EGO STATE THERAPY

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Ego State Therapy

General Considerations:

1. Carefully define the target symptoms. Lump rather than split, self-destructive, self-sacrificing, irresponsible behaviour. Do not look at each individual behaviour.

2. Explain the process to the patient before using it.

3. Foster dissociation by addressing the part in the second person (you) while talking about the patient in the third person (he/she).

4. Find and clearly define positive aspects of the part's behaviour.

5. Suggest new ways to achieve the part's goals, giving the part an important continued role in the patient's life.

Basic Steps:

1. After guiding the patient to induce hypnosis say, "I would like to speak with that part of the personality that causes the symptoms. When that part is there, please say, "I am here". … … "If there is no such separate part, that's all right". Or "I wonder if anyone can tell me about the… (symptom)."

2. Attend to any strong affect that is manifest.

3. Thank the part for addressing you and ask its name. Depending upon the situation, ask its gender too.

4. Learn, when the traumatic event occurred, by asking the part, "how old was the whole person when you first appeared in his life?" and "what was that situation?"

5. Hear what the traumatic incident was?

6. Obtain further elaboration if needed.

7. Deduce the positive goal the part was trying to achieve.

8. Confirm the validity of your deduction by asking if it is correct.

9. Congratulate and thank the part for its efforts to help.

10. Point out current difficulties arising from that help.

11. Suggest new ways to achieve the same goal more effectively. May not suggest directly but give example like, the mother caring for her child differently at different age.

12. Negotiate if necessary.

13. See if the part has questions or comments.

14. Thank the part for his information and cooperation. Offer to speak with it again at the next session.

15. Tell the part that it can go back to wherever it came from.

16. Guide the patient out of hypnosis.

17. Check to see if the patient is feeling okay. Make brief comment on information obtained, if there is amnesia.

18. At the next session, discuss the experiences with the patient.

19. Do not memorize these steps. Read them, have a good sense of the process, imagine going through it, feel efficient and give it a try.

Ego State Therapy: A Case

Hina (name is changed for maintaining confidentiality of the client), 29 years, Gujarati lady, mother of a 3 years old son, a dentist having private practice with her husband, came for consultation on 4th March, 2011.

Chief complaints:

Feeling of sever guilt for marrying (before 5 years) to a boy to whom she loved against the wish of her parents. She was depressed. There used to be frequent crying bouts, disturbed sleep and at times, irritability. She was feeling all these symptoms for 4 years; but they had increased ever since she herself became a mother 3 years ago.

Past History:

She married, in 2006, to a senior colleague dentist to whom she loved, against the wish of her parents. She was very close to her father emotionally. Father and the whole family disapproved the boy as he was from a different cast. Now (at the time of her first consultation in March, 2011), after 5 years of marriage, her father and all family members likes the boy and are very happy with her decision. They both are doing well professionally as well as personally.

Management:

Hina was suggested to participate in a 36 hours workshop conducted at "Samatvam" every month - "tran*ce*formation: Holistic Stress Management & Self-development Workshop" - and take once a month personal appointments following the workshop.

She participated in "tran*ce*formation" workshop in March, 2011. She started practicing self-hypnosis (either by herself or through recorded audio session by therapist) regularly since then. She came every month for personal appointments for the next three months. She was feeling more relaxed and confident. Her mood improved and was not feeling any guilt now. Her sleep was normal. She learned acceptance.

Hina remained almost symptom free and grew personally & professionally for 3 years. She faced several events of minor and major stress at family level for which she took total 5 appointments during the period of July 2011 to August 2014, and could cope-up successfully.

During her appointment in August, 2014 she complained of having bouts of feeling guilty and depressed again for the last 3-4 months.

We planned a session of ego state therapy which was conducted on 19th August, 2014. The details of this session and the outcome till now (December 2014) are as under:

After explaining the process and induction of trance, the ego state responsible for her suffering – if there is any, was invited to talk. It was suggested that when any part of her is ready to talk to me, the part can utilize her speech apparatus and say; "Yes, I am ready".

