ESTI
EGO STATE THERAPY INTERNATIONAL
NEWSLETTER

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Inside This Issue

Dear Ego State Colleagues, Therapists, and Friends

Welcome again to our ESTI Newsletter, the heart of connection and communication within the Ego State Therapy International community!

Please remember to visit our website and to refer friends and colleagues as well: http://www.egostateinternational.com/.

We will continue to add resources there and invite you to submit EST news, cases, articles and other items of interest to me directly at maggiephllipsphd1@icloud.com, along with any questions or suggestions you might have for this newsletter.

I want to remind you that newly certified members have their own place on our website. You may find them listed by country at http://www.egostateinternational.com/esti-certified-therapists.php

Because our organization is continuing to grow so rapidly, we suggest that you look for regional news related to specific Ego-State Therapy trainings by visiting the websites of the various institutes listed below:
Australian Ego State Therapy Association: http://aesta.com.au/
Ego State Therapy Austria: www.egostatetherapie.at
Ego State Therapy Switzerland: www.egostatetherapie.ch
Milton H. Erickson Institutes of South Africa (MEISA): www.meisa.biz
Ego State Therapy Institute Rheinland: www.est-rheinland.de
Institute: Susanna Carolusson, Sweden: www.carolussons.se
Institut für Traumatherapie und Egostate, München, Germany: www.ursula-helle.de
Wiesbadener Trauma Institut, http://wietra-international.com/wp/
Woltemade Hartman Institut für Ego-State-Therapie: http://wietra-international.com/wp/
Hamburger Institut für Traumatherapie – HIT,Germany :www.hit-traumatherapie-hamburg.de
Institut für Klinische Hypnose und Ego-State-Therapie, Berlin – IFHE: www.ifhe-berlin.de
Milton Erickson Gesellschaft Austria – MEGA: www.hypno-mega.at
Milton Erickson Institut Graz: www.mei-graz.at
Intakkt Psychological Solutions, Krefeld: www.intakkt.de
WAY INSIDE, France: www.wayinside.fr
Ego State Therapy Japan: http://egostatetherapy.jp/
Ego-State Therapy-Deutschland: http://www.est-a.de
Ego State Therapy North America: www.maggiephillipsphd.com

Our reward feature continues in this edition. In order to encourage you to develop the habit of reading the ESTI Newsletter, we add a bonus box in the newsletter. All you need to do is to click on the indicated link, which will take you to the bonus itself.

I hope that this newsletter continues to support you in making outstanding contributions to healing with your clients, families, communities, and our divided earth.

Warmest wishes,

Maggie Phillips, ESTI Newsletter Editor

MAGGIE PHILLIPS INTERVIEWS: SILVIA ZANOTTA

This issue begins with my interview with Dr. Silvia Zanotta, co-director of Ego-State Therapy Switzerland. Silvia has released her first book, I Am Whole Again: Multimodal Trauma Healing with Ego-State Therapy and Body Wisdom, which is selling quite successfully. You can order her book at: https://www.amazon.de/s/?ie=UTF8&keywords=wieder+ganz+werden

MP: Let's start with some basic information, Silvia, like where you live and work and the kind of clinical practice you have.

SZ: I live in Zurich, Switzerland, and work with kids, adolescents, adults, and with families. I founded the Ego-State Therapy Institute in Switzerland seven years ago and now run the institute with my co-director Max Schorff.

MP: What led you to the path of Ego-State Therapy, starting with how you decided to study psychology?

SZ: My first job was as a translator and I was teaching languages and working out of my home office. Once I had my first daughter, I decided that if I could go back to school, I would study psychology because I knew how I did not want to parent her but not how I did want to do it.

Also in Switzerland there were really not many resources for kids between 1 year old and kindergarten. It's such an important time in a child's life that I wanted to be involved in creating some kind of situation where mothers and fathers could come with their kids and help children progress until they started kindergarten.

So I started studying again - this time psychology. Then I began my psychotherapy training, starting with person-centered therapy founded by Carl Rogers. I was introduced to that approach through a workshop held at the university and was impressed by how much respect is given to the client, and how experiential it is, paced with the rhythm of the client. After this training, I was a school psychologist for several years and afterwards I worked in a psychiatric clinic with children and adolescents.

In 2003, I started my own practice and have had several specialties. One was treating dog phobia with a therapy dog. I've continued that treatment using other dogs and it's the only treatment I've found that is 100% successful. This is impressive because even highly traumatized individuals lose their phobias.

Then I had a DID client and I felt very lost and so studied with Luise Reddeman, used her PITT model, and also learned about ego states from her. I have found that a lot of clients, even ones that struggle with the darkest trauma, can find hope, lightness, and humor in this approach.

At the same time I started hypnosis training. I invited people who taught hypnosis, having met Wally Hartman, Maggie Phillips, and Kai Fritzsche at a hypnosis conference in Nepal. Later I invited these same people to teach in Zurich and eventually started the Swiss EST Institute, thanks to your influence, Maggie. And though it was a lot of work, through this project I was able to strengthen and deepen my understanding of Ego-State Therapy. It still amazes me that clients come into therapy suffering with so many heavy burdens, and Ego-State Therapy can bring such relief for clients and therapists as well as lightness, fun, and creativity. It has completely changed my way of doing therapy.

I also had started teaching aspects of EST, and at the EST Jubilee Conference in Germany, I gave a keynote and taught a workshop, and a representative from the publisher, Carl-Auer, approached me and asked if I would write a book about Ego-State Therapy and the Body. I was greatly influenced by your work in this area, having had the opportunity to learn from you and assist you for the last 9-10 years, and so much of what I have learned from you is included in my book.

