

***Treating Covert Ego States with Energy Psychology:
The Keys to Healing Trauma and Depression***

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Abstract

Throughout my own healing and in clinical work with clients I have experienced and observed issues that seem nebulous and unresolvable. These issues present with a significant lack of information, clarity, and understanding. Most people are aware that the issue exists and have few details as to what the issue is really about. Learning about and understanding covert ego states has provided a pathway to additional healing. Adding Energy Psychology (EP) to the mix improves the healing process and allows healing at a deeper, more complete level in a quicker, easier manner. In this paper I will explore, define, and describe this process.

To fully appreciate and understand this process, several components must be developed along the way. This is being done so that a reader who is unfamiliar with any of the concepts will be able to grasp the complexity of the issue with understanding.

Ego States

The father of modern psychiatry, Freud, thought that only one psychic energy existed, and that it was sexual in origin. One of his disciples, Paul Federn, thought differently, as did Eric Berne founder of Transactional Analysis (TA). Federn theorized there were many psychic energies, that they evolved from various origins, and that they were separated by a permeable boundary (Phillips, p63). John and Helen Watkins developed a model that expanded Federn's theory in their book, *Ego States, Theory and Therapy*.

Berne, also a Freudian student, identified three ego states in a person: Parent, Adult, and Child (Figure 1) in his best seller *Games People Play*. Berne also set the stage for some additional ego states by defining second order structural analysis of the Child ego states (Figure 2). This means that he identified Parent, Adult, and Child ego states *within* the Child ego states. Although not depicted here, this is also true of the Parent Ego State. Further, he identified Controlling Parent (CP) and Nurturing Parent (NP) in the Parent Ego State, and Natural Child (FC) and Adapted Child (AC) in the child Ego State (Figure 3). Claude Steiner took Berne's work to another level, identifying the Controlling parent as having elements of both a Critical Parent and a Structuring Parent, and the Nurturing Parent as having elements of being truly nurturing or what he termed a Marshmallow or Syrupy Sweet Parent.

Structural Ego-State Diagrams

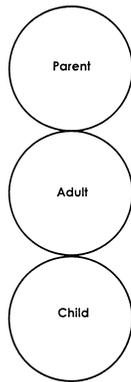


Figure 1
Second Order

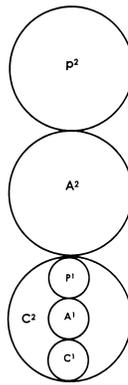


Figure 2
First and Second Order

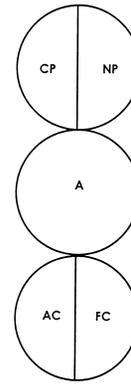


Figure 3
Second Order w/sub-states

Ego states are socially observable realities, characterized by specific ways of thinking, feeling, and behavior. Berne's model represents the ideal situation, where the ego states are in direct contact with each other, and the boundaries between the ego states are permeable, although the diagrams do not depict permeability. This configuration allows the person to move easily between the various ego states to adapt to in-the-moment situations. While TA provides a good working model of both communications and behavior, it limits itself to three major ego states and four sub-states. TA does not allow for the possibility of more, or the extremes of disassociation seen in Multiple Personality Disorder (MPD) also known as Dissociative Identity Disorder (DID).

Excluding Freud's model, these related models have several things in common and share that commonality with Gestalt Theory: the whole is made up of parts, and the whole's behavior is based on that of all of its parts (Passons, p13). In a sense, these were early (w)holistic models. They all talk about making contact with or cathecting the energy of other parts of the self, in order to complete the Gestalt.

Covert Ego States

The idea of one or multiple Covert Ego States (CES) is not really a new phenomenon. By definition, and loose translation, Gestalt therapy treats "all parts of the whole" and uses these ego states as a tool (Passons, p13). CES are nothing more than ego states that are a part of the whole and sometimes the whole does not know that the part(s) exist. Covert means they are out of conscious awareness of the individual, and yet a skilled Gestalt counselor can identify them and

use them to gain valuable insight and information regarding the resolution of issues at hand. The Watkins' thought that the only way to activate and access CES was via hypnosis. My experience and that of others tells me differently.