After repetition of the same suggestion once again, she uttered softly, "Yes".

[During the post session discussion, Hina explained: "In my mind, I could see a group of many Hinas (about 8 to 10) sitting on a L-shaped bench in a room which supposedly was my subconscious mind. They were all wearing the same cloths. When you (the therapist) referred to 'that particular Hina' she sensed it but waited for another call. When you called second time, she got up from her place and came forward for confrontation. I felt like she entered my vocal cords, trying to speak up. I only moved my lips first and then said "yes" upon being asked by you "Will you talk to me?"]

Therapist: "When did you develop? Can you tell me age of Hina at that time?"

E. S.: "23 years."

Therapist: "O. K. What was the situation in Hina's life at that time?"

E. S.: "That time Hina was in love with Gautam. She liked him very much. But the family members were opposing this relationship. Gautam was of the opinion that now there is no possibility of her family members to get convinced and they should go for marriage. But Hina's mind was not ready."

"She had a habit of tossing a coin to resolve conflicts. She always used to have 'tail' as her option for the answer which she liked. While she was returning from her job that night, she stopped on the way and tossed the coin. She prayed God to show her the right path. And the result was 'head', not 'tail'. She felt very bad. She tossed it once again with the same prayer and the result was 'tail' this time. And she

married Gautam going against her father and whole family. She manipulated the result by trying the tossing second time. She cheated ... she did not follow the wish of God. She cheated God. She needs to be punished (Hina was very aggressive at this point and started crying. Throughout rest of the conversation she was disturbed and was crying in between). ... she also cheated to her parents."

"I was born at that time and wish that she should be punished for this."

Therapist: "O. K. You are right; perhaps, she would not have done so. But any way, it happened that she did not follow the outcome of her coin tossing. And therefore you started punishing her!"

E. S.: "Yes. She deserves punishment for cheating her parents and cheating God."

Therapist: "But, don't you think, it is enough punishment for her now?"

E. S.: "No, it is not enough. She doesn't deserve to be happy any more. She is a cheater. She will be punished."

Therapist: "Yes, but she has been punished enough. She is being punished for several years now. And you know; now her parents are very happy and they like Gautam as much as they love Hina. Please stop punishing her now."

E. S.: "No. Let the parents be happy and forgive her. But, she has done cheating. She has also cheated God. She deserves punishment only."

Therapist: "I understand your point. But your intention of punishing her is to make her realize her mistake. She has already realized it and she has regret for the same. Now her parents and all the family members are very happy with her decision and they all love Gautam. Also Gautam respects and loves them. He is a very caring husband. They have a wonderful young child also. I feel, you may like to stop punishing her. She now deserves happiness in her life."

Ego state did not give any response but Hina seemed to be somewhat calmer now.

Therapist: "She has already suffered a lot. Let her be happy now and enjoy her life. You know, Hina is a very good doctor, taking care of her patients with love. She is devoted to the health and happiness of her patients. She and Gautam both are taking care of Hina's parents with

love and respect. Parents also always give them blessings to be happy. Can you please stop punishing her now and allow her to be happy?"

E. S.: "O. K. I will."

Therapist: "Thank you so much. You made Hina to realize her mistake and taught her not to break anyone's trust. I thank you on my own behalf and on behalf of Hina. You are so nice. You understood that she has now learnt the lesson and she do not deserve any more punishment now. Do you want to convey her anything? Would you like to have anything from her in return?"

E. S.: "Yes, she should never cheat God now."

Therapist: "Yes, I will convey this to her and I assure you, on her behalf that she will not cheat God now. Once again I thank you. You may now go back, from where you came. Please allow Hina to be happy now."

After a couple of minutes, when she was found to be more calm and relaxed, trance was terminated. Hina was feeling surprise about the whole process and was more comfortable.

She reported: "I can feel in my mind that 'that Hina' – that part of me was deeply hurt while narrating the whole incident. While going back, still upset with what Hina did, she felt better because someone listened to the story and she could tell what 'bad' Hina had done. Someone listened to her complain about Hina and that made her feel relieved. She went back to her place on that L-shaped bench with heavy heart, head down, nevertheless; better and calmer."