MP: What is the title of the book and when did it come out?

SZ: The title is I am Whole Again: Multimodal Trauma Healing with Ego-State Therapy and Body Wisdom. It is only in German so far but I hope eventually that it will be translated into English. The main feedback I get from readers is that they are very glad that I have brought these different approaches together with the work of Stephen Porges, and have made that theory easier to understand.

MP: What are the main points in your book?

SZ: I put a lot of emphasis on the relationship between therapist and client. I think it is still not clear to all therapists that the most important part of treatment is the safety in the therapy relationship. I also believe that you must include the body because trauma is stored in the body. If you don't include the body, the work is so much more difficult and not as successful. This is strongly supported by Porges' work. I also included specific ways of working with anger, shame (I shared what I learned at a four day workshop on shame with Peter Levine), preverbal trauma, and other clinical problems. The last part of my book is full of practice exercises and case examples. Also I included many protocols that you have created.

MP: What is an example of how to work with shame in the body?

SZ: Peter Levine suggests that if you are only sitting, you cannot reach trauma as well. He suggests that you stand up and move into a shame/collapse position and then shift out of the shame position. It is important just to work with the body and then to shift back and forth between the two. I work this way now with all states of collapse and danger.

MP: Essentially, Silvia, you are forging a trail because there are many people who have worked with Somatic Experiencing® and many who have been trained in and work with Ego-State Therapy, but there are not many professionals who have put the two together. You also couple this approach together with the polyvagal theory and show how this can be effective with psychotherapy clients. What would be your hope for people who read your book?

SZ: I hope that readers become interested in somatic approaches and how they can be combined with Ego-State Therapy. They can also learn this through the Somatic Ego-State Therapy (SEST)® program that you are building now. I don't think there are many places yet where people can learn this dual approach. Traumatized people, at least in Switzerland, are still sent to psychiatrists and other professionals who conduct "talk therapy."

MP: Yes, or who give them medication. Neither of these approaches provide the complete, whole experience that they need to heal trauma.

SZ: Without using the body to test whether body sensations have changed as part of therapy, it is impossible to determine whether there has been full, permanent change.

MP: You are really emphasizing how important it is to follow body experience as you use different kinds of interventions. Are you still working with children and adolescents? Did you include these kinds of examples in your book?

SZ: Not really. There are two separate tracks in Switzerland with different licenses, trainings, and study materials for professionals who work with children and adolescents than for those who work with adults. I also see that this population is a challenge for Ego-State Therapy because you cannot work in the same way with kids as you do with adults. And I learned a lot about approaches with children from Somatic Experiencing® teachers like Ale Duarte and Maggie Kline. I have also recently published two articles in two different books. One is about my work with a nine year old boy who had tics and other symptoms that followed the SARI model. There was another article published two or three weeks ago on sand play therapy. My contribution was on how to work with destructive ego states in sand play. My publisher has asked me to write a book on this work with children, but as you know, it's a matter of having enough time—so not this year or next year.

MP: Yes, as you know, it's important to take a break so you can do your own integration before you offer what you've learned to the rest of the world.

SZ: There's not much material on using Ego-State Therapy with children except with sexually abused children.

MP: As far as I know, there's no book that is devoted completely to Ego-State work with children and adolescents. Maybe you'll make that contribution too! Is there anything you want to add about your hopes for ESTI?

SZ: I think it's important for our international presence and connections to continue. I think we need to be inclusive so that we can help more people worldwide.

MP: Are you using Ego-State Therapy with migrants?

SZ: Yes I do and it's very effective.

MP: Thanks so much for sharing this time with me so that others can learn more about you.

If you enjoyed this interview and would like to reach Silvia directly, please contact her at szan@bluewin.ch.

YOU'VE MADE IT THIS FAR—ONLY A BIT FURTHER TO FIND THE BONUS BOX!

CLINICAL CORNER

We're happy to present in this edition the Ego-State Therapy clinical case of "Sarah" submitted by Dr. Susanne Leutner from Bonn, Germany. Susanne is one of the leaders of Ego-State Therapy-Deutschland and an ESTI board member. For more information, please visit http://www.est-a.de/susanne_leutner.

The Case of Sarah

Before Sarah began therapy with Susanne, she had been in several different psychotherapies, including residential treatment in specialized psychosomatic clinics. This is not unusual in Germany, but at the same time reflects how fragile she was when her current therapy started. There had been an eating disorder in the past which had taken her years to overcome. She still experienced dissociation, phases of numbness, not feeling her body or her emotions, as well as hypervigilance and a kind of inner remoteness from other people, although she was an intelligent and highly educated person with many good friends.

Sarah continues to live in a long term relationship in a small house which belongs to her wife. She has passed the German Abitur (something like the A-Levels) and finished three different professional trainings: Graphic-Design, physiotherapy, and an MA in history. At the beginning of therapy she was teaching part-time at a physiotherapeutic school and also worked in a small enterprise that organized outings into nature for children and adolescents. She also cultivated several hobbies, was generally healthy, and in many ways took good care of herself.

When we discussed her aims in therapy, she explained that what troubled her was her inability to feel like herself when she was together with other people, her tendency to forget all of her own needs and wishes when others wanted something of her, and her relatively poor academic career, leaving her financially dependent on her partner. She wanted to find her own way in relationships and in her jobs without obstructing her goals. There were also issues about her relationship to her family of origin, as she especially wanted to have a bond with at least her sister and other members of the family. Furthermore, she intended to get over her traumatic memories, but was very much afraid of confronting them.

