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THE VADED EGO STATE AND THE INVISIBLE BRIDGING INDUCTION

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Abstract: Ego state therapy is based on the assumption that personality is composed of parts. When people switch from 1 state to another, they take their ego identification with them, while their levels of affect, intellect, confidence, and skill change. A vaded ego state has become overwhelmed by fear or rejection such that when it becomes executive, it interferes with normal function and emotional stability. The angst these states carry are the root cause of psychological addictions, OCD, panic disorder, PTSD, a sense of unworthiness of love, extreme competitiveness, and much more. The invisible bridge is an induction technique that uses the somatic experience of the vaded state to provide a focus for hypnotic induction and a bridge to the original sensitizing event that vaded the previously normal state. This article contextualizes the vaded state within abnormal psychology and describes the invisible bridge induction.

Vaded ego states hold an anxiety-producing level of fear or rejection and are the tender, reactive parts of the personality that, when executive, exhibit emotion that is misplaced in the current setting. They feel out of control, hold a sense of disempowerment and most normally prevent the person from responding in a preferred manner. They need to gain a sense of empowerment, safety, support, and acceptance.

For every effect there is a cause. Every symptom has a cause. When a person continues to gamble when the desire is to stop, there is a reason. Gambling can provide an escape from the angst of a vaded ego state, as can the compulsive behavior of a person who suffers obsessive compulsive disorder (OCD). It is less stressful to go into compulsive or addictive behavior than to experience the angst of the vaded state. Panic attack and posttraumatic stress disorder (PTSD) are vaded ego states coming to the executive with the angst they hold.

It is clear that the personality is composed of distinct parts, as characterized by statements such as “part of me wants to, and part of me does not.” When someone says, “I hate myself when I am like that,” one ego

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state is saying it does not like the actions of another ego state. This is obvious for those who suffer OCD, where a number of ego states will detest the actions of the ego state that exhibits the compulsive behavior. Actually, the ego state exhibiting compulsive behavior is merely an ego state that is assisting the person to avoid the negative feelings of angst the vaded state holds. The vaded state is forced out of the executive by the single-minded concentration of the compulsive state.

EGO STATES AND INTROJECTS

In order to have the theoretical underpinnings to work with vaded states, it is important to understand the nature and the interplay of ego states and introjects.

Ego States

Ego states are the result of the continuous repetition of a coping skill, normally in childhood or early adolescence; "Another characteristic of an ego state is that it was probably developed to enhance the individual's ability to adapt and cope with a specific problem or situation" (Watkins & Watkins, 1997, p. 29). Repeating the same coping skill physically creates neural pathways formed by axon and dendrite growth and trained synaptic firings (Emmerson, 2006, 2011). A number of studies have demonstrated that brain growth is related to activity (Blakemore & Price, 1987; Bryck & Fisher, 2011; Buisseret, Gary-Bobo, & Imbert, 1982; Levin, 2010; Muir, Dalhousie, & Mitchell, 1973; Schrott, 1997; Wark & Peck, 1982; Wilkinson & McGill, 1995; Wolpaw, 2001). The physiological formation of an ego state is the specific result of returning to a coping skill, repetitively.

Later in life, when the person returns to a coping skill that has been trained over an extended period of time, the state associated with that skill becomes conscious, bringing into the executive its feelings and skills. When it becomes conscious it has ego, "this is me," identification, thus it is called an ego state (Federn, 1952). Federn's conception of ego states is an extension of Freud's view of the personality as being divided into three parts (Freud, 1935) and Jung's view of multiple archetypes (Jung, 1970). A major difference is that ego states are specific to the person and that person's experience, rather than everyone having the same states. In this way, ego states more closely resemble Virginia Satir's parts (party) (Satir, Banman, Gerber, & Gomori, 1991) than the five states described in transactional analysis (Widdowson, 2010).

An ego state is physically a neural pathway of dendrite and axon connections that has been created by neural growth and recurring synaptic firings. It is characterized as a division of the personality holding a relative level of intellect, fear, affect, confidence, and ability.

Surface ego states share memories easily, while underlying ego states hold memories that are normally unavailable to surface states; hence, we normally have limited childhood memories while in a surface ego state. The subconscious is the memories of ego states that are not either currently executive or in communication with the currently executive ego state.

Introjects

Ego states may introject or internalize impressions of other people, animals, or inanimates. These internalized impressions are termed introjects. Introjects are ego state specific, with different ego states holding separate and different impressions about the same introject. While one of our states may like a person another may not. Introjects (ego state's impressions) may be viewed as positive or negative by the ego state, and these impressions may change.

