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SIX PLAYERS ON THE INNER STAGE:
Using Ego State Therapy with the Medically Ill

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Abstract: The symptoms of medical illness often speak through eloquent, embedded metaphors that express deeper unconscious conflicts and meanings. Therapeutic attunement to the multilayered issues associated with a patient’s illness can be instrumental in the uncovering and working through conflicts that may impede both physical and emotional healing. Among hypnotically facilitated psychotherapeutic approaches that can be helpful, ego state techniques offer rapid access to these illness-associated issues. This article discusses six different ego states that are key players in the illness drama for many patients. Five of these are indwelling components of the patient’s psyche, whereas the sixth player belongs to the therapist’s resonant self. All of them are relevant when the practitioner seeks to facilitate deeper healing in patients with mind/body conditions.

THE EXTENDED, STRATEGIC MODEL

When working with patients who present with complex and recalcitrant mind/body problems, some clinicians have emphasized the need for an extended, phase-oriented, multimodal, strategic approach (Brown & Fromm, 1987; Covino & Bottari, 2001; Ginandes, 2002, 2005; Herman, 1992; Phillips & Frederick, 1995; Prochaska & Velicer, 1997). When stabilization (Phillips & Frederick, 1995) and the subsequent implementation of hypnobehavioral strategies have produced a suboptimal clinical response, the therapist does well to consider the presence of unconsciously mediated impasses that may be blocking further recovery. At this point in treatment, the therapist may embark on hypnoanalytic approaches in order to uncover and resolve the opaque psychological material that has been obscuring the healing path.

The symptoms of medical illness often speak through vivid embedded metaphors that contain complex unconscious meanings. Therapeutic attunement to these multilayered illness-associated issues can...
be instrumental in helping the patient move not only toward psychological recovery but also toward fuller physical healing as well (Blankfield, 1991; Ewin, 1986; Ginandes, 2002; Ginandes, Brooks, Sando, Jones, & Aker, 2003; Kiecolt-Glaser, Marucha, Malarkey, Mercado, & Glaser, 1995; Pinnell & Covino, 2000).

THREE HYPNOANALYTIC APPROACHES

There are at least three hypnoanalytic approaches that are ideally suited to accessing this level of therapeutic work; all of these are presumed to be familiar tools in the “doctor’s bag” of the hypnotically trained mind/body therapist (a review of the extensive literature on these approaches is beyond the scope of this paper). It may be helpful to simply highlight these approaches as follows: (a) hypnoprojective techniques, (b) ideomotor questioning, and (c) ego state therapy.

Hypnoprojective techniques could well be described as being either internal (imaginical) or externalized (expressive) (Ginandes, 2004). Imaginal hypnoprojectives are those generated within the patient’s psyche. They are elicited by use of hypnoprojective procedures such as an inner theater or video monitor (Brown & Fromm, 1986). Expressive hypnoprojectives, by contrast, are ones that are generated within the psyche but are manifested as externalized, expressive representations. These may include such modalities as trance drawings or automatic writing (Meares, 1957; Watkins, 1992; Watkins & Watkins, 1997) or verbalized trance dialogue with a positively hallucinated person (Yapko, 2003).

The second familiar hypnoanalytic strategy for uncovering the specific root causes of symptoms is the use of ideomotor questioning. This approach is exemplified by Cheek’s (1993) elegant strategy of progressive questioning to explore the seven common causes of psychosomatic symptoms. These may include underlying elements such as issues of conflict, the language of organs, underlying motivation, the legacy of the past, the patient’s identification, issues of self-punishment and of suggestion (Cheek; Rossi & Cheek, 1988).

The third key hypnoanalytic approach is the modality of ego state therapy (Frederick & McNeal, 1999; Phillips & Frederick, 1995; Watkins & Watkins, 1997). This flexible approach is proliferating into widely adaptive usages in various forms of treatment. This article focuses on the therapeutic activation of ego states in the course of treatment (Watkins & Watkins). This is done to access deeper understanding and work with what may be unconscious dynamics for the sake of therapeutic integration. In mind/body cases, the use of this strategy may be invaluable for accessing ego states implicated in the specific illness drama of the patient.