Sarah was the oldest of three siblings and has stopped seeing her parents and her brother due to the disrespect they showed her. Sexual assault by her father started at around the age of five and continued in different ways until she left home at the age of 18.

Her father had been forced to work hard and probably suffered from low self esteem. He used to say: „Women do not know anything. In this house I am the one who says what has to be done. Anyone inside or outside this house who has other views than mine is bad." When Sarah, at age 12, helped in the kitchen, beating cream for the pudding, her father would say: " This is what has to be done with cream and women: They need a good beating". Her mother, most probably sexually traumatized herself, was caregiving in a formal, but emotionally absent way, denying that feelings existed at all. " There is nothing," she would say; " you imagine things". She even said that to her young children who were terror-stricken, when she had an accident and they could see she was bleeding.

To work towards integration from the very first moment, and according to the SARI model, we made an assessment of her resources. She established an elaborate safe place, located in nature and with a house for all the inner parts and

helpers she knew of at that time. There also were two inner critics who had to stay at the fence. She felt fear and resentment towards them. Later she realized they had many features of her parents. Sarah's own safe place was under a big tree facing a lake. Being skilled in drawing and painting, she created a colourful and vivid picture of these spaces which she brought into therapy from time to time.

During phase two of the SARI model, she gradually understood more of her inner world, especially a deep fear coming from a small inner child and why two critics had been necessary to help her survive in her family. Otherwise she would not have been able to keep a sense of attachment and find a way through distortions of reality. But she did not get into touch with them, aside from reflecting cognitively, which, in itself was great progress. Any progress she made, however, was immediately challenged by the inner critics, who commented: " You know nothing; you are a loser; you just imagine that you know something. The truth is you are bad and unable to achieve anything."

So Sarah was torn between learning how to look after a fearful inner child and helping her to overcome trauma, and the necessity of getting in touch with the inner critics who, at that time appeared rather "misty," hiding away but speaking powerfully.

As her emotional connection to the little traumatized girl inside grew deeper, even though Sarah was dominated by a phobia of her feelings, we decided to help this ego state first. She managed to transfer her to the safe place, a room where one of her inner helpers took care of her. The helper was an ideal mother that had been developed from the model of a real person she knew when she was in her early twenties, and who had been very helpful as a kind of surrogate mother, repairing many attachment issues. But looking at the little girl ego state, and seeing her suffering as well as the comfort she received, was hardly bearable for Sarah at that time.

On the other hand, in real life, she made big steps: She married her partner, she quit the teaching job where she was underpaid and had been engaged for duties no one else wanted to do. So Sarah discovered more time to look after herself, to do sports in a mindful way and to notice her body while exercising. As she became more resilient, the idea emerged that the trauma of the little girl might be processed.

She was very much afraid and needed to renegotiate the therapeutic alliance. She felt shame because she needed me so much. She thought I was leading an ideal life while her life was a mess. She thought I was good looking and that she was ugly. Importantly, she could speak of all these emotions; she cried a lot and let herself being comforted by me. She asked for another arrangement of the chairs in my room so that we sat next to each other looking in the same direction to help her bear the shame and at the same time feel closer to me.

We practiced many different ways of confronting the first traumatic situation she remembered at age five. Many times when she could not go on, we made sure the little girl was taken care of in the house at the safe place again. In the end, she processed this devastating experience with the help of two resourceful ego states, who were inner helpers, and through touching my right foot with her left foot in the therapy room while looking at a screen where the scene was shown in a fractionated way.

In the scene her father had disappeared during the time that the two of them had gone for a walk, which gave her feelings of utmost fear and terror. When he returned, Sarah's relief did not last long, because then he molested her and made her promise not to tell anyone. She realized the little girl then had felt that she was dead. Subsequently, we understood that this time was where her deep fear and confusion originated, along with many of the mixed feelings she experienced in day to day life.

After that work, Sarah's inner world was both more stable and more fragile at the same time. She collected her energy on a new level. Yet the little girl, back in the safe place, was still very weak. We practiced in the therapy room how Sarah herself could comfort her, a very big step, because initially, despite the trauma resolution, there was still some phobia

of her feelings. So we gave the little girl ego state a place in my room and at first I talked with her while the client imagined her sitting on a cushion.

Next, she herself could sit on the cushion, in trance, being the little girl, talking with me. After that, it was possible for her to speak to the little girl on the cushion, and finally she could conduct these kinds of meetings at home, being helped by her favorite newly acquired cat who carried the fearful emotions and who was a kind of affect bridge to the inner child.

In her life many things had changed again. She and her partner had adopted two kittens who, at first, were supposed to live in a special room connecting to the garden without access to the rest of the house. But fortunately for the inner world of Sarah, this regime was quickly overruled by the cats themselves. It was very interesting that one cat seemed to be shy and fragile, and the other one more independent, even a little dissociated and self assured.

The more the therapy shifted from caring for the little one again to understanding and integrating the inner critics, the more Sarah's attachment comprised not only the" fragile" cat, but also the " independent" one. She had quit her job having realized her boss was heavily addicted to marijuana and was high when he was responsible for other people's children. Since then she has become a freelance physiotherapist working with elderly people mainly, enjoying what other professionals often have had difficulties with. She extended her new hobby and gave theatre lessons and little shows in old people's homes. She started feeling more connected to people and to herself when doing this work.

Also she started to ask more from her wife. She became even better in noticing and fulfilling her bodily needs. She had started a new hobby, play acting and learning in her theatre workshops to do things without purpose, " needless actions." At first, whenever she drove home from these meetings, her inner critic told her she was worthless and her success and fun was only imaginary, and not real at all.