Because introjects are introjected by ego states, the only internal power they hold is that granted them by ego states. This is an important point when working with vaded states. A vaded state will often fear an introject (for example, of someone who hurt that state). The therapeutic intervention described below can allow the vaded state to reframe its view of a feared and powerful introject to a powerless introject, thus empowering the vaded state and helping it to return to normality.

Introjects are viewed as internalized impressions, not ego states, because (a) they are ego state specific, with each ego state holding its own individual impressions of the same introjected person, (b) an ego state can create a new introject in a few minutes after meeting a new person, while ego states form over many months or years, and (c) when bridging from a feeling the patient is experiencing to where that feeling comes from, it is an ego state that is the holder of these bridged feelings, not introjects (i.e., bridging does not bring to the executive an introject). It is common for the therapist to speak directly with an introject to determine how that introject is perceived by the ego state that holds it, just as it is possible for an actor to assume the role of a character. This will be described below.

The internal power of an introject is ego state bestowed, and this understanding assists the therapist in empowering the ego state. While the real person who was abusive to the patient has power, the introject of that person does not. During therapy, the abuser is not in the room, only the internalized impression of that person. The illusion the vaded state holds is that this internalized impression, the introject, has power. It does not.

It should be noted that most introjects are positive impressions of friends, family, or pets. Inanimate physical objects are also introjected by ego states. A mountain, a flood, a fire, and the ocean are examples and it is sometimes one of these inanimates that can vade an ego state.

Two Kinds of Fear

There are two kinds of fear — external and internal. External fear is good. It keeps us away from the edge of a cliff where we might fall. Internal fear is an illusion that what had power to hurt in the past still has power internally. This fear does no good and is not needed. Internal fear only has the power it is given. To assist the vaded state to break the illusion of introject power the ego state may be instructed to do things like shrink the size of the perceived introject to one inch tall and to express to it completely with safety and support, thus empowering the ego state and breaking the illusion of power the ego state had previously granted that introject.

Vaded Ego States

Prior to an ego state becoming vaded, it will have been a normal functioning state. Ego states are in one of four changeable conditions: normal, vaded, retro, or conflicted. The focus of this article is on vaded states, but it will help contextualize them with a short definition of the other three conditions of ego states.

- Ego states in a *normal condition* function with a positive role to the benefit of both other ego states and the person. We aspire for all of our states to be in a condition of normality.
- *Retro states* originally learned a role that was helpful to the person, but that role currently is problematic for the person: “One should be mindful that a child ego state was formed to adapt to the conditions of yesteryear, not today, and that often its attempts to function today result in maladaptation” (Watkins & Watkins, 1997, p. 29). These states need to learn to take up a more limited or a changed role.
- *Conflicted ego states* are in conflict with another ego state to the degree that the person experiences anxiety due to this conflict. Often a work state and a rest state will be in conflict, with the work state wanting to get things done and the rest state wanting to allow the body some time to regenerate. Conflicted states need to learn the value of each other and an ability to directly communicate and compromise. Ego states will appropriately hold different opinions, but they are conflicted only if their disagreement is anxiety producing.

Vaded ego states are characterized by experiencing emotion that does not fit the current setting. Emotional displays that are out of context with the current setting flag that a vaded ego state has assumed the executive. This emotional display can vary in intensity from a slight emotional discomfort (e.g., an unexplained discomfort with a person or a setting) to an experience of extreme panic and an inability to control. The uncomfortable drive to shop is an example of a vaded state, as is the total inability to face a group, or the feeling of being unlovable. The fear or rejection experience of the vaded state is based on a past experience

that is no longer happening, but the vaded state holds the illusion that it is still happening.

A vaded state may return to its original normal condition when it can clear the illusion that the past is still happening, when it can internally express itself to what was provocative, when it can internally remove or find peace with the provocative factor and when it can receive support safely and acceptance from a helpful, nurturing ego state.

A vaded state may also be conflicted with another state. Another ego state may be upset at the emotionality of a vaded state and may even wish it was not there. As ego states are physiological they cannot be removed. "The clinician who tries to eliminate a maladaptive state will find to his dismay that the entity probably does not disappear, but that one's intervention has now created an internal enemy who resists therapeutic intervention" (Watkins & Watkins, 1997, p. 29). A goal of therapy is for all ego states to reach normality with positive impressions of themselves and other states. When the vaded state returns to a normal condition the resolution of conflict with the other state is possible.

There is a clear difference between vaded states and retro states. Vaded states, when executive, experience fear or rejection, feel out of control and have a feeling of being injured, whereas retro states merely demonstrate coping techniques that no longer work for the person. When a retro state is out, it does not experience the feelings of powerlessness that defines the vaded state.