Ego States come into being in several ways. Some emerge in normal developmental stages, some are born of trauma, and others develop through reinforcement or over identification (Lane). Some CES have names, others do not, and no one seems to know how the naming takes place. Some CES are very benign, nondescript parts without any particular function. Others are not benign, and usually have a particular function. Observed functions range from wounded child to prosecutor, judge, protector, the intellectual, and more. Many are usually about some form of protection and safety.

CES represent some form of maladaptive behavior in the here and now. They act out behaviors that were coping and survival mechanisms of yesteryear, acting out their scripts (Berne) as it were, in service of survival and getting their needs met in some indirect, inappropriate way (Watkins & Watkins). Some CES contain some elements of being traumatized in some way, shape, or form, and therefore are prone to co-morbid depression and PTSD. CES are similar to ego states defined by Eric Berne in Transactional Analysis (TA) and yet are very different.

As stated before, Berne's model represents ego states with permeable boundaries. Therefore, one can energetically move easily from Ego State to Ego State. In CES, the boundaries are less permeable, if at all, and movement from Ego State to Ego State is very restricted. The more restricted movement is, the more covert the Ego State is. The thicker the Ego State boundary, the closer a person is to MPD/DID. This is best demonstrated on a continuum shown in Figures 4 and 5.

Figure 4 represents ego states as described by the Watsons, where A, B, & C represent normal ego states. They could be equated to the Parent, Adult, and Child ego states in TA. These ego states are aware of each other, have much in common and there is a sharing of information between them that is normal. Notice as you go from left to right along the continuum, the boundaries become thicker and more defined. This thickening of the boundaries represents more dissociation. CES could begin to exist in the second circle from the left, on into the third circle from the left. The circle marked Borderline Multiple, is not a true MPD situation. It represents a highly developed CES that is almost a multiple personality, yet is not. This ego state is aware of the other ego states and will refer to the others as "them", "he", "she", or "it" or possibly by name, and not refer to the entire person as "me".

The interpretation of Figure 5 is similar to Figure 4, and could be used to depict the differentiation and dissociation of *one* Ego State.

Ego-State Boundary Continuums

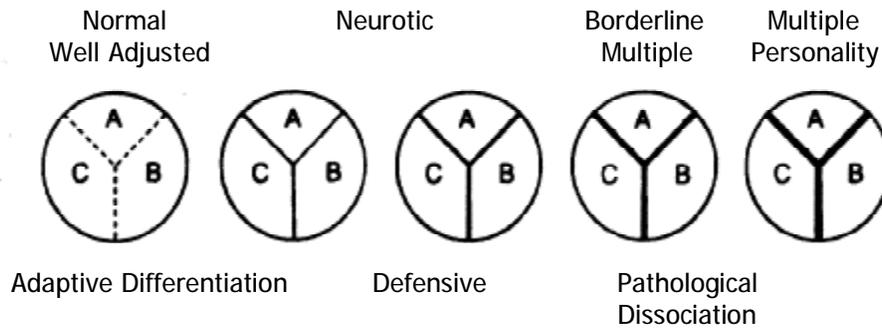


Figure 4 (Watson & Watson, p32)