So in therapy sessions we refocused on the inner critic, eventually being identified as the inner father, and understanding how and why it had been helpful to create him in childhood. This work was very challenging and is not yet finished. Some triggers still exist when, for example, certain patients remind her of her own family members. But Sarah wanted to become more independent of the treatment and has come only six times since last winter. She had a good plan for the summer, taking a long time off after having saved some money and seeing her surrogate mother in another part of the country.

My perception is that Sarah has come a long way which has not yet ended, but I am thankful for having been part of the process of healing. Her inner world has expanded and her core self has grown, connecting her ego states on a new level. This is how, gradually, she started to be able to confront herself with the inner parents. She could name them as such, instead of calling them inner critics, because there was less fear, and more integrative capacity.

The way she had spent the summer served as a catalyst toward integration in two different ways. On the one hand, she again experienced her dependency on what other people think of her and her readiness to submit to their wishes. On her return home from her holiday Sarah felt sorry for herself. Yet, on the other hand, this fact and the presence of the " good mother" during her summer had helped her to become more empathic with the ego states who still need to be integrated.

Sarah experienced much grief and for weeks she could not stop herself from crying because she realized how hard her life as a child had been and how she must have felt when she had no other way but to create these very strict, humiliating and neglectful inner parents. Paradoxically, she could also begin to realize emotionally that they had once been helpful, containing all the destructive messages from her outer parents. And Sarah noted how much time she had spent listening to these ego states, even when in reality her life had already changed so much.

When she came back this autumn we decided to take another step in trauma confrontation, this time involving not only the father but also the neglecting mother, and so opening up a new field of realization, returning from the Integration phase of the SARI model which had already begun, to the " R" phase to repair more issues of attachment and trauma and to help her integrate not only the trauma associated child states, but also her experience of the inner parents.

Sarah has become more independent of me in a good way and is able to come back and ask for help for special problems. I am curious about how our future sessions will contribute to her becoming more and more the person she was meant to be.

Our thanks to Susanne for presenting such a clear picture of the many layers of her work with a very complex client! If you would like to contact Susanne directly, email her at Susanne.Leutner@t-online.de.

*If you would like to propose a case study or article for our next **Clinical Corner,** please contact me directly at maggiephillipsphd1@icloud.com.*

ARTICLES AND RESEARCH

Our intention is to begin sharing more articles and research in the Newsletter. This section contains an article by board member Dr. Peter Richard-Herbert from Australia - AESTA who sends a follow-up article to his approach to Ego-State Therapy from the June/July issue. The second article in this section is a summary of an innovative research model based in Vienna that can be used as a "hybrid tool" for therapy, especially in ego-state therapy, as well as for screenplay development and cinematic implementation.

"Pavlov's Bridge": An article by Dr. Peter Richard-Herbert from Australia. This material was presented as a workshop, "Ego-State Analysis Theory: Back to the Future" in Montreal at the International Society of Hypnosis this past August. The portion of the workshop presented here features the process of how the original psychodynamic instinctual drive of the pleasure/pain principal and its connection with the autonomic nervous system explains the transformation of ego states into becoming Neuro-States. Peter writes that the first section presented in this article relates to the neurological process and function that he has termed Pavlov's Bridge. The concept that he covers in the second section presented in this article relates to the symptoms he has termed "Pavlov's Syndrome".

The primary concept of **"Pavlov's Bridge"** proposes that the Autonomic Nervous System is directly coupled to Ego State Theory. This approach was developed from eight years of university research undertaken at Central Queensland University (CQU) Australia. The research carried out was of a multidisciplinary nature consisting of the framework method (Richie J & Lewis J, 2003), followed by mixed methods research relating to functioning ego states (self-states) in individuals within the Australian Hospitality Industry. One of the main outcomes of the research was an understanding of **consolidation,** which will be covered in the following paragraphs.

Consolidation

The concept of consolidation originates with Freud's psychoanalytic theory of the pleasure/pain principal. The Ego State Analysis adaptation of Freud's hypothesis of the pleasure/pain principle includes the avoidance or reduction of "pain by creating "pleasure" i.e. (dis-engagement from tension or anxiety). The pleasure/pain principle can also manifest as a "freeze" state or an overwhelmed state.

In contrast, repetitious sensitising life events can also move a patient toward the self-state of hyper-activated "overload." it could be said that **sensitizing events** generally develop over a period of weeks, followed by a series of **activating events** that end in trauma and then may define a defense mechanism as an ego state. This is the process I term **"consolidation."**

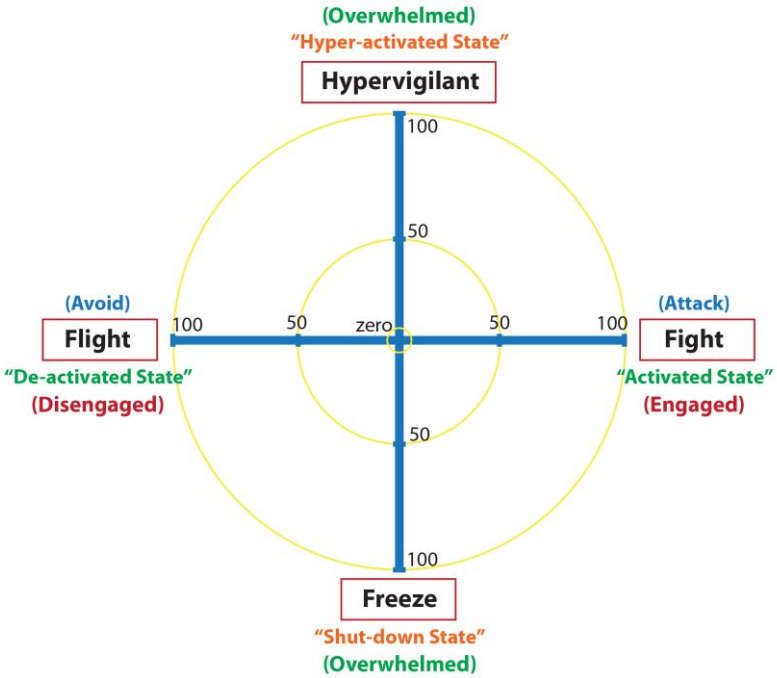
An example of ego state development concluding in **consolidation** would be the blocking states of **"hypervigilance"** and **"Freeze"** that generate over a prolonged period. Other examples of Freudian defense mechanisms manifesting as Ego States may present as "projection" or "displacement" states. Such states are portrayed as an instinctual need to protect or deal with trauma in order to decrease stress. Ego states develop and extend further through the neurological process of the repetitious firing of the Autonomic Nervous System. Thus, the frequently activated state eventually becomes what I term a **Neuro-State**.

