is the feeling the parent

introject has that brings about the catharsis. The state Vaded with rejection will always have an introject that is not unconditionally loving, otherwise it would not be holding a feeling of rejection.

Let me say that more clearly.

1. Child state feels unlovable.
2. Child state internalizes through the SEM of speaking as the parent that it was the parent who was unable to show unconditional love.
3. Experiential paradigm of 'I am unlovable' is changed to 'Parent did not show unconditional love'.

This internalized cathartic understanding cannot take place through intellectual understanding. It has to be experienced. The 'I get it' comes from feeling what it felt like being unable to share unconditional love as the parent, and then immediately bringing that fresh SEM back to the previously vaded state. Hence, the realization, 'It was not me that was unlovable.'

The next step is to prove the loveable nature of the state by asking a mature nurturing state to nurture the state that had felt unlovable. Here again, using a SEM in the therapy is pivotal. The client is asked to speak as a nurturing state that wants to love and nurture the child state that had felt rejected. When the child state is then immediately asked how that feels, that child state carries with it the feeling of the nurturing state that loves it. This SEM of loving the child state, internally experientially proves 'I can be loved'. This is proved because this state holds the memory of the older state actually loving it. Now the internalized experience is, 'It was the parent who was unlovable at that time, I am lovable'.

The change for the client is profound, as life experiences that had been moderated by a state Vaded with Rejection can be interpreted as they actually are.

There are several other powerful uses of SEMs in therapy (Emmerson, 2014) as they enable states to resolve confusion and conflict by internalizing the Sensory Experience Memory of having just spoken as another state or as another person. It is the immediate return to the state that had carried a feeling of conflict or confusion, when the SEM is still fresh, that facilitates the cathartic breakthrough and understanding that is desired.

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Ego State Therapy across the Globe

The latest news and developments in Ego State Therapy across the globe:

South Africa (EST-SA)

Ego State Therapy – SA is proud to announce that we will be the first country in the world to embark on a new training model for Ego State Therapy. This model is based on the model that Somatic Experiencing training follows. This entails a two-year training schedule comprised of 20 training days in total. The first training year is comprised of 10 days of training divided into part 1 of 5 days and part 2 of 5 days. The second year of training will follow the same format. The 20 days of training will include topics such as working with resourceful ego states, Ego State Therapy with children, working with destructive ego states and introjects, somatic approaches to Ego State Therapy and case consultation and group supervision. After completion of the 2 year training, participants will be eligible for national as well as international certification. We are keenly awaiting the new group of ego state therapists to embark on this exciting journey!

United Kingdom (EST-UK)

After a mild winter in Britain, we are already seeing the first signs of spring coming through as daffodils

shoots show through dull wintry grasslands. I do hope that this awakening will transfer to like-minded professionals trained in hypnosis veering towards an interest in Ego State Therapy.

A giant push forward is allowed by Dr Woltemade Hartman's willingness to facilitate the first training event in Ego State Therapy in the United Kingdom during July 2016. Although Dr Hartman has scheduled other training events on the continent to be facilitated in English, this is an exciting opportunity to learn from the best, and become part of the international Ego State community.

As training is standardised and regulated by Ego State Therapy International (ESTI) it becomes a joint European exercise as candidates will be able to complete different stages of their training with different trainers in a variety of countries. The request to spread the word therefore goes out to all colleagues in ESTI. Details of the training event will be communicated at a later date, but depending on interest from the continent, care will be taken to find a venue comfortable for travelling to and from Europe.

Austria (EST-AT)

Eva Pollani has developed a new workshop which will be presented by herself and Arno Aschauer who works as a screenwriter, film director and journalist for radio features. This workshop is titled '**Ego States in Film and Therapy**'.

Film in Therapy (F.I.T.)