Hina talked to me, on phone, a couple of times after this session and conveyed that she was feeling much better.

After more than 3 months of the above session, Hina gave the following write-up to me:

"Ever since I underwent the important session of Ego State Therapy, initially I was bit confused and a lot amazed about my experience – the whole experience of a part of me only, coming out and talking like this! It took me about 3 to 4 hours to understand what was going on. Also, I remained busy with daily routine for the rest of the day. In the evening when I sat alone, for a while I suddenly felt so light ... I felt free and relieved. A heavy load was removed from my head. I felt, as if I was made free from a prison."

"It is not that I have started remaining always happy now. But whenever I am happy, I am not guilty about feeling happy (earlier it used to happen so). Earlier, whenever I used to be unhappy or sad, inside somewhere I used to be happy – "... good, this is what you deserve. It is good that you are sad. You do not have any right to be happy". This used to my feeling earlier."

"Now, after ego state therapy session, I have stopped feeling 'happy' for my troubles on various problems. I don't see them any more as a "well deserved punishment". When I am sad, I just see that Pooja, sitting in that corner of my mind watching. She is just watching, neither feeling happy, nor sympathising with me. She is now a plain observer. It is same for any happy moments also. She doesn't make me feel bad for feeling happy."

"That 'Hina' is kind of indifferent towards my feelings or my ups and downs. I understand, as if she is feeling that by the law of *karma,* I will be made to be happy or sad irrespective of her doing anything." [After the initial positive outcome of her self-hypnosis practice in 2011, Hina started studying Bhagvad Gita since August 2012. She came to me a couple of times for discussing some of the verses of Bhagvad Gita where she found difficulty in understanding].

"All said and done, I, Hina as a whole, feel much better after the session of ego state therapy. It has helped me beyond my imagination. I still wonder whether all this was real or some illusion, but I can feel the lightness in my heart. I do not feel guilty for being happy. I do not feel good for feeling bad about any event in my day-to-day life."

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Ego-State Therapy: An Overview

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Ego-state therapy is a psychodynamic approach in which techniques of group and family therapy are employed to resolve conflicts between various "ego states" that constitute a "family of self" within a single individual. Although covert ego states do not normally become overt except in true multiple personality, they are hypnotically activated and made accessible for contact and communication with the therapist. Any of the behavioral, cognitive, analytic, or humanistic techniques may then be employed in a kind of internal diplomacy. Some 20 years experience with this approach has demonstrated that complex psychodynamic problems can often be resolved in a relatively short time compared to more analytic therapies.

Although the concept of segmentation of personality has been mentioned in the literature for many years (Assagioli, 1972; Beahrs, 1982; Freud, 1923; Janet, 1907; Jung, 1969; Kernberg, 1976; Kohut, 1977), the specific theory of ego-state therapy is attributable to John G. Watkins. Jack, as he prefers to be called, came upon the concept of ego states from Federn (1952) and Weiss (1960), as did Berne (1961) in formulating his transactional analysis.

Together, Jack and I have developed treatment approaches dating from the early 1970s. More recently others have presented workshops and professional papers (Carlisle, 1988; Edelstein, 1981, 1982; Fraser, 1991; Frederick, 1990, 1992; Malmo, 1991; Newey, 1986; Newey & Newton, 1979; Phillips, 1991; Stewart, 1983; Torem, 1984, 1987) that carry on these therapeutic principles, each in their own individually creative way. Such progression in the advancement of this therapy has been particularly gratifying to both of us.

Theoretical Concepts

In approaching the theoretical concepts of ego-state therapy, it is worthwhile to underscore two processes that are cogent in the development of the human personality: integration and differentiation. Through integration a child learns to put concepts together, such as dog and cat, and thus to build more complex units called animals. By differentiation the child separates general concepts into specific meaning, such as discriminating between "good doggies"

and "bad doggies." Both processes are normal and adaptive. Such differentiation allows us to experience one set of behaviors as appropriate during a sporting event and inappropriate at a business meeting. When this separating process become excessive and maladaptive, it is usually called "dissociation."