Neuro-States

Pavlov's (1894) classical conditioning, consisting of conditioned response and the original terminology and meaning of Pavlov's impartial reinforcement, or reinforcement from behaviors that reinforce themselves, finalise this process.

This process could also be considered as existing along the evolutionary lines of Darwin's theory of natural selection, in other words, the need to survive. It is the concept of "Pavlov's Bridge" and consolidation that changes an ego state into a **Neuro-State** through the neurological process of neuroplasticity. The active Neuro-State consists of axon and dendrite connection that further develops due to the need to survive in the everyday environment. Examples include needs to deal with anxiety, cope with others, manage life-trauma or simply, the continuing need for peace or solace within the self (Ego).

Figure 1 below clarifies the **Consolidation** process: **Stage One**



(© Richard-Herbert, 2017)

It is the repetitious linking action of the autonomic nervous system to the neurological process above that actively embeds the developing ego state into the nervous system eventually to become a functioning Neuro-State (personality part). Therefore, Neuro-States are derived from "Pavlov's Bridge," or the process of conditioned response and impartial reinforcement.

Neuro-State Formation: Pavlov's Classical Conditioning Equation

It is at this point that Sigmund Freud's psychoanalytic theory, can extend into Ivan Pavlov's behavioural action, which is why I have named this process **"Pavlov's Bridge."** Pavlov's Bridge represents the process whereby a psychological ego state becomes a physiological **"Neuro-State"** through conditioned response and impartial reinforcement of the autonomic nervous system by daily, repetitious stimulation. The culmination of **"Pavlov's Bridge"** is the bridging or merging of Freud's psychoanalytic theory transitioning into behavioural psychology's theory and everyday action.

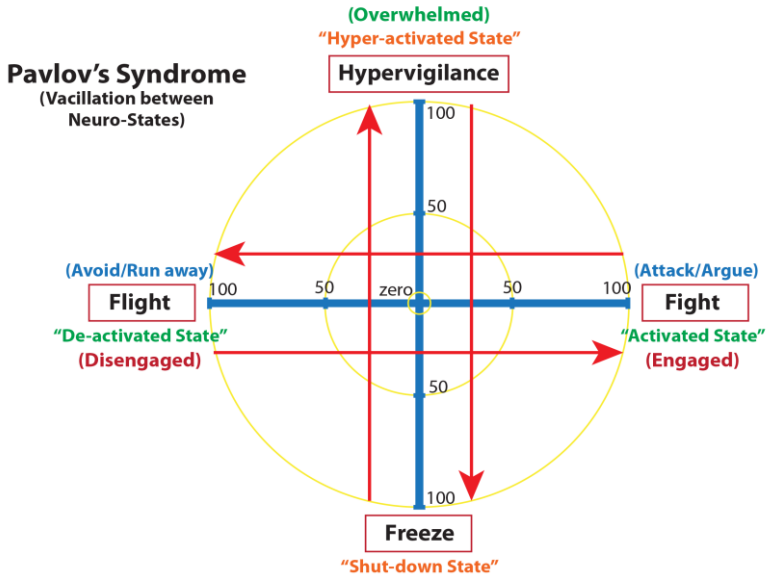
The **"Pavlov's Bridge"** process imprints or embeds an Ego State into the nervous system to become a Neuro-State. The gestation period of Ego State to Neuro- State is believed to require three (3) weeks to three (3) months for initial formation of the Ego State (Richard-Herbert, 2017). Further development of the Ego State commences at three (3) months to eighteen (18) months consolidation and concluding its formation by becoming an embedded function of an operational Neuro-State. A **Neuro-State** can then become viewed as an everyday, visible, functioning part of personality by others.

It is Richard-Herbert's belief that the origin of ego state formation is the result of how we unconsciously talk to ourselves by the process of what I term as **sub-linguistic language**--in other words, the subconscious "chatter" that goes on in our everyday minds. This "chatter" generates the impression to ourselves, of our everyday life situations as we gauge the safety of our immediate environment compared to data derived from our senses---sight, sound, touch, taste, smell --that supply to us our **"sense of reality by perception."** As soon as our mind perceives we are "safe", e.g. "I'm not in that dangerous environment," our conscious reality conclusion is embedded into our autonomic nervous system for future use (Richard-Herbert, 2017).

This adaption process shifts environmental data from the conscious to the unconscious mind because of the need for the reduction of stress, and therefore defense mechanism formation as a future possibility.