Films have impact in different ways: The pictures influence our brains, themes like autonomy, dependency, mother- or father-conflicts, trauma, grief, and sexuality all affect our emotional brain as well as our body. Music, lighting, design, dialogues, framing, point-of-view shots as well as the film-editing invite the viewer on an imaginary stage. Trance phenomena and their hypnotic impact form

a resonance that can be effectively integrated in psychotherapeutic work. The imaginary stage can be utilized to activate ego states or even create positive helper ego states. The impact-therapeutic effect helps to understand and connect with resources on a deeper level so that solutions and healing can be promoted more easily.

Film in Therapy (F.I.T.) is an effective and scientific-based method to utilize and integrate films actively in psychotherapeutic work.

Content of the workshop

Professionals will learn the transformative effect of movies and how to integrate these powerful tools in a creative and mindful based psychotherapy. Different films will be analyzed regarding DSM-V and therapeutic themes. The central focus is on working with ego states.

Objectives of this workshop

- To learn about the connection of films and their impact on the individual
- To analyze feature films, their story structure and film sequences in order to actively integrate films in their own psychotherapeutic work
- To activate ego states with the help of the film medium in order to promote the integration of ego states

For more information on dates and venue contact Eva Pollani on office@eva-pollani.at

Sweden (EST-SE)

As a Board member, vice-president and a teacher I have reason to be very happy! Our advanced education in EST-SE, is the second one which will lead to more certified ego state therapists. The first advanced curriculum ended in the spring of 2014, and this one will end in April this year. Our certified teacher, Sya Tien Redman presented her workshop on how to present Ego State Therapy to clients in a simple way with “the survivor” as a

concept for understanding the principles of trauma treatment. This is especially effective with young adults who can easily accept that part of them is a symptomatic “survivor”.

Our certified teacher and supervisor, Maria Ranch, supervises half the group while I supervise the other half simultaneously. Åsa Fe Kockum is my co-teacher. She teaches about dissociation, DID, and how to use various instruments for the assessment of dissociation in a clinical context. She is educated in Internal Family Systems and presents this theory so that we can discuss and compare this with the Watkins’ model, discussing the pros and cons of each, and comparing these with Emerson’s conceptual development of Ego State Therapy. Watkins’ model is, of course, required basic knowledge and is in line with ESTI’s Vision and Mission statement, where we teach this approach thoroughly. And since there are some other schools of “parts therapy” we mention them as well. The more you know, the better you can find your personal genuine style of adapting EST with your very unique clients.

Åsa, my co-teacher will also attend the SSCH’s required two-year supervisor and teacher training, during which she will receive her full qualifications to be an EST teacher and supervisor. We now have a few ego state therapists in Stockholm and Uppsala, as well as in and around Gothenburg, along the west coast. In April we hope to qualify even more therapists!

And finally, I look forward to meet you all in person. At the ISH congress in Paris I will chair an EST symposium with Swedish and Danish colleagues. I will also present in Heidelberg in November of 2015, and also in South Africa in 2016. Looking forward to meeting you all.

Switzerland (EST-CH)

We are happy to announce – besides the standard

Ego State Training programme – two highlights this year:

On the 4th and 5th of September 2015, Gordon Emmerson will teach a special seminar in Zurich:

The Eight Ego State Pathological Conditions and their Treatments

Ego States may carry unwanted feelings, exhibit unwanted behaviours, have internal conflicts, or may come to the conscious at non-preferred times. There are eight specific Ego State Pathologies, and learning to correctly diagnose ego states informs the therapist regarding the precise intervention that is required to move pathological states to normality. During this two day workshop each pathological condition will be defined, and the appropriate corresponding intervention regimen for each will be presented. The workshop will be composed of presentation, demonstration and practice. Participants will be taught diagnostic and intervention techniques that can immediately become part of their practice.

This workshop will be in English and translated into German.