Below are some examples of vaded states coming to the executive with unresolved emotions:

- The patient becomes extremely nervous when stepping into an elevator.
- The patient has an unwanted emotional response during sexually intimate situations.
- The patient becomes extremely upset when criticized by an authority figure.
- The patient feels compelled to eat when there is no hunger.
- The patient feels compelled to gamble.
- The patient becomes extremely nervous when attempting to speak in front of a group.
- The patient feels it is impossible to be assertive.
- The patient fears spending or handling money.
- The patient feels compelled to purchase or to compete.
- The patient feels panic during times when this response does not fit the situation.

All of these examples share the aspect of the patient experiencing an emotion that does not fit the current situation. All of these share the aspect of the unresolved vaded state coming to the executive bringing

with it the negative emotions that are based on the illusion that an introject that was feared or rejecting still has power over the ego state.

The techniques for resolving a vaded state are presented below. Techniques for resolving retro or conflicted states (Emmerson, 2006) go outside the focus of this article.

When working with ego states it is important to speak to them with respect, even if they are making progress more difficult. Our ego states are us. Whenever we speak an ego state is speaking. Just as we like to be liked and respected, our ego states like to be liked and respected. Ego states are more willing to be helpful when they are spoken to with respect. For example, if a resistant state is reluctant for a vaded state to come to the executive, then the resistant state needs to be spoken to with respect.

A resistant state is a protecting state. Vaded states carry unwanted emotion. When a resistant state assumes the executive, it is a signal that we are on the right track and near an emotional state that the resistant state wants to protect. The resistant state should be viewed as a protective state, there for the benefit of the fragile vaded state. When it is addressed in that way, in a thankful manner, it will more likely become cooperative, allowing the vaded state into the executive.

BRINGING A VADED STATE TO NORMALITY

A vaded state will become a normal state when it lets go of its illusion that the past is still present, when it lets go of the illusion that an internalized introject continues to have the power to hurt or reject it, and when it attains feelings of empowerment, safety, support, and acceptance. The remaining sections of this article provide a series of practical steps to assist practitioners in their work with vaded states.

Bringing a vaded ego state to normality is four-step process:

1. The vaded state must be brought into the executive.
2. The Invisible Bridging Induction will help the patient achieve the centered focus needed for ego state work and will bridge to the original sensitizing event.
3. Within the image of the original sensitizing event, the vaded state can move to normality with the Expression/Removal/Relief technique.
4. Imagery can be used to test the outcome by imagining a time when the vaded state would have previously come into the executive with negative feelings.

Step 1: The Vaded State Must Be Brought Into the Executive

It is IMPOSSIBLE to bridge to the original sensitizing event unless the vaded state is currently in the executive. This cannot be stressed enough. If a different ego state is executive and merely telling about the feelings

that the vaded state experiences, bridging will not work. The executive state *must* be experiencing the feelings, indicating the vaded state is out in order for bridging to work.

It is therefore imperative that the client show signs of emotion prior to bridging. The therapist can bring out the vaded state by vivifying an event when the vaded state is normally out. The therapist can see that the vaded state is out when the client shows signs of emotional distress in the voice or body language. Tears are also a good indication that the vaded state is in the executive.

For the example below, a patient presents with feelings of panic when she is required to present during staff meetings at work. She feels overwhelmed and incompetent. It affects both her work performance and her self-esteem. In order to bring the vaded state into the executive, the therapist asked the patient to imagine being in a meeting, with everyone wanting to hear what she has to say with them waiting for her to speak. The therapist has the patient report where in the room she is sitting or standing and what the faces of the others in the room look like. When the patient exhibits the angst feelings she wants to change, it is time to use the invisible bridging induction.

Step 2: The Invisible Bridging Induction

The invisible bridging induction is a process of focusing on the emotions of the vaded state in order to hypnotically induce the patient to a level where bridging and ego state work is most possible. It is a seamless combination of induction and bridging that regresses the patient to the original sensitizing event both in a short time span in a way that minimizes resistance.

Bridging is the process of using the negative emotions of a patient to bridge back to the original time that the vaded ego state acquired these emotions. A provocative introject has been internalized in a way that caused a sense of fear or rejection. The negative feelings are maintained metaphorically within memory fragments of the original sensitizing event. Bridging is important because when the original trauma is vivified, specifically by the vaded state, it can be resolved, thus freeing the patient of future interference.

When the emotions of the vaded state are noticed (i.e., the vaded state is in the executive) say:

Therapist: Tell me exactly what you are experiencing right now.