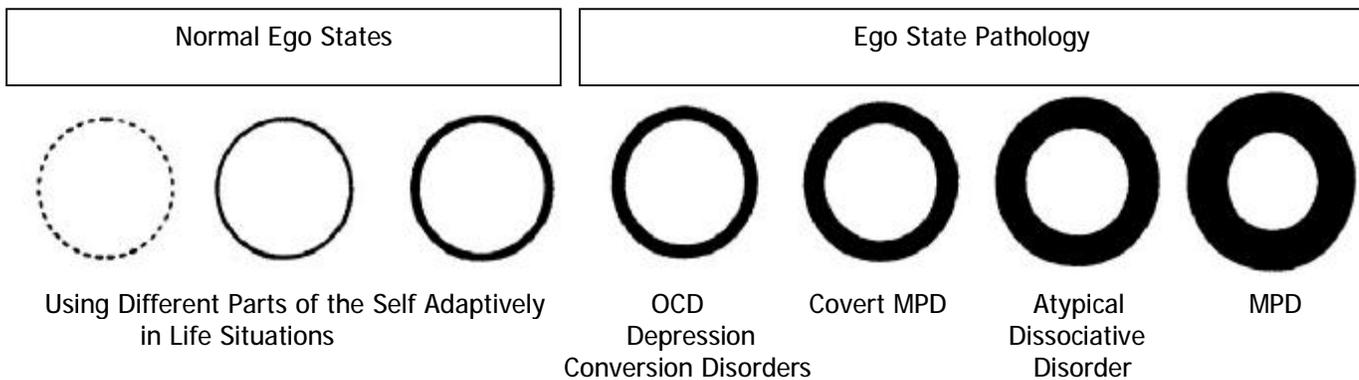


Figure 5 (Phillips, p64.)

Figure 6 demonstrates this phenomena in the world of TA. As you can see, on the left of the diagram, there are many small, walled off or isolated ego states and no energetic movement between ego-states. This position is equivalent to the right end of Figure 4 or 5. As you move to the right of the diagram, the ego-state boundaries become more permeable and there is energetic movement between the ego-states, equivalent to the left end of Figure 4 or 5. This particular representation could well be a case of CES or MPD/DID. They are not the same and one should not construe them as such. MPD/DID clients have distinct and observable switches in personality, traits, behaviors, names, emotional age, and many other characteristics, including gender identity. In my experience, CES do not usually go that far.

Covert Ego States from the Structural Perspective of TA

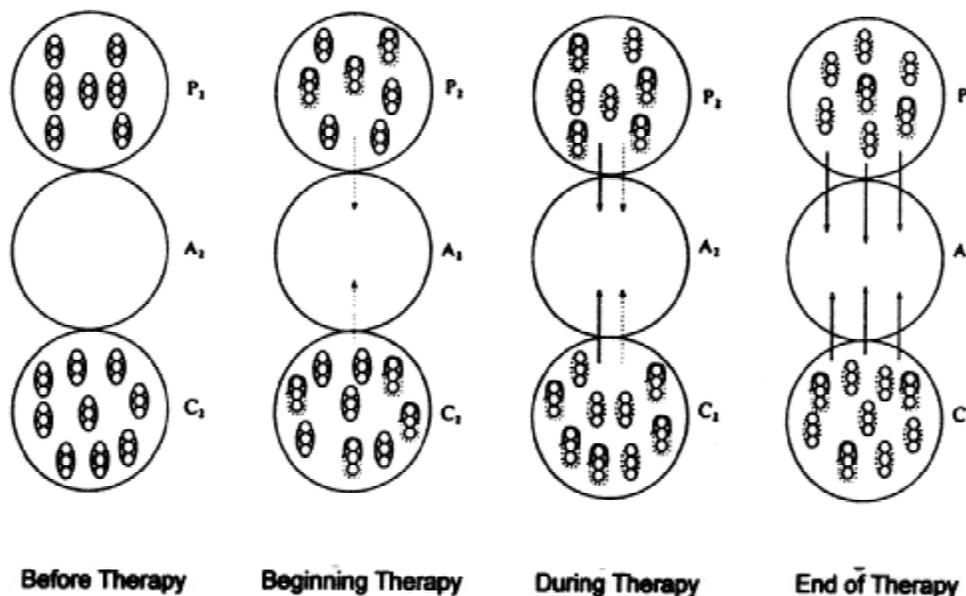


Figure 6 (Hudson, p91)