Psychological processes do not exist on a rigid either/or basis. Anxiety, depression, and other affects lie on a continuum with lesser or greater degrees of intensity. So it is with differentiation-dissociation. Multiple personality disorder (MPD) represents that extreme and maladaptive end of the continuum that begins with normal differentiation. It is a matter of degree or intensity. We are therefore concerned with a general principle of personality formation in which the process of separation has resulted in discrete segments, called ego states, with boundaries that are more or less permeable.

Paul Federn (1952), a close associate of Freud's, made two significant contributions that are relevant to the understanding of multiplicity. First, he believed that whether a physical or mental process was experienced as a part of the self (I or me) or as an object (he, she, or it) was determined by the nature of the energy (ego or object) that activated it. Second, Federn believed that the personality was not simply a collection of perceptions, cognitions, and affects, but that these organized into clusters or patterns, which he called ego states. An ego state may be defined as an organized system of behavior and experience whose elements are bound together by some common principle.

When one of these states is invested with ego energy, it becomes "the self" in the here and now. We say it is "executive," and it experiences the other states (if it is aware of them at all) as "he," "she," or "it," because they are then currently invested with object energy.

Ego states may be large and include all the various behaviors and experiences activated in one's occupation. They may be small, like the behaviors and feelings elicited in school at the age of 6. They may represent current modes of behavior and experiences or, as with hypnotic regression, include many memories, postures, feelings, etc. that were apparently learned at an earlier age. They may be organized into different dimensions. For example, an ego state may be built around the age of 10. Another one may represent patterns of behavior toward father and authority figures and thus overlap on experiences with father at the age of 10. Behaviors to accomplish a similar goal may be uniquely different from one ego state to another, especially in true multiple personalities.

The Role of Hypnosis

Hypnosis is both a focusing and dissociative process (Hilgard, 1986). Through hypnosis we can focus on one segment of personality and temporarily ablate

or dissociate away other parts. Too many practitioners today are hypnotically activating covert ego states and announcing that they have discovered another multiple personality. Although multiple personalities are usually studied through hypnosis, they should be so diagnosed only when the ego states (also known as alters) can become overt spontaneously and when the main personality is generally amnestic to what occurs when the alter is overt and "executive." When a covert ego state can be induced to emerge only through hypnosis, we do not consider this as a true multiple personality, and it should not be so diagnosed. We have commonly found ego states among normal student volunteers for hypnotic studies. Because hypnosis is a form of dissociation, it is not surprising to find that good hypnotic subjects often manifest covert ego states in their personalities without being mentally ill.

Origin of Ego States

The development of ego states seems to spring primarily from three sources: normal differentiation, introjection of significant others, and reactions to trauma. First, through normal differentiation the child learns to discriminate foods that taste good and those that are not. The child not only makes such simple discriminations, but also develops entire patterns of behavior that are appropriate for dealing with parents, teachers, and playmates. They are adaptive for adjusting to school, to the playground, etc. These changes are considered quite normal, yet they do represent patterns of behavior and experience that are clustered and organized under some common principle.

As such, they can be considered ego states. The boundaries between these entities are very flexible and permeable. The child is quite aware of her/himself in a playground situation. Playground behaviors and feelings, however, are not as easily activated when in the classroom. There is some resistance at the boundaries. These less clearly differentiated ego states are usually adaptive and are economic in providing appropriate behavior patterns when needed.

Second, through the introjection of significant others, the child erects clusters of behavior that, if accepted by the self, become roles identified as one's own, but if not, these clusters become inner objects with whom he must relate and interact. For example, if a child introjects and forms an ego state around its perception of a punitive parent, that ego state (an internalized object) may be punitive on the child, as was the original parent. The individual may then experience depression or some equivalent painful symptom. The punitive parent continues to live inside the individual, even into adulthood. However, if such an introjected ego state is infused with self-energy, the individual will not suffer internally, but she/he may abuse his own children. Of course, the punitive state, if it becomes overt, may inflict external punishment on the individual, such as self-mutilation.