Attempt to get at least three responses about the feelings or experiences of the vaded state. Speak directly to the emotional vaded state. DO NOT ASK THINKING QUESTIONS, such as "What are you thinking, or what do you think about that?" The vaded state is not intellectual. It is overcome by feelings and, if you ask thinking questions,

you bring out an intellectual state and lose the vaded state. By speaking directly to this feeling part in a caring voice, it will respond to you. When you speak *directly* to this upset part with empathy, it will come further into the executive, just as seeing that someone is hurting and speaking directly to that part in a caring way brings it out. As you get at least three (guideline only) comments about the experiences of or feelings of the vaded state write them down verbatim. (Examples, "I'm scared. I feel like no matter what I say it won't be good enough. I feel like I am in a dark hole.") Statements like "Tell me more about what you are experiencing" can help bring out these feelings.

Therapist: Just go ahead and allow your eyes to close.

You may want to say this even earlier, but no later than this part of the process. Closed eyes facilitate the ability to maintain the needed focus. Then say something like.

Therapist: Where in your body do you feel this the most? This feeling of, [for example,] "I'm scared. I feel like no matter what I say it won't be good enough. I feel like I am in a dark hole." Where is that feeling located in your body?

This somatic placing of the vaded state allows deepening and is an important part of the process. Patients will usually say somewhere in the chest, stomach, neck, or head. When the patient locates the area where this feeling resides a number of questions need to be asked about the nature of this physical sensation. This is a deepening technique. All hypnosis involves a narrowing of focus and these questions help the patient to narrow focus and deepen. Examples of these questions are (Wait for the responses to each question and continue to get more and more preciseness):

Therapist: How big an area does this cover in your [, for example,] chest? Is it more the size of a golf ball, a tennis ball, a football? What is its shape? Does it have smooth edges or are they muffled? Is the consistency the same all the way across it or is it more intense in the middle? Does it have a shade, more light or dark? Does it have a color? Does it seem more wet or dry? If you are right in the middle of it, right in the middle of that area, how do you feel?

After using a series of questions like these to narrow the focus and to maintain the feelings of angst, the next question helps the client determine the age this ego state became vaded. This is the age the patient was when the original sensitizing event occurred. Use the answers from the previous set of questions to frame the question. For example, if the area was described as "dark, thick, and yucky," the question could be framed as:

Therapist: Right now just set on the edge of that hole with your feet dangling down inside that area, dangling in that dark, thick, yucky stuff. How do they feel dangling in that stuff?

Get an answer, then say:

Therapist: Look down at your feet, down in that dark, thick, yucky area and tell me what they look like.

The patient will almost invariably say, "They look little." This is the size they were when the ego state became vaded, so you can say:

Therapist: That's interesting isn't it? They look small. About how old are you with feet that size? About what age are you with those feet?

For example, the client might say, "I don't know maybe, 6."

Therapist: Being six right now with those little feet, feeling (client's words, e.g.) scared, like no matter what I say it won't be good enough, like being in a dark hole, does it feel more like you are inside a building or outside a building?

This question and the next ones help funnel the state into the original sensitizing event. Get an answer for each before continuing.

Therapist: Does it feel more like you are alone, or with someone else? (If inside, what room are you in?) (If outside, where are you outside?) Tell me what is happening there where you are now?

All you need is a general sense of what is happening. This intervention is not voyeuristic. No detail needs to be given in relation to what happened in the past. The purpose is to make sure the vaded state is out and is aware of when it became vaded so it can become empowered and safe.

As soon as it is evident that the vaded state is aware of what vaded it, the course of therapy can move to resolution. The Invisible Bridging Induction has succeeded in assisting the patient to a workable level of trance and has succeeded in bridging to the original sensitizing event.

Step 3: The Expression/Removal/Relief Vaded State Resolution Technique

Sometime in the patient's past a normal state became vaded. The expression removal relief (ERR) technique is to remove the wrong acceptance that what was threatening in the past still has power today. It is a technique that empowers the ego state over the negatively perceived introject. It is an elegant technique that uses expression for empowerment, removal to clear the perceived space of the ego state of any provocative factor, and relief to bring the internal resource of a helping ego state to make sure the previously vaded state feels safe and supported.

A vaded state carrying a sense of rejection often feels "not good enough" or "not lovable." It often will fuel a need to compete, to buy, or to win in a relationship. A vaded state carrying fear will often prevent the patient from living to potential, can cause panic attacks or PTSD and

can also be the root cause of the angst that fuels addictions, OCD, and some self-harming behaviors.

Before starting the ERR technique, it is important to get a name for the vaded state that has just bridged to the vading incident.

Therapist: What can I call this part of you [for example,] there in your bedroom feeling scared? What name or term fits you?