CES have characteristics of the Controlling, (critical) Parent and OVER Adapted Child in Figure 3. They lack any form of nurturing or structure and have little or no functioning Adult. Their beliefs are very archaic, and their thinking is very black and white, right or wrong thinking, entangled with fear, anger, and sadness. They have little or no ability to reason or reality test and conversely contain enough emotional content to interfere with and wreak havoc on a person's life. They may also present as pockets of walled off depression, anxiety, terror, grief, shame, and guilt. Providing the CES with an opportunity for relief and healing provides healing to the "host" or core individual and allows the boundary layers to become more permeable. This frees up psychic energy and allows it to flow easier and freely between the various Ego States. As the boundaries become more permeable, CES become less triggered and may eventually become nondescript, or nonexistent, implying full integration.

There are hosts of other names that imply the same therapeutic concept. Some of these names include sub-personalities, energized parts, disassociated parts, voice dialogue, integrative states therapy and even Redecision therapy. They all rely on the basic Gestalt process developed by Fritz Perls of being able to cathect, or make contact with a disconnected, disassociated or disowned part. Regardless of what we call them, events easily trigger CES and results in an observable response to the event.

Identifying CES

One of the most obvious ways of identifying the potential for CES is that a person will say "a part of me". Sometimes I run purely on intuition because the person has trouble accessing information and there are a lot of "I don't know" statements, suggesting that there is disassociated material in an ego state that is not being accessed. Marked changes in affect, or affect that is out of proportion to the incident or abnormal for the person indicates the possibility of disassociated material. Issues that do not respond to treatment, unexplained nausea, headache, diarrhea, transient pain, itching, and feelings of heaviness or lightness are also indicators of potential CES.

Intrusive behaviors like involuntary muscle control, muscular jerking, ticks, trembling, spasms, loss of ability to move, lack of memory of events, and flat vocal affect are symptoms a therapist should also be alert to, indicating dissociative problems (Phillips, 1995).

Energy Psychology

Energy Psychology (EP) is a new, very promising field of technology that is changing the way therapists conduct therapy and clients accomplish healing or changes they desire. The outcomes proceed at a much quicker pace with better results and less effort. Processes like Eye Movement Desensitization (EMDR/Shapiro), Thought Field Therapy (TFT/Callahan), Emotional Freedom Technique (EFT/Craig), Tapas Acupressure Technique (TAT/Fleming), Touch and Breathe (TAB/Diepold), Be Set Free Fast (BSFF/Nims), Integrative States Therapy (iSt 9x9/team developed) and Allergy Antidotes (AA/Radomski) qualify as EP. Again, there are beviies of names that connote the same thing. Terms like Energy Therapy and Meridian Based Psychotherapies and Thought Field Therapy (a generic term) are among them. While the author is familiar with all of these, my training is in EFT, TAT, iSt 9x9, and Allergy Antidotes and I use them extensively in my private practice. The results have been significant compared to standard therapeutic approaches, and combining standard techniques with EP is very easy. One only needs to be creative with the process.

With the exception of EMDR, all of the above techniques are Acupuncture/Acupressure based and rely on using the same Acupoints, without the use needles. Acupoints or pressure points are energy meridian points that come to the surface of the skin (Eden). The user of the process stimulates the points by making contact with them via tapping, rubbing or simply touching them. While the user is making contact with these points, they are also focused on the issue at hand using a "reminder phrase" which is used to maintain the thought field. This phrase, developed by the client, is significant only to them. The phrase usually has a measurable amount of emotional content attached to it. The accuracy of the

phrase is very important because of the literalness of the subconscious. The more accurate the phrase, the closer the process gets to the target.