Figure 2 below clarifies the second part of the **Consolidation process.**

Pavlov's Bridge Matrix



Pavlov's Bridge Matrix

The restructured autonomic nervous system action of the fight/flight response (Porges, 2011; Canon, 1932) that I have adapted (see figure 2 above) is illustrated as a new four-part Autonomic Nervous System Matrix. This model further explain what I term "**Pavlov's Bridge"** affect.

Pavlov's Bridge visually explains how the theory of **Neuro-State** consolidation progresses into **Pavlov's Syndrome by** causing the formation of a blocking **Neuro-State** vacillation sequence. This results in a state of temporary inaction between the Hypervigilance and Freeze States and/or the Engage / Disengage states due to uncertainty about the best course of action.

The blocking and consolidating effect of vacillation manifests within a patient as previously mentioned symptoms (e.g. flatness of spirit, several mood changes in one day, easily brought to tears, etc.)—in other words a total **Shutdown** state where a patient perceives that they are stuck in a non-functioning, fearful rut, overwhelmed by life and the inability to function within their normal capacity.

Pavlov's Syndrome

This part of the hypothesis is derived from my doctoral research of the last three years (Richard-Herbert, 2015). The work is grounded in a mixed methods approach relating to the triangle of quantitative, qualitative and statistical analysis of several elements of my research data. This research proposes that, contrary to previous popular belief, the first action of the autonomic nervous system when faced with adversity, is not to move instantly into a fight or flee state (Canon, 1929). Instead, the threat causes a **Freeze** reaction to occur that instigates a **shutdown** mechanism designed to reduce or distance from an "emotionally threatening" real-life situation.

The theory proposes that after the primary **Freeze** state has been activated, the ANS then proceeds into a much more defensive or "en-garde" holding pattern that consists of an alternating or vacillating action between two opposing or polarised states--those states being the **Hypervigilance** and **Freeze** states (See Diagram no.1)**.** The hypothesis postulates that should the presenting threat to the patient's emotional wellbeing continue to be present, the alternating action between the two states can rapidly develop to further manifest within the patient as a blocking symptom state that I termed **"Pavlov's Syndrome."**

The blocking action of the **Pavlov's Syndrome** rapidly increases stress, eventually leading to perpetual, emotional overload of the patient's ANS system. Eventually the state becomes an operational **Neuro State** that I believe contributes greatly toward the total **shut down** of the patient's everyday life function.

The overload or shutdown function of **Pavlov's Syndrome** within the patient's ANS then establishes itself further by remaining firmly in place continually to block the **Engage** (attack) or **Disengage (**run away and hide) states from activating. What results is the alternating action occurring between the two predominant **Hypervigilance** and **Freeze** states causing the patient to feel **stuck** in their progress to achieve freedom to act and move away from their symptoms. This feeling of inertia causes a further increase to the patient's stress levels and greater feelings of being blocked or immobilized.

I first became aware of the oscillating function of what I term opposing states during my doctoral research year of 2015. I noted the function of the sympathetic arm of the Autonomic Nervous System, as greatly contributing to the sense of being caught between the oscillating states of "**Hypervigilance and Freeze"** (Richard-Herbert, 2017). I later named the neurological process of this vacillating action as **"Pavlov's Syndrome"** (ESA, 2018).

"Pavlov's Syndrome" manifests as a low-key anxiety / depression syndrome that consists of several mood changes in one day, easily brought to tears, difficulty in making decisions, and sadness, followed by feelings of hopelessness and helplessness about the future.

Pavlov's Syndrome can take away a patient's hope, eventually leading to chronic depression. A brief case history further illustrates **Pavlov's Syndrome** and the process of Ego-State Therapy Analysis.

Case Example

Anna C. is a local patient in my practise in the suburban town of Bowral, Sydney, NSW, Australia. Anna presented with symptoms of free floating anxiety, chronic melancholia and fatigue related to the daily process of getting through her general working day. Although she wore bright coloured clothes to her intake session, Anna still seemed to bring with her a worn out, exhausted demeanour into the room.

While responding to my case history questions, Anna told me that she felt that she wasn't achieving anything with her life and that she had drifted away from friends and family so that all she really did was work. Anna was employed as the manager of a local aged care facility in Bowral but was concerned for her work future as she felt listless and was lacking concentration in her job function and was consequently making what she termed as "silly little mistakes."

Anna's syndrome started twenty-five (25) years ago when her husband, a local doctor (GP) and father of her two adolescent children, abruptly informed her he was leaving her and the children to live with the young receptionist from his practise who was several years Anna's junior. Her husband then commenced court action to retrieve as much money as possible out of the divorce settlement to fund his new life-style with his girlfriend.

She spent twelve years working several jobs to support her children and put them through university. Several years after the divorce, Anna met and re-kindled a relationship with an old boyfriend who moved in with her and proceeded to work part-time as a mathematics lecturer at the local university. After ten years together, and without any supportive payments offered toward mortgage payments or food, this boyfriend suddenly informed Anna that he was leaving her for a younger Asian student whom he tutored and required a fifty/fifty split of the finances to compensate for the building work and maintenance he contributed to the house over their ten years together. Anna has been single for the last few years; her children are grown and in relationships of their own and very supportive of their mother.

Briefly, Anna's presenting predominant ego states are a (1) hypervigilant state geared toward financial security and (2) a severely impacted relationship trust State, polarized by a need for a (3) "Sanctuary State," and a need for an (4) "Emotional Protection" state related directly to Anna's "Learned Helplessness" state that has metabolised over the years relating to her emotional and past financial history.