It is important to get a name for the vaded state so you can continue to call it by that name, holding it in the executive, and so you can call it back into the executive if you have spoken with another ego state or an introject. Let's say the ego state responds with the name "Frightened." It is okay to accept names that indicate a negative emotion because, when the state is no longer vaded, it will be able to choose a name that more accurately reflects how it feels at that time.

Expression. Expression is a very important step. When the vaded state is able to say absolutely anything to the provocative factor, it demonstrates that there is nothing to fear. "If one can say absolutely anything and not get in trouble then there is nothing to fear." The role of the therapist is to encourage complete expression until everything is said that the ego state feels. If there is any fear or mistrust, it needs to be said to the introject, thus giving the ego state a sense of empowerment. Because the therapist KNOWS the introject has no power the voice of the therapist can be firm, calm, and supportive. Here are some statements that can assist the ego state in feeling safe to express to the previously threatening introject. (Remember, an introject does not have to be a person. It can be an animal or an inanimate.)

Therapist: We know this is not really happening right now, so you can say anything you want. He is not really here so go ahead and tell him exactly how you feel.

It is important that the ego state speak directly to the introject. If the ego state says something like, "I want him to know that . . ." the ego state should be instructed to, "say it directly to him. Tell him how you feel. Say it out loud, so I can hear you."

Therapist: Let's just shrink him down to one inch tall, with a squeaky little voice. Don't step on him, because I want you to be able to tell him exactly what you feel.

This is a very empowering statement. If you were to say, "You have more power than he does" that could be questioned by the ego state, but by cautioning the ego state not to step on him, that asserts the power of the ego state in a way that is not questioned. Often when this statement is made, the vaded state will give a little laugh of relief, imagining the little introject with the squeaky voice.

If the vaded state shows much fear and reluctance to speak, you can speak first to the introject.

Therapist: Is it okay if I say something first?

Then something can be said like:

I can't believe how nothing you are. You are not even here. Get that dumb look off your face. You have no power at all here. That may have worked before but not now. All you can do now is listen to what we have to say.

Then say to the ego state, "Now you tell him what you want to."

It is imperative that the vaded state expresses to the provocative introject to demonstrate the release of the previously held fear. Once the ego state has had full expression, then it is time to move to the removal phase of the process. Later, if the ego state again expresses anxiety toward the introject, you can have it express those feelings also. Full expression is very empowering.

You can be creative in how you make it possible for the vaded state to express, but before you move to Removal, it is important for the vaded state to fully express any feelings in order to prove to itself its own power to speak and be okay.

Let's say, the ego state has just expressed, "I need you to be here for me. You are my mother. You are never okay with what I do. Why can't you just pay some attention to me?"

I like to speak directly with an introject that the vaded state has a need to understand, such as a parent. I almost never speak to the introject of a previously unknown perpetrator as the ego state does not have the same need to understand the feelings of an unknown perpetrator. If the ego state has a need to understand the introject you can say something like:

Therapist: I want to speak directly with mother. I want you to be mother right now, like a great actor going right inside the person. I want you to be mother. MOTHER, thank you for talking with me. Your daughter just said she does not feel accepted by you. How does that make you feel?

When first speaking to an introject, or to an ego state, it is useful to first clearly call it by name and ask how it feels right now. That helps clarify you are speaking with it.

Mother introject: She is too demanding. I have two other children too. I just don't have the time.

Therapist: Mother, every little girl [or boy] deserves to know they are unconditionally loved and I am not sure you are sending that message to your daughter. I don't know the answer to this. Do you love your daughter? I would really like to know.

Accept whatever the answer is. This reflects the experience of the ego state. Do not attempt to change an introject. The mission is to empower the ego state and help it feel safe and accepted. It will feel inauthentic to an ego state that has a nonloving introject if the therapist attempts to portray that introject as suddenly becoming loving.

Mother introject: Yes, I am just very busy.

Therapist: Go ahead and tell her how you feel about her.

Mother introject: She knows I love her.

Therapist: I'm not sure she does. She is feeling like you are more critical than accepting. Can you tell her how you feel?

Mother introject: In a dismissive voice. I love you. (If the introject says something like, "I should not have had her," I just thank the introject for honesty and then make sure the ego state gets what is needed in the Relief phase. You cannot make the introject into something that it is not.)

Therapist: Thank you for talking with me, Mother, and thank you for being honest. I am sorry you are not at a point in your life when you can show love freely, and I hope that in the future you are able to learn to do that better.

Frightened, I just spoke with your mother and I can see why you don't feel accepted by her. She is very busy and she is not very good at showing her love. I'm sorry about that. How do you feel about your mother? Do you love her or not?

Frightened: I love her.