The theory behind EP is that any excessive, or abnormal emotional disturbances we experience are caused by a distortion or blockage in the body's energy system (Craig), no matter what issue we are dealing with. This energy imbalance is caused by the emotional bond to the incident, and we become stuck at that point. If we bring the body's energy system back into balance around the issue, the emotional content of the issue will be relieved and it becomes a benign memory and we restore the normal flow of Chi or Qi (energy). This, in turn, frees up a person's ability to think differently and to view the issue in a different way, without emotional attachment or content. Therefore, these processes lend themselves to being applied to everything, including addictions, trauma or PTSD, depression, phobias, contaminated or distorted beliefs, and anything you can think of that a person wants to change.

The benefits of using these processes are many. EP is easy to apply, very thorough, works quickly, and most changes are about 80% permanent. EP often works where other methods have failed, especially in the area of trauma and PTSD. It is also possible to work with very discrete parts of an event if the entire issue is overwhelming. The event is simply dealt with like a movie or story, and when the client reaches a point where there is measurable distress, the movie or story is stopped and the technique is applied until there is no more measurable emotional response. The client then continues to tell the story, repeating this process until the client can tell the entire story without emotional response. It is important to note that these processes do not remove a person's normal ability to feel (Craig). They simply remove the excess emotional content of a particular issue, which keeps the memory alive and active. EP is also useful in installing positive beliefs and choices. I have been using this approach more frequently: dependent on the issue being addresses.

Putting It All Together

I introduce new clients to the concept of EP at our very first meeting. It is very important for both of us to be in the same place as far as healing modalities are concerned, and for the client to be willing to experience a "non-traditional" approach to therapy. I am also very clear that I combine traditional methods with EP methods because it is beneficial to get to the core issue before applying EP processes. Being at the core level is like cutting the tree down at the trunk, instead of trimming it from the top down, section by section. Sometimes we have to proceed section by section to get to the core issue because it is so protected.

When it becomes clear to me that a CES may be operating, I ask my clients to sit in another chair (Gestalt process), and take on the energy of that part. I invite them to allow that part, which sometimes is a physical part of their body, to have a voice. I then conduct an interview with that CES, or body part, building rapport with it. I get to know it and what is going on, what it is feeling, believing and attempting to accomplish. I even ask if it has a name preference. This completes the Gestalt, and accesses the energies and emotions stuck around the issues.

If it is a physical body part, I invite the individual to voice the message the body part or location is telling them and what that part wants them to hear or know. I have accessed sore throats, backaches, surgery sites, essential tremors, and more with this technique. The emotional material they contain is sometimes surprising, out of conscious awareness and always powerful. In the case of the essential tremor, the woman's head stopped shaking after we accessed the fear she was carrying regarding one of her family members.

In most cases, there is a fear-based response that the CES is attempting to manage. After all, they have a job to do, and not doing their job is as bad as not existing, and death is pretty scary to them. Once a CES begins to see that what they are doing is not helping the situation and they decide they want to change their response, I offer them the opportunity to use EFT, TAT or iSt 9x9 as a means to shifting or resolving the issue and the feelings attached to the issue.

If the client chooses EFT we first measure the intensity of it on a scale of 0 - 10, 10 being maximum intensity, and then create a statement clearly identifying the issue. The set up is a phrase equivalent to "Even though I have this *"problem"* I deeply and completely accept my self." The client is then directed to repeat this phrase 3 times while tapping on a specific point, and then sequentially tap on 14 different Acupoints while repeating the reminder phrase, which is a short, exact statement of *"the problem."* When the process is complete, we re-measure the intensity to verify progress. If an intensity other than zero is measured, the process is repeated until the intensity is zero.

Touch and Breath is a variation of EFT that involves making contact with the Acupoints without tapping on them. Instead of having a reminder phrase, the client maintains the thought field or contact with the issue, and takes a normal breath cycle (in and out) at each Acupoint. Some clients prefer this method to EFT (tapping) because tapping has been part of their trauma, or triggers them in some way that causes them to resist using the process, and therefore treatment (Diepold). This is especially true of MPD/DID clients.