Therapy in this case, will begin with Ego State Analysis to ascertain predominant states and Ego State cluster formations. Ego State therapy will begin with clinical hypnosis interventions of ego strengthening, metaphoric symbolised imagery and neuro-desensitization via the process of reciprocal inhibition of the nervous system. It is envisioned that Anna will begin to reduce her blocking states as soon as she begins to experience more confidence in her daily work dealings with others, supported by ego strengthening and skills training. As her trust issues relating to relationship and finances resolve due to ego state therapy applications, her need for predominant sanctuary states will also lift.

For further information or enquiries regarding Ego State Analysis and theory, training workshops, or the methodology techniques of Metaphoric Symbolised Imagery, contact directly: Dr Peter Richard-Herbert, workshops@confidenceaustralia.com.au or admin@aesta.com.au

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Thank you for reading this far in the ESTI newsletter. Your bonus for this edition is a power point slide file on Polyvagal Mapping provided with permission by Deb Dana, author of ***The Polyvagal Theory in Therapy.*** I think you might find this helpful to use with traumatized clients; it can also be used with ego states that appear to be functioning in different survival states. To download this file, please click on this link: https://maggiephillipsphd.com/PolyvagalMapping.pdf.

Our second article centers on an Interdisciplinary Research Project that includes Ego State Therapy

The filmmaker and coach **Arno Aschauer** and psychotherapists **Birgit Troger** and **Daniela Halpern** are an interdisciplinary research group in Vienna. Since 2015 they have engaged in commonalities of film and therapy. They developed a resource-oriented structure and process model (Regie Erleben im Raum – R.E.R.), which can be used as a hybrid tool for therapeutic work, especially in ego state therapy as well as for material and screenplay development and its cinematic implementation process.

The goal of working within the ego state therapy with the R.E.R. model is to allow clients to enlighten their own inner and outer “rooms” simultaneously and to create meeting places for ego states with the help of “therapeutical camera work“(focused attention). This evokes wholesome communication, processing and integration processes (in the sense of the SARI-model, Phillips & Frederick, 1995). As a consequence clients become more capable of directing their own life.

Film as a medium can translate inner processes highly compressed into audio-visual codes. In ego state therapy with clients it is possible to use these audio-visual codes with the R.E.R. model in a variety of ways.

Every film is made of individual scenes. In every scene there are figures and objects defined through time and room, proximity and distance, and are correlated to each other. In real life this happens mostly unconsciously through the dynamic of ego states, while in movies every scene is directed consciously and on purpose. As a result, the ego states of every particular film character are placed dramaturgically along the topic of the story. This allows the possibility for identification and opens the resonance chamber between viewer and a film's character. In this way it is possible for clients to resonate with their own ego states through the ego states of the film's figures. (i.e. ego states in films are utilized for working with the ego states of clients).

In addition the research group works with clients on their own "film of life", or scenes, where different ego states take care of directing. Clients can perceive this through inner ambivalences (psychological stress). With the R.E.R.-SET (constellation format at a board) it is possible for clients to go in distance to their ego states within a safe framework in the therapeutic work. The R.E.R.-SET enables to making simultaneous outer actions and inner dynamics of various ego states visible and experience (SIBAM) them.

The R.E.R. model enables filmmakers to elaborate acting figures in their different ego states and to define which ego states control the happening in which passage of the scene. This gives the stories their deepness, which builds the foundation of a good movie in terms of the R.E.R. structure and phase model.

The R.E.R. model is resource-oriented, versatile and helpful in dealing with for example fears, panic, conflict situations, ambivalences and promoting impulse control.

Through conducting workshops and seminars (e.g. with the Milton Erickson Society) the research group teaches the therapeutic work according to the R.E.R. model. In November 2018, the group presented another workshop at the Teile-Therapie Tagung in Heidelberg. There will be more workshops in 2019.

Here are the brief vitas of the three members of the team:
Arno Aschauer:
Studied directing at Max-Reinhardt-Seminar in Vienna and worked with script and camera in Austria and abroad. He also worked as screenwriter, documentary filmmaker and feature journalist (ORF-Ö1) as well as systemic film analyst and hypnosystemic coach and consultant for film and TV. Arno has done extensive teaching in Austria and abroad, among others at MEG in Germany and in Poland. His advanced training includes: Hypnosystemic coach and consultant, and cranial work practitioner.

Mag. Daniela Halpern:
Daniela is a clinical health psychologist, psychotherapist (existential analysis), and offers supervision/coaching. She is self-employed and works with children, adolescents and adults. She has extensive advanced training in the fields of hypnotherapy, ego state therapy and trauma therapy (among others EMDR, EMI, D. Weinberg, A. Krüger, Fred Gallo) for children, adolescents and adults. Additionally, Daniela offers constellation work including Varga v. Kibed and Somatic Experiencing®.

Mag. Birgit Troger:
Birgit's degree is in Theatre, Film and Media Studies; she is a psychotherapist (existential analysis), and offers supervision/coaching. She is self-employed and works with children, adolescents and adults. Birgit has extensive advanced training in the fields of hypnotherapy, ego state therapy and trauma therapy (among others EMDR, EMI, D. Weinberg, A. Krüger, Gallo) for children, adolescents and adults. Additionally, Birgit offers constellation work including Varga v. Kibed and Somatic Experiencing®.

For more information contact Daniela at: daniela@halpern.at

Thanks to this Viennese team for submitting such an innovative project that points to more expanded uses of Ego-State Therapy.

TRAINING NEWS

Sweden

Susanna Carolusson reports that Ego State therapy is taught as an advanced level here, as a subdivision of Swedish Society of Clinical Hypnosis. The EST advanced final training is a 90-100 hours one year program for those already competent in hypnosis and middle level EST. For the last 30 years she has been the director of all teaching programs in the Swedish Society of Clinical Hypnosis, western branch, and two national programs: 1. Supervisor and Teacher of Psychotherapy, and 2. EST, advanced.