Therapist: Just go ahead and tell her that now. Tell her directly that you love her. (This is an example and if the vaded state did not know if she loved her mother, then you would accept that.)

Frightened: I love you, Mom.

Therapist: Frightened, it is clear to me that you are better at expressing your love than your mother is. You are ahead of her on that ability. I'm sorry that she is not good at that, and I want to make sure you get the unconditional love you deserve.

This is said right before the removal step in the exercise. This type of framing moves the understanding from "I am not lovable" to "My mother was unable to show love, and I am actually better at loving than she was."

Removal. Following expression, I would merely ask the ego state if it wanted the perpetrator to remain in this space or leave. Because the ego state has become empowered by expression, it has the ability to demand the perpetrator introject to leave. This step makes sure there is nothing left in the internal world of the previously vaded state that is provocative.

Therapist: Frightened, you have done a very good job telling your mother exactly how you feel. I'm glad we understand the situation better. I want to make sure you get the love you deserve. Right now do you want your mother to stay in your inner space or do you want her to move on out of it. It is your space so you can have it any way you want.

It does not matter how this question is answered. It gives power to the ego state to have its space the way it wants it. If the response is, "She can go" just tell the ego state to go ahead and tell her to leave (tell, not ask). If the response is "It's okay for her to stay" then you can just say something like "that sounds fine."

Before the expression phase, when the ego state still felt voiceless, it would not have the confidence to believe it has the power to make demands on the introject. After exhibiting the ability to say anything, it can allow the introject to stay or require it to leave its space.

Remember this is a single ego state dealing with one of its introjects. Another ego state may have a positive relationship with its introject of the same person. This has no impact on that relationship.

Relief. Relief is when the internal needs of the state are met by internal resources. This can be accomplished once the steps of Expression and Removal are completed.

Therapist: *Frightened, how are you feeling now?*

Frightened: *I'm feeling better.*

Therapist: *I want to make sure you get the love and support you deserve. Right now I want to talk with a nurturing part of (client's name). If you were to see a little girl about 5 years old, crying and feeling unloved I want to talk with the part of you that wants to go to her, put your arm around her and help her feel better. Just say, I'm here.*

Helping part: *I'm here.*

Therapist: *Thank you for talking with me. What can I call you?*

Helping part: *Helper.*

Therapist: *You have heard what is happening with Frightened, haven't you, Helper?*

Helper: *Yes.*

Therapist: *Helper, I want you to go to Frightened right now. You can do this and everything else you do. The more you do the stronger you get. The more things you do, the more you can do. Just put your arm around her and let love flow from you to every cell and fiber of her being. She has deserved this for a long time. Let her know you will always be there for her on the inside.*

Therapist: *(Short pause) Frightened, how does that feel?*

Frightened: *Really good.*

Therapist: *You have always deserved this and I'm glad that you will always get it now. You can ask Helper if she will always be there for you. (Short pause) What did she say?*

Frightened: *She said she will always be here.*

Therapist: *That's good. You can give her a hug too, if you want. That would feel good for her. How are you feeling now?*

Frightened: *Really good.*

Therapist: *That's great. It seems like the name Frightened does not really fit how you feel now. What would be a better name that reflects how you feel?*

Frightened: *Loved.*

Therapist: *That's a great name. From now on I will call you "Loved."*

Therapist: *Loved, what is it you like to do? What do you like to do with your time?*

The previously vaded state is no longer vaded. It had a role before it became vaded and it has not been able to carry out that role because it has been filled with angst from being vaded. It will now be able to return to its original role for the benefit of the patient.

Loved: *I like to play.*

Therapist: *That is fantastic. Loved, when (client's name) has an opportunity to play would you like to come out and help her really enjoy playing, and the rest of the time you can stay down there with Helper enjoying her love. Would you like to do that?*

Loved: *Yes.*

Therapist: *Great! So the mature states can handle things on the outside and you can enjoy the support of Helper inside, but when (client's name) has an opportunity to play you can help her enjoy that. You might even play in some dreams.*

Step 4: Imagery to Test the Outcome

The ERR technique returns the vaded state to normality. The vaded state had previously come to the executive at inappropriate times and now it will not feel compelled to come to the executive to achieve closure (it now has closure) so it is appropriate to find a state that would be appropriate to come to the executive. At this point, you can ask the patient how she would like to respond at work when it is her time to speak in staff meetings.

Therapist: *(Patient's Name), when you are at work, and it is your time to present in a staff meeting how would you like to feel and what skills would you like to be able to use.*

This question is asking the patient to tell you which type of ego state she would like to have out at that time. She will now be able to use that resource because her previously vaded state will no longer jump into the executive with its feelings of angst. It no longer has those feelings of angst.