Tapas Acupressure Technique (Fleming) is physically very different from EFT/TAB, and equally as powerful and effective. TAT uses a physical pose involving the head and both hands making contact with various points on the head while the client focuses on the issue at hand, either silently or aloud, eyes opened or closed. I prefer that they do it with eyes closed because it removes the outside distractions. The client remains focused on the issue until there is some type of shift, unique to the individual. The more common shifts include an inability to further focus on the issue, an inability to continue holding the pose, deep sighs, a change in the images or feelings they are experiencing, and most significantly, a reduction of the intensity of the emotional content of the situation.

TAT has seven steps to it, all involving the same pose. The remaining steps are; creating an image opposite of the issue, healing all the origins of the issue, healing all of the storage places where the client has stored the situation in their body, mind, and life, healing the part of them that benefited from having the issue, forgiveness of self and others that contributed to them having the issue, and asking for forgiveness from those who have been hurt because they have had the issue. Each step is completed when there is a shift in the person.

TAT is a very powerful tool that I have used creatively. I use it with angry clients to discharge their anger, rather than them pounding on a pillow with a bat or tennis racquet. I have them hold the pose, imagine the person they are angry with in front of them, and allow them to vent aloud. The venting usually does not last very long, and the client is soon accessing the feelings under the anger; the grief, sadness or loss. The lightness created by this process is very rewarding to clients. I also use TAT to create new, positive self-images when working with clients who want to lose weight or quit smoking. Without changing the self-image, the brain will take over and revert to its previous image, causing relapses of behaviors.

iSt 9x9 relies on Neuro Linguistic Programming's nine eye position accessing cues and adds in nine head positions. The possible combination of positions is 81 and requires muscle testing to verify which position is the correct one to treat. I have simplified this to just observing the client and having them hold their head and eyes in the position where they are accessing information about the issue. Once that is determined, the client blinks their eyes until they can blink easily. There is usually a period where the blinking becomes very difficult. This is when the client is actually accessing the issue.

In all situations, the client may or may not experience outward emotional releases such as crying or sobbing. Some do, some do not, and there is usually some outward indication that a shift is occurring. The most often observed indication

of a shift is a client sighing. Yawning is another indication, as is a belch, and some clients actually experience muscle tetney or twitching. Each client is different. What is more important is that as the CES resolves it's issue, the boundary between it and the rest of the ego-states becomes more permeable as seen in Figure 6, *End of Therapy* or moving from right to left in Figures 4 & 5. This allows easier access to the energy, and less triggering and interference from the CES. In many cases, the CES integrates completely, and in others, they take on a new role or job of assisting the core personality, instead of working in opposition. They become more willing to negotiate or compromise and less rigid. This relaxation of their stance allows an improvement in life because energy flows easier between the ego states, and they are able to see the world in a different way. They begin to integrate their experiences and stop generalizing and projecting. They cooperate instead of compete, and internal conflict is reduced.

Case Example:

One case treated had a long-standing history of being unable to stay in a relationship with a woman. Casual dating was ok; however, as soon as it got serious, or he made a commitment, the man would have terror attacks. He would go to sleep in one state of mind, usually peaceful and happy, and wake up in a state of sobbing terror, ultimately running away from the situation. He had absolutely no understanding of what was going on. Careful investigation revealed that he had a very strong CES protector named Derek. Derek had a massive fear-based existence. He had a fear of engulfment, a fear of making a bad choice, a fear of getting hurt again, and a fear of being bombed.

The fear of engulfment came from the client's relationship with his mother when he was a child. She was a very controlling, fearful person and he learned to repress who he was to stay in her good graces. He had been in several failed relationships and a couple that were very abusive emotionally. This history drove Derek's fear of getting hurt again and of making another bad choice. The fear of being bombed had two sources; growing up during the cold war with the threat of atom bombs, and a one year tour of duty in Vietnam.