Susanna writes that at last she has retired from the headmastership of the hypnosis faculty and -training. The new director of the faculty is Josefina Hansen; DDS, psychotherapy candidate competence, Certified in med hypnosis, EST-certified therapist, and president of SSCH. She has agreed to continue being the head and faculty leader of the EST program 2019 and the two years Supervisor- and Trainer program. She is still a teacher in the faculty of hypnosis and also a supervisor for these students.

In January 2019 Susanna will start the second 2 years Supervisory training, reaccredited as a specialist training for clinical, educational and forensic psychologists. In this training she has included various **ego state** and hypnosis exercises for the benefit of exploring and dealing with transference reactions and nonverbal phenomena in the supervisory processes. This makes an attractive difference from national competitors who offer supervisor training programs.

The ongoing **EST training** started in May, 2018 and will end in February, 2019. Our Danish colleague and certified EST trainer Hedda Sandemose was very much appreciated. On October 6th, Sya Tien Redman was teaching the same group with case illustrations from her book regarding how she "updates the survivor" to protect the vulnerable part in actual contexts by repairing the old trauma and offering relief from shame.

Susanna also reports that psychologists and psychotherapists in the North of Sweden are also now becoming much more aware of Ego-State Therapy. Her personal feeling that EST keeps us all young and eager to learn more — "we are still at the beginning of what we can do."

Susanna is invited for the second time to teach hypnosis in **Saint Petersburg from 14-17th December 2018.** Martin Wall, DDS, MD, ESH president, will join her. She taught the first 32 hours last May. After these two occasions the 30 participants will have an extended basic hypnosis training, including about 10 hours of Ego State Therapy training. She is also planning a full hypnosis training (200 hours) according to ESH standards, and will include sufficient EST training to prepare them for the ESTI certifying process.

She will also teach EST combined with Ericksonian approaches and her psychodynamic understanding of transference work in EST, in Toronto, Canada, from **7-8 June 2019** and may also present a training program in the **Ukraine.**

Susanna also shares with us a photo of how her grandchild has evoked a playful 12 year old state in her.

Japan

EST-J is pleased to announce that they have been able to start an official EST training program presented by Dr. Ph.D Woltemade Hartman.

Dr. Hartman presented EST training module 1 on 13-15 July, 2018. Module 1 training will again be presented on **11-14 April, 2019**. In addition, module 2 training will be presented from **24-28 July 2019.**

For more details, please refer to our website:
http://egostatetherapy.jp/

South Africa:

The following Ego State Therapy workshops are scheduled for 2019:
Beginners training in Ego State Therapy Part 1: 3 – 7 July 2019 – Dr. Elzette Fritz
Beginners training in Ego State Therapy Part 2: 3 – 7 September 2019 – Dr. Elzette Fritz
Advanced Training in Ego State Therapy Part 1: 26-30 August 2019 – Jenny da Silva
Advanced Training in Ego State Therapy Part 2: 28 October to 1st November 2019 – Jenny da Silva

For more information please visit the website: www.meisa.biz

In 2019 Dr. Woltemade Hartman will continues his teaching program in Europe, China, Japan, Hong Kong and Singapore. He will for the first time present an Introduction to Ego State Therapy Seminar in English at the Wiesbadener Institute, Germany in March 2019. More details available at: http://wietra-international.com Woltemade will present a Keynote Address and workshop at the First Asian Hypnosis Congress in Iran from 15-19 October 2019. Read more at www.woltemadehartman.com

USA

ESTNA (Ego-State Therapy North America) will be launching its new EST training program in September, 2019 (Note: The exact date in September will be announced in the April/May edition and also posted on my website maggiephillipsphd.com). We are employing an intensive model with several events in one week starting with EST Basic Seminar One for professionals who have not yet been exposed to Ego-State Therapy training, or whose training needs to be updated. This is followed by a clinical case consultation and practicum workshop where participants demonstrate how they apply principles and practices of Ego-State Therapy and also receive feedback and evaluation of their EST skills and understanding of theory. Finally, there will be an advanced seminar for individuals accepted at the advanced EST level because of their prior training with the Watkins, or with professionals trained by the Watkins. Curriculum will follow the ESTI International Training Curriculum guidelines, including eligibility, approved at the most recent ESTI meeting held in Wiesbaden on September 14, 2017, and presented in our Newsletter issue in July, 2018.

IN CLOSING

Thanks for taking the time to read this edition of the ESTI Newsletter. We hope you will want to send us comments, feedback, and suggestions. Please direct these to maggiephillipsphd1@icloud.com.

The **deadline** for contributions for the April 2019 issue is **31 March 2019.** I look forward to receiving your contributions.

I hope you will consider submitting your training events, clinical innovations, articles, and other news about research and books in the area of Ego-State Therapy. Let us know if there is any way we can support your growth.

With my very best wishes,
Maggie Phillips, Ph.D.
ESTI Newsletter Editor

International Congresses

2019

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

2020

Save the date:

7th World Congress on Ego State Therapy, South Africa
23-25 April - Main Congress
29-30 April – Post Congress and Safari
More information to follow on www.meisa.biz

Please forward information regarding upcoming congresses to Hanlé at: hanle@meisa.co.za for publication in the ESTI newsletter and on the ESTI website.

A total of **310** certificates were issued till date. Please visit the ESTI website for the names of certified therapists, supervisors and trainers. Contact the country representatives for training and certification information.
www.egostateinternational.com

For any changes to your details on the ESTI website send an email to Hanlé Marais at: hanle@meisa.co.za