Patient: *I would like to feel confident and be able to say the things I want to say.*

Therapist: *That sounds really good. When in your past have you felt confident and able to say what you want to, anywhere, anytime, maybe at home on the couch with a friend?*

Patient: *Yes, when I am talking with my friend, Julie, on the couch I feel confident and feel like I can communicate.*

Therapist: *That's great. Just, with your eyes closed, right now imagine sitting on the couch with your friend, Julie. What does that couch feel like?*

Patient: *Comfortable. Relaxing.*

Therapist: *What do you feel like as you are talking with Julie, telling her about things?*

Patient: *Good. I like Julie.*

Therapist: *Yes, I can see that. What can I call this part of you that is here on the couch with Julie, talking right now?*

It is your role as the therapist here to make sure the preferred ego state is in the executive, so you can get a name for it and help make that resource available for the patient. Continue to vivify the setting until it is clear the preferred ego state is in the executive before asking it for its name.

Patient: *Communicator.*

Therapist: *Communicator, I can see you are a very useful part of (patient's name). You are good at communicating what she wants to say. You enjoy it and you want others to know what you know. Would you be willing to help (patient's name) when she is at work wanting to communicate with the people there? It would be good if they could benefit from what (patient's name) has to say.*

Communicator: *Yes, I could do that.*

Ego states want to have more ability to come to the executive and help as long as they are not pushed aside by a vaded state. Because the vaded state has achieved normality Communicator can come to the executive.

Therapist: *That's wonderful. Let's just go to the boardroom now. Communicator wants to tell those people things. You are in your chair and it is as if communicator is on the couch with Julie wanting to talk. How do you feel?*

Patient: *I feel like I can talk.*

Therapist: *That's good, and the more practice you get the better you get at it. I want to say thank you to Communicator for being available and for being so helpful. I also want to say thank you to Loved. I'm glad you are getting what you have always deserved and I want to say thank you to Helper for being there to support Loved. All the parts can settle in where they belong, with a nice internal handshake, because they are all working on the same side, and when all that is settled, just go ahead and allow your eyes to open.*

This step of allowing the patient to return to the image that was originally anxiety producing confirms there has been a change, and it give practice through imagery for the future. It would not have been possible for the communication state to come to the executive during staff meetings unless the vaded state had achieved normality, because a vaded state will overpower other states and force itself into the executive with its unresolved feelings. Consider a person with a phobia merely attempting to react in another way.

Step 4 (imagery to test the outcome) can be followed by a debriefing with the patient, answering any questions. If the patient asks if this will make a difference a good response is, "I don't know. Sometimes it is just nice to be surprised." A statement like this provides a positive expectation without a predictive statement that could foster resistance.

When working with vaded states that hold fear or panic, rather than a sense of rejection, the same four steps assist the state to move to normality. It is important for the therapist to speak with a strong voice and continue to be clear that "This is not happening now, so we can do anything we want. Let's just shrink him down to one inch tall." What is obvious to the therapist (it is totally safe now) becomes obvious to the client with expression, removal, and relief.

Extra Notes

The internal world of the vaded state. The imagery the vaded state reports is only imagery and is not physically real. It cannot be touched or measured. Therefore, it can be changed. If a vaded state reports feeling cramped, following the expression phase, you can suggest that it have lots of space around it, with lots of light and plenty of good air. You can help build an internal image that is comfortable and pleasing. The goal is for the state to feel empowered, safe, supported, and accepted and your ability to build that image is limited only by imagination. This is especially important when the provocative introject is inanimate. During the Remove phase, you can rebuild the image anyway that works for the client. The ocean may become a puddle. The flood may become a cool breeze merely touching the leaves of the trees in a gentle way, with the ego state having the power to turn it up or down to where it is just right. Make sure to complete the three phases: Expression, Removal, and Relief.

Addictions and OCD. It is important to bring out the right vaded state to assist a patient. Addictions and OCD are an escape from vaded states. The addictive behavior or the OCD behavior are merely coping states and are not the correct states to focus on. It is the angst feeling ego state the patient feels if he or she does not give in to the addiction or to the OCD behavior that needs to be bridged to. Antidepressants can sometimes block these vaded states from coming to the executive, but it is much better to use imagery to withhold the addictive behavior or OCD behavior and bring out the angst (vaded state) that is felt when that behavior is withheld. At that time the Invisible Bridging Induction and ERR can be used to resolve the causal vaded state. If the patient is currently on antidepressants, the ability to bring out the angst emotion and to bridge may be grossly limited. Psychological drug addiction is when the patient has found a drug (the drug of choice) that can chemically block a vaded state from coming to the executive. When antidepressants work, this is what they do. Therapists can be of most assistance when patients are beginning to feel the angst, when they are stopping drug use. The angst must be able to be felt (the vaded state must be able to be in the executive) before bridging and the ERR technique can be of benefit.