The child may also introject the drama of the original parent/child object. For example, if a parent repeated nags a child to study and the child feel resistive to the nagging, it is likely that the child takes into himself or herself both the nagging parent and the feelings of the resistance. By the time the individual reaches college, the nagging and resistance may be internalized, resulting in procrastination. Finally, if the child introjects both parents who were constantly quarrelling with each other, then the conflict may have become internalized as headaches or equivalent symptoms, as the two parental ego states battle with each other.

Third, when confronted with overwhelming trauma, rejection, or abuse, the child may dissociate as a survival response. For example, a lonely child may remove part of itself and produce an imaginary playmate with whom to interact. Most children with imaginary playmates discard or repress these entities when entering school. However, if such ego state is merely repressed, later conflict and environmental pressure may cause it to be reinvested with energy and re-emerge, perhaps even in a malevolent form as it did in the case of Rhonda Johnson, who, co- authored the book, "*We, the Divided Self"* (Watkins & Johnson, 1982). It may then be manifested as an alter in a true multiple personality.

Research

Some experimental studies have been done that support the existence of covert ego states. Hilgard (1986) discovered that when a hypnotically deaf subject was told to lift a finger if he could still hear at some level, he did so. He also found that when the pain was presumably eliminated by hypnotic analgesia, the subject, via finger signals, reported that he could (unconsciously) perceive the discomfort. Hilgard held that this represented a covert, cognitive structural system, and he called it "the hidden observer".

We have found that when Hilgard's "hidden observers" were activated in normal college students as hypnotic subjects, further inquiry into their nature and content elicited organized ego states. In one set of experiments we activated "hidden observers" in former ego-state patients using the same procedures and verbalizations employed by Hilgard, repeating both hypnotic deafness and hypnotic analgesia. What emerged were various ego states that I had dealt with in treatment over a year earlier (Watkins & Watkins, 1979-80, 1980). However, rarely were there ego states that had not appeared in treatment, apparently because they were not pertinent to the therapy problem being explored at the time. We, therefore, consider that hidden observers and ego states are the same class of phenomena. They represent cognitive structural systems that are covert, but are organized segments of personality, often similar in content to true, overt multiple personalities.

Integration versus Fusion

The relationship between the multiple personalities and ego states as found in normal individuals was demonstrated to us through post-therapy reactions given by successfully treated patients with MPD. In these cases, functioning normally, dissociated entities no longer appeared spontaneously. A former patient when asked about one of her personalities simply said, "She was me." The reaction was similar to what one would say if asked about one's behavior at a party the previous week. The previous dissociating boundaries were sufficiently permeable that the patient could now experience her earlier behaviors as part of herself. However, this does not mean that there had been a "fusion" wherein boundaries no longer existed. This point was well brought out by another multiple-personality-disorder patient at the conclusion of treatment. When she was hypnotized, the previous entities reappeared but stated: "We aren't separate persons anymore. We are just parts of her." In other words, the former multiple-personality patient has the same segments, but they are now separated by very permeable boundaries just as in our normal volunteer research subjects. The personality segments had become normal ego states, and the individual had simply moved on the continuum from maladaptive dissociation in the direction of adaptive differentiation.

Perhaps the most efficient treatment of multiple personalities come by aiming at integration, rather than complete fusion. If normal people are rarely (if at all) fused, then why should we aim at that goal in therapy? It has been my experience that bonding some ego states (referred to as alters in MPD) will take place spontaneously if the needs of such states are so similar, and those needs are addressed in therapy, that separation is no longer necessary. Forced fusion by the therapist, however, is likely to produce instability and re-dissociation. A more economic approach is to move our patient back along the differentiation-dissociation continuum by reducing rigidity of the state boundaries, lessening the conflicts between ego states, and promoting mutual understanding through inter-state communications, somewhat similar to what we would do in family therapy. We do not then need to struggle with that resistance that the various ego states exhibit to maintain their identity and existence, a separateness that may originally have been incurred at attempts at normal, adaptive differentiation. We recognize the original needs but turn them in constructive directions. Our therapy task becomes much easier because ego states, like whole people, fight very hard to retain their separate identities. By not challenging their unique identity but by increasing the communication of ego states with each other, we encourage an adaptive togetherness. The formerly dissociated multiple personality becomes a normal individual, differentiated into cognitively consonant ego states that cooperate in adjusting to the person's inner and outer worlds. We recognize that many MPD therapists equate integration with fusion, and in their treatment seek to eliminate separate ego states by "fusing" them into a oneness. Because