On the 2nd and 3rd of October 2015, there will be a special seminar with Maggie Phillips in Zurich:

*Somatic Approaches to Psychotherapy
Somatic Experiencing AND Psychotherapy*

This workshop is designed to introduce psychotherapists to uses of approaches based on Somatic Experiencing in clinical practice. The focus is on learning how to focus on body awareness with clients, including reading body cues and creating and monitoring safety. Participants will practice simple exercises designed to facilitate embodied experiences of deepening safety, curiosity, and learn how to follow the body's story of trauma and strength.

Additional emphasis will be given on how to identify entry points to resources through breathing, the felt sense of resources, and the felt sense of resources, and the practice of focusing. The second day will present ways of identifying nervous system dysregulation related to various clinical symptoms and how to foster the process and practice of healthy self-regulation.

Both workshops are still open for registration. Please see www.egostatetherapie.ch for more information.

Max Schlorff will present a workshop on Ego State Therapy in sports at the pre-congress of sports psychology in Berne in July 2015. Please see <http://www.fepsac2015.ch/precongress-sasp.html>.

Silvia Zanotta will give two workshops on Ego State Therapy in Wigry, Poland, in June 2015 (<http://wigry.de/>) and will also present at the World Hypnosis Congress in Paris in August 2015 (www.cfhtb.org) as well as at the Teile-Tagung in Heidelberg in November 2015. (www.teile-tagung.de)

Australia (ESTI-AU)

Here in Australia there is much interest now in Ego State Therapy. Therapists specialising in Hypnotherapy are finding increased competition in their area in recent years and are looking for something more to set them apart from other therapist's in their field and to work with greater effect for their clients.

Since AESTA was set up here in 2012, coupled with training workshops presented by Professor Gordon Emmerson and Peter Richard-Herbert in Sydney, Ego State Theory has spread and its profile lifted to that of a new 'go-to' therapy to use. Peter Richard-Herbert and Julie Madden are now presenting workshops themselves and increasing the use and acceptance of EST in Australia.

In 2014 Gordon Emmerson devised a push of educational workshops in Ego State Therapy and his method of working with Resource states in given situations. He has an intense training live-in workshop coming up in Bali in March. Gordon has completed a new book on this subject and his training methods. At the close of 2014, we in Australia have an increased number of full Clinical Trainers authorised by Gordon's workshops.

Also in 2104, AESTA President and ESTI board member, Peter Richard-Herbert presented Professor Emmerson's theory on "Retro Ego States and intervention regimens to bring them to normality", in Sorrento (Italy) at the XIII International Congress final day chaired by Woltemade Hartman. Eva Pollani and Susanna Carolusson also presented their work and case studies at this very exciting symposium.

In October at the Sorrento Congress, Peter Richard-Herbert also presented a workshop on his theory and therapy application entitled "Metaphoric Symbolised Imagery "TM . The theory and methodology of MSI is grounded in Ego State Therapy and is attractive and functional to both Ego State Therapist's and Ericksonian practitioners. Peter has had global interest in his theory and its application and will be presenting further workshops this year training therapist's in his method.

Professor Gordon Emmerson and Peter Richard-Herbert will be presenting at the Heidelberg Congress in November 2015. Gordon is delivering workshops on advanced Ego State/Resource Therapy techniques. Peter will be presenting in Heidelberg on "The Eight Pathologies of Resource Therapy".

Gordon and Peter are both continuing experiential research in new applications of Ego State Theory. AESTA, (EST-AU the Australasian section), is planning to intensify training programs this year. Peter Richard-Herbert will be increasing the offering of training opportunities across Australia.

Raising the profile of Ego State Therapy in New Zealand and Asia will be AESTA's next project.



L to R: Susanna Carolusson, Peter Richard-Herbert, Eva Pollani and Woltemade Hartman at the XIII European Congress in Sorrento, Italy

Germany (EST-DE)

There are still a large number of colleagues here in Germany who are currently in the process of becoming certified as ego state therapists and some who are ready to become supervisors. We are also looking back to the great event of our 10 years of Ego State Therapy jubilee conference last November (2014) with many interesting workshops, discussions and a wonderful familiar atmosphere. The German group will meet again in May 2015 and will discuss some ideas on how to intensify the learning process during the trainings. Another topic will be whether or not to establish special EST trainings or maybe even a curriculum for social workers thus meeting an increasing demand.