Crisis intervention. The ERR technique to bring the vaded state into normality is an excellent technique for crisis intervention. It assists the patient to internalize that the provocative introject is powerless and to gain a personal sense of empowerment, safety, and support. When using the ERR technique with crisis intervention, the Invisible Bridging Induction is not needed, as it is already obvious what the original sensitizing event is; therefore, the ERR technique can be used immediately.

Key Messages

Here are the key messages from this article:

1. We are our states. We are always in a state, and our ego states are physically part of us created through normal neural growth resulting from experience.
2. A normal ego state can become vaded and hold onto feelings of fear or rejection due to how an internalized introject is perceived.
3. The angst these vaded states experience are the root causes for many psychological reactions and/or maladaptive unconscious coping strategies.
4. Vaded states may achieve a state of normality by returning to the original sensitizing event and learning the provocatively perceived introject has absolutely no internal power, so internally the previously vaded state can achieve the experience of empowerment, safety, support, and acceptance.

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Der „ausgeblendete“ Ego State und die Unsichtbare Brücke-Induktion

Gordon Emmerson

Abstrakt: Ego State Therapie geht davon aus, daß die Persönlichkeit aus Teilen besteht. Wenn Menschen von einem Zustand in einen anderen wechseln, nehmen sie ihre Identität mit sich, während sich die Level von Affekt, Intellekt, Zuversicht und Fähigkeiten verändern. Ein „ausgeblendeter“ Ego State wurde von Furcht oder Ablehnung überwältigt, sodaß er im Falle dessen, daß er angesprochen wird, mit normalem Verhalten und emotionaler Stabilität in Konflikt kommt- Die Angst, die diese Zustände mit sich bringen, sind die Ursache unzähliger psychologischer Probleme. Die Unsichtbare Brücke ist eine Induktionstechnik, die die somatische Erfahrung des „ausgeblendeten“ Zustandes gebraucht, um einen Schwerpunkt für hypnotische Induktion und eine Brücke zum ehemaligen sensibilisierenden Vorkommnis bereitzustellen, das den vormals normalen Zustandes in den Hintergrund hat treten lassen. Dieser Artikel bringt den „ausgeblendeten“ Zustand mit abnormer Psychologie in Zusammenhang und beschreibt die Unsichtbare Brücke-Induktion.

STEPHANIE REIGEL, MD

L'état du moi sacrifié et l'induction invisible pour réduire les écarts

Gordon Emmerson

Résumé: La thérapie portant sur l'état du moi tient pour acquis que la personnalité est la somme des parties qui la composent. Lorsqu'une personne passe d'un état à un autre, l'identité de son moi demeure la même, alors que son affect, son intellect, sa confiance en soi et ses habiletés changent. Un ego sacrifié est paralysé par la peur ou le rejet à un point tel qu'il devient l'« organe de direction » et interfère avec un fonctionnement normal et la stabilité émotionnelle. L'angoisse que ces états causent sont à l'origine d'une myriade de problèmes psychologiques. L'induction invisible visant à réduire les écarts est une technique qui utilise l'expérience somatique de l'état d'ego sacrifié pour fournir une cible à l'induction hypnotique et un rapprochement

avec l'évènement sensibilisateur originel qui avait fragilisé un état préalablement normal. Cet article contextualise l'état d'ego sacrifié dans le contexte d'une psychologie anormale, et décrit l'induction invisible pour réduire cet écart.

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El Estado del Yo Emocionalmente Dañado y la Inducción del Puente Invisible

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Resumen: La terapia de los estados del yo asume que la personalidad está compuesta de partes. Cuando las personas cambian de un estado a otro, toman su identificación yóica con ellos, mientras que sus niveles de afecto, intelecto, confianza, y habilidades cambian. Un estado del yo emocionalmente dañado ha sido abrumado por miedo o rechazado de tal forma que cuando se vuelve ejecutivo, interfiere con el funcionamiento normal y la estabilidad emocional. La angustia que conllevan estos estados, son la causa de una variedad de problemas psicológicos. El puente invisible es una técnica inductiva que utiliza la experiencia somática del estado emocionalmente dañado para proveer un foco para la inducción hipnótica y un puente hacia la experiencia original de sensibilización que dañó emocionalmente al estado previamente normal. Este artículo contextualiza el estado del yo emocionalmente dañado dentro de la psicología anormal y describe la inducción del puente invisible.

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