normal individuals are not "fused," we believe that such a treatment goal is uneconomic and initiates much greater resistance by various alters. Who wants to be "fused?"

Therapy

Ego states that are cognitively dissociated from one another or have contradictory goals often develop conflicts with each other. When they are highly energized and have rigid, impermeable boundaries, multiple personalities develop. However, many such conflicts appear between ego states that are only covert. These may be manifested by anxiety, depression, or any number of neurotic or somatic symptoms and maladaptive behaviors. For example, we have found obesity sometimes resulting from pressures on the main executive personality by an unhappy, needy, covert ego state. Such conflicts require a kind of internal diplomacy not unlike what we do in treating true multiple personalities. However, because the contending ego states do not appear spontaneously and overtly, they must generally be activated through hypnosis. We call this "ego-state therapy."

Ego-state therapy is the utilization of family and group-therapy techniques for the resolution of conflicts between the different ego states that constitutes a "family of self" within a single individual. It is a kind of internal negotiation that may employ any of the directive, behavioural, abreactive, or analytic techniques of treatment, usually under hypnosis. As our practice in ego-state therapy has progressed, we have recorded these developments in a number of earlier reports (Watkins (H.), 1978; Watkins (J.), 1976, 1978, 1992a; Watkins & Watkins, 1979-80, 1980, 1981, 1982, 1986, 1990, 1991).

It is not unusual for human beings to take patterns from their childhood and carry them into adulthood. The woman whose father was abusive who marries one abuser after another is a good example. However, such replication is also true of ego states. The abuse is repeated internally by one abusive state upon another, as well as externally. No wonder it is so difficult to change the external behaviour through conscious, cognitive persuasion.

It is important for the therapist not to create artifacts, because a highly hypnotizable individual is capable of producing what he or she believes the therapist may want. In our workshops we teach techniques to avoid such pitfalls. In fact, it is not wise to probe for every ego state that might possibly exist inside the patient. Such probing can lead to artifacts. What is important to uncover are those ego states involved in the therapy problem to be explored and then to discover the needs of each state so that these needs can be satisfied in more constructive ways.

Needs are often disguised by behaviour quite contrary to the satisfaction of such needs. For example, a punitive state most often has a protective need.

As one patient told me many years ago, "I have to hurt her, or the world would hurt her more." Such concrete, childlike thinking is very typical. The child who has been traumatized through abuse dissociates a part that remains as an ego state within the adult and continues to think as she/he did during the trauma. Time stands still for that ego state. This type of ego state needs to learn more constructive behaviors to protect the total personality.

Dependent ego states often need nurturing, which may be provided by "someone inside" in the form of one or more internal nurturing states that are encouraged to do so and are accordingly reinforced by the therapist. Parental states may need to learn more constructive ways of parenting in order to reach their own goals. For example, "I want her to achieve" is not best effected through nagging. Furthermore, "parental" states are usually not really mature. They are often child states that try to act like the original parents, because they were introjected when the patients was a child and hence think like a child. They are reminiscent of the little girl who dresses up in mother's clothing and mimics her.