Denmark (EST-DK)

As a standard, Ego State Therapy is part of the 1-year education in hypnotherapy workshop provided by the Danish Society of Clinical Hypnosis for certified health professionals. At our last workshop, one of the participants was a physician from Greenland, and so now Ego State

theory and method is spreading all over the globe from China to Greenland! Our experience is that among the students of Ego State Therapy who “see the light”, they really become enthusiastic about EST as an eye-opening and very valuable therapeutic tool.

United States of America (EST-NA)

Claire Frederick has started an EST certification programme sponsored through New England Society of Clinical Hypnosis. The Beginning level will be scheduled as three 2-day trainings. No dates as yet as of January. Maggie Phillips will be presenting two online trainings:

A webinar with Dr. Richard Schwartz, creator of Internal Family Systems on Tuesday, March 31, on *Working with the "I" of Trauma Using IFS and Ego-State Therapy*; as well as a teleseminar with Diane Heller on April 28 on *How Somatic Ego State Therapy Can Help Create Your Strongest Self*.

For more information:

Contact Maggie Phillips at:

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Wendy Lemke will be presenting the following live Ego State Therapy events. Wendy Lemke is a licensed psychologist and ESTNA board member:

- April 24–25 Portland, OR, *Ego State Therapy and Clinical Applications*, Oregon Society of Clinical Hypnosis (This will be a one-day workshop)
- April 15–17 Orlando, FL *Intermediate Clinical Hypnosis Preconference Workshop*, International Society for the Study of Trauma and Dissociation
- May 1st St. Cloud, MN, *The Treatment of Trauma: Diagnostic Concerns and Interventions*

- June 4–6 Minneapolis, MN, *Annual Basic Clinical Hypnosis Workshop*, Minnesota Society of Clinical Hypnosis and the University of MN
- June 27th Sheffield, England, *Ego State Therapy and Applications for Trauma*, Sponsored by First Person
- Oct 1–4th, San Antonio, TX: *Trauma, Dissociation, and Clinical Practice: Hypnotic Application and Technique*, sponsored by American Society of Clinical Hypnosis

Upcoming Events 2015

Please diarise the following international conferences and events:

18–22 May 2015. German Ego State Therapy Lekgotla, Mabula Game Lodge, Bela-Bela, South Africa. www.meisa.biz

26–29 August 2015, 20th International Society of Hypnosis Congress ISH-CFHTB Paris, France. www.hypnosis2015.com

5–8 November 2015, 2nd Parts Therapy Congress, Heidelberg, Germany. www.teiletagung.de

10–13 December 2015, 12th International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, USA. www.erickson-foundation.org

Upcoming Events 2016

Please diarise the following international conferences and events:

19–25 February 2016, MEISA: Changing Faces of Psychotherapy Congress, including the 6th World Ego State Therapy Congress, South Africa
 19–21 February, Mabula Game Lodge, Limpopo
 24–25 February, Stellenbosch, Western Cape
www.meisa.biz

3–6 March 2016, MEG Jahrestagung/Congress, Germany
www.meg-hypnose.de

3–6 November 2016, Child Psychotherapy Congress in, Heidelberg, Germany
kontakt@meg-rottweil.de

17–21 October 2016, German Ego State Therapy Imbizo, Stellenbosch, South Africa.
www.meisa.biz

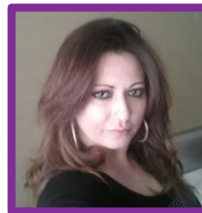
Thank you

Once again a big thank you to our colleagues, friends and especially to the representatives of our member countries for tirelessly promoting Ego State Therapy in their own countries and abroad. We once again invite all interested in the furthering of Ego State Therapy to share your ideas, comments and input.

Our warmest regards,



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