In this article, the focus is in the foveal area of this domain of hypnoanalytic work: that is, the use of ego state techniques as a positive
utilization (Lankton & Lankton, 1983) of normally occurring dissociative phenomena in order to provide rapid access to illness-associated issues. Without broaching either a technical or theoretical approach to this topic, it is hoped that this account will provide a vivid introduction to some ego state phenomena the author has observed in clinical work over time with mind/body patients. Although it is of course important, in a utilization approach, to elicit the idiosyncratic, unconscious associations of each patient (Erickson & Rossi, 1979), it is also fruitful to observe those themes and trends that, over the course of a practice, a clinician notes with some regularity. To clarify this further, it must be emphasized that ego states are always unique; in this article, what is observed are the more general roles and functions that specific ego states manifest across individuals. This view is parallel to that of Schwartz (1995), who also assigns typologies to specific personality energies.

SIX EGO STATES IN THE ILLNESS DRAMA

There appear to be six important ego states that may be elicited or spontaneously emerge in work with mind/body patients. These characters seem to be key players in the illness drama for many patients and, if recognized, can be worked with to great therapeutic advantage. A portrait of each of these players will be presented through brief case vignettes to make them recognizable. Of these six ego states, five of them are indwelling components of the patient’s psyche whereas the sixth player belongs to the therapist’s resonant self.

THE “ILLNESS EGO STATE”

In the troupe of six mind/body ego states, the first one to be described is the illness ego state. This term is used here to denote that part of the self that communicates as a personification of the symptom or condition itself. This ego state may bespeak an illness either on the systemic level or in a site-specific way. Frederick (1994) and Frederick and Phillips (1996) have discussed related somatosensory ego states as nonverbal or preverbal parts that may present and communicate through a shifting array of bodily sensations. This construct has also been noted in the literature on “organ language” as referring to anatomical metaphors with symbolic correlates (Cheek, 1993; Griffith & Griffith, 1994).

The illness ego state to be described here appears to differ from these in that it manifests as a more coherent, organized character that can often be visually embodied as well as being verbally engaged. The imagery characteristics of such an ego state are consonant with the description by Rossman (1987). Thus, when speaking directly with an
illness ego state, there may be an impression that one is in dialogue with an individual with its own personality and feelings. When ideomotor questioning is aimed at uncovering unconscious conflicts that manifest in somatic disturbances, it is the greater personality that is queried (Cheek & LeCron, 1968). With the illness ego state as proposed, it is a part of the self, indeed sometimes the physical organ’s associated ego state itself is engaged within trance.

**Case Example 1: Illness Ego State**

Brian was a 17-year-old high-school athlete who had developed colitis soon after leaving high school for college. I had inwardly hypothesized that he was dealing with issues about leaving home and exploring his independence. But, in fact, when I invited his colon itself to come forth on an inner stage if it wished to communicate, it became clear that his issues were not about separation as I had assumed. He reported the colon embodied as a figure that came forth as:

A midget, a short fat one with a beard and mustache and a funny looking hat, and a pair of boots that are completely clean except for the letters that spell colitis. He’s not a good midget; he’s a devious sly-looking midget who likes to trouble other people.

Through further work, we were able to understand that this illness ego state was a self-critical part of him that had begun to emerge when he began to play sports at the college level. Although he had played previously for recreation, suddenly he felt he was playing to perform for other people and was no longer a big fish in a small pond. Within a few sessions with more ego state dialogue, Brian was able to work through many of his self-doubts and criticisms. The ego state’s new function was to remind him that he was noticeable and distinctive and that he would be able to navigate the playing field from his own unique vantage point. The colitis, which his doctor had informed him was a chronic, long-term illness, began to abate, and he was able to taper off the four different medications (including steroids) that he had been taking for several months. Of course as his therapist, I would not have been able to create the elegant inner solution that the patient’s own unconscious had forged. This kind of dialogue, at times with ego states and at times with the greater unconscious, can be important even in seemingly straightforward cases of medical hypnosis.