There are many ways to begin ego-state therapy. A simple method is to hypnotize the patient, either with a formal induction, progressive relaxation, or imagery. (After all, hypnosis is a focusing technique in order to reach inner resources and can be accomplished in more than one way.) Then ask, "I'd like to talk to the part that is upset by what is going on, but if there is no such separate part, that's all right." The latter admonition is to prevent an artifact. The content is determined by the information received from the waking patient. Although one should strive at all times not to suggest creation of a state by the therapist, our experience is that with normal precautions anything of significance is unlikely to be initiated. Even artifacts tend to be very transitory and disappear, because they represent no truly meaningful experience, past or present, to the patient, and with continuous, many-session therapy, fiction tends to get "weeded-out" from fact.

I often use a hallucinated room in which the hypnotized patient sits on a couch while I sit on a chair and then have the patient watch the door to see if "anyone" comes in. There is an implicit suggestion that "someone" may come in, but there is no demand to do so. An even less suggestive way is to ask the hypnotized patient, "I wonder why Mary (name of the patient) has been having those headaches lately?" Or to probe further, "I wonder if anyone can tell me about the headaches (or any other symptom)." An ego state will often make itself known.

Wherever we venture in hypnosis, I accompany the patient so that he or she does not feel alone or abandoned. Sometimes I use a table at which the patient and I sit together and communicate with whomever chooses to enter, thus beginning an internal dialogue. Fraser (1991) developed a systematic

way of using a table in a very creative and concrete way. Sometimes an ego state will express itself only through a symptom in the body. For example, a headache may represent a communication from a particular ego state. The capability of the human brain to develop patterns to protect itself seems limitless.

If available, it is useful to contact a "non-egotized" part of the personality, which acts as an observer and is not an emotional participant. It can give information as to the internal status quo, give clues as to procedure, even be able to take the patient back to significant traumas that need releasing and abreacting. It may not be possible to contact the observer except through finger signals, but then not all ego states are verbal, either. Some are mute but may express themselves through finger signals. Some are revealed through somatization. Some are figurative, such as idealized selves. For example, one patient viewed a goddess by a pool who helped the little ones who were hurt. Such visualization may seem like an artifact, but as long as the therapist does not suggest such fantasy, the experience is valid for the patient. For individuals who were severely emotionally deprived as children, the relationship with a caring therapist may be introjected and provide an idealized self. The use of such an internal self-helper (ISH) has been described further by Comstock (1991).

In any event, to be most effective as an ego-state therapist, both nurturance and resonance (Watkins (J.), 1978) are necessary in order to form trust. Being able to think concretely like a child is also helpful, because ego states tend to think concretely and literally. However, the nurturance that heals comes from the inside of the patient as internal needs are satisfied and conflicts are solved. When the internal family is happy, the whole person is well adjusted.

The greatest need in psychotherapy today is to find ways of constructively changing maladaptive behavior more efficiently and in a shorter period of time. Ego-state therapy shows great promise in moving to that goal, where we can provide significant psychological help to more people with modest expenditures of time and cost (Watkins (J.), 1992b).

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DR. PALAN: Brief Introduction

Dr. B. M. Palan, M.D. taught Physiology in Government Medical Colleges of Gujarat for 20 years, headed the Psychosomatic Medicine and Hypnotherapy Clinic, S.S.G. Hospital, Vadodara and guided M.D.\Ph.D. students with M.S. University, Baroda for more than 10 years. He is now Professor of Physiology at Smt. B. K. Shah Medical Institute & Research Center, Sumandeep Vidyapeeth University, Waghodiya.

Dr. Palan is one of the key persons for starting a one year Post Graduate Diploma in Clinical and Applied Hypnosis run by the M. S. University of Baroda since 2000.

Dr. Palan is also a Yoga Teacher. He is the first doctor in India to have obtained Diploma in Clinical Hypnosis from the American Board of Medical Hypnosis. Dr. Palan is now running an Institute for Mind-Body Healing, Healthy Living and Realizing Human Potentials – *Samatvam* at Vadodara. He conducts self-development and stress management workshops **("tranceformation"** and **"Towards Success and Excellence")** in various industrial and academic organizations since 1986.

Dr. Palan has contributed at national and international level in the academic journals and books in the areas of physiology, stress management, psychosomatic medicine, Yoga and hypnotherapy.