Every time the client got into a relationship, Derek would get activated. The fear of being engulfed once again, and the fear of having to repress himself, would be overwhelming and Derek would go on "guard duty." He would stay up all night long, although the client was actually sleeping. Of course, the client woke up feeling like he had not slept well at all. Often, the client would start sobbing in terror, not understanding at all what was going on. What was actually happening was Derek attempting to communicate his fear to the client, without success because of a lack of an

established means of communicating. Eventually, the client would terminate the relationship, just to get relief from the terror.

Derek also had a depression index rating that was always twice as high as the client's. If the client's index was four, Derek's was eight. Sometimes the depression was co-morbid with the terror, and sometimes the depression was there independently. When Derek felt threatened, the depression always increased, sometimes before the terror hit. The client was also aware of other pockets of depression, indicating other CES being present.

Once it became clear what was happening, Derek was invited out in therapy sessions and we would apply either EFT or TAT, or both, to Derek's fears. Derek got to choose what he worked on, and which techniques he used. It took several (approximately 6 to 8) sessions of EP to work through these issues to the point where the client was able to successfully stay in a relationship, be himself and trust that he could keep his sense of self. Many positive aspects of the client also emerged. He became friendlier toward strangers. In the relationship, he was more spontaneous, playful and affectionate: elements that he reported missing from his life for over 20 years. Overall, he had an improved sense of happiness and joy.

Derek's function actually changed during the course of this work, and he became a "forward observer," helping the client identify other problem areas and other CES that were causing problems. Although Derek is still present, he no longer goes on guard duty; his presence is greatly reduced almost to the point of total integration and his depression index is now the same as the clients, a very low two!

This same person also had a CES that took on the controlling characteristics of his mother. When he put his house up for sale, "she" emerged with a vengeance causing severe, debilitating, anxiety attacks that would knock him out of commission for three or four days at a time. The client also required medication and therapy to work through the control issues the CES was attempting to invoke out of fear. This CES, named Helen, believed that she owned the house, made the payments, had a right to keep the client from selling the house, and was afraid there would not be enough money or a place to live. Scarcity had been a big issue for the client's mother as she had grown up pre World War II.

Helen was invited out during therapy sessions and given the same choices as Derek as far as which techniques to use, when to use them and what issues to address. Once this CES had been identified and the issues defined, it only took

about six sessions to relieve her fears, and allow "her son," the client, to proceed with selling the house. The client was able to stop medication for the anxiety attacks, and continue with whatever needed to be done to sell the house. Helen did not even interfere when the actual sale and move took place.

Therapeutic interventions also were accomplished with the other CES, four in all, to address their fears, terror and depression. The client is currently stable and considering reducing the dosage of antidepressant.

Conclusion

Some CES boundaries become very permeable in a short time period, and others require extensive work. The time required is dependent on when and how the ego-state came into existence and how many unresolved issues are there. The more they resolve their particular issues, the less active and interfering they become. Depression indices, PTSD symptoms, and trigger-ability drop significantly. The long-term result is that more of the genuine self emerges and aberrant ego states exert less influence to live out their archaic scripts. The person becomes more real, less stressed, able to make decisions easier and there is less struggle in their lives. Overall quality of life improves, and the client is happier. As the boundaries between surrounding CES become more permeable, they have less energy to maintain the old scripts. While they may not totally go away, they are less likely to be triggered by life events, and therefore less likely to be disruptive. In the case of MPD/DID clients, this could eventually lead to complete integration.

While hypnosis was the preferred method of activating and treating CES (Watkins & Watkins), my experience has shown that completing the Gestalt with chair work can easily access the CES. Using EP has greatly accelerated the resolution or healing of issues, and therefore improves the quality of the client's life. Issues now resolve in a matter of minutes, rather than hours, days, weeks or months of therapy, and most of the time, they do not reappear. While research is still creating the necessary scientific data to validate and understand the mechanisms of EP, there are of cases of clinical evidence of its efficacy all over the world.

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