**Case Example 2: Illness Ego State**

Another example of engaging an illness ego state was in the treatment of Nora, a woman in her 70s, who was a retired scientist. She had recently fallen and fractured her ankle as she was chasing her dog that had gotten loose in pursuit of a squirrel. Having heard about research on accelerated fracture healing using hypnosis (Ginandes & Rosenthal, 2008),
1999), she had arrived with hopes of speeding her healing before she left on an extended sojourn abroad. In the course of our work, it became clear that she was haunted by a deep conviction that her ankle would not heal properly despite her physician’s reassurances to the contrary. This patient, who was an intellectual by inclination and training, was thoroughly skeptical about her ability to enter trance or to access any inner information from a stratum of awareness other than her conscious intellect. She was startled when, immediately upon entering trance and being invited to have her ankle communicate if it wished, she burst into tears. After this, the illness ego state, “Ankle,” began to relate in what seemed to be the voice of a fearful, petulant child “It’s not fair. Why did you fall on me? Why didn’t you fall on that elbow or some other part of her body?” We were subsequently able to work productively with this part as it led us into the domain of early childhood experiences of illness from which her feelings of unfairness and her anticipation of not being able to recover originated.

Directing an inquiry to the greater personality might have elicited some of this same material. But when the query is directed to the somatic site as an ego state, very often more vivid, multidimensional, and nuanced material becomes available, and healing may proceed more quickly. With this approach, it seems possible to elicit a more primary wellspring of affect and associations than is available through a secondary process organ-language query to the greater personality.

THE “STONEWALLING SOMATIC EGO STATE”

The second ego state to be introduced is the stonewalling somatic ego state (Ginandes, 2002). This is the part of self that appears to embody deep unconscious reluctance to relinquish the symptoms in order for healing improvement to occur. These kinds of resistances, perhaps deriving from secondary gain or symptomatic manifestations of unconscious conflicts, are part and parcel of the field of psychosomatic medicine but are often hard to access expeditiously. This construct has previously been described as the stonewalling somatic ego state (Ginandes, 2002) in the composite case history of a young man with paruresis. In that case, despite significant behavioral improvements (being able to use public bathrooms in a wider variety of locations), he had failed to reach his treatment goal of being able to urinate in the bathroom of an airplane during a prolonged flight. Thus, a phase of hypnoanalytic inquiry and working through of the multilayered purposes and meanings of his symptoms was required. His particular version of the stonewalling somatic ego state (that he came to call the “Censor”) regularly made itself known by unilateral ear ringing, focal headaches, and peregrinating itching sensations that would
emerge suddenly in the session if a topic or question arose that the “Censor” part was unwilling to answer.

Case Example 3: A Stonewalling Somatic Ego State

Another case example of the stonewalling somatic ego state is that of Pamela, a 27-year-old woman who came to me with a concern about uterine fibroids. She had been diagnosed with multiple fibroids that were threatening to impede her ability to get pregnant. She wanted to see if there was anything she could do with hypnotic treatment to help her eliminate these benign tumors. She appeared to be a very pleasant, somewhat shy, noticeably soft-spoken, and docile young woman. I assumed that a permissive, directive approach would be a reasonable choice.

We initiated the induction, and she indicated that she did want to address the matter of the fibroids. All of a sudden, a rather imperious, loud, and unmistakably angry voice tone alerted me to the presence of an unexpected ego state. This persona, who sounded much older than my patient, was clearly annoyed at my assumption that she wanted to have the fibroids disappear. She clarified to me that, in fact, she had no wish to get rid of them. Rather, she had very protective maternal feelings toward them. She was concerned that the fibroids might feel neglected and jealous when the fetus arrived in the uterus, because they had been there first. It is interesting to note that this young woman was herself an older sibling. At this point, I was rather surprised and somewhat stymied by the situation. How could we accomplish the consciously stated goal of eliminating the fibroids so that she could get pregnant while taking into account the formidable mother-bear persona that had just emerged? I decided to have her consult her own unconscious for the solution. I then asked her inner self how she could both accomplish her goal of getting pregnant and making sure that the fibroids did not feel neglected in the process? There was silence for a couple of minutes and then a big smile came across her face as the solution emerged. Her solution was to give all the fibroids very attractive but tight fitting little jackets. In this way, the fibroids would feel stylish, warm, and well taken care of, and the cinched waist jackets would serve to inhibit any further expansion of their girth!

Soon after this session, Pamela became pregnant, carried the baby to term, and never, to my knowledge, had surgery for the fibroids. I had received a therapeutic lesson on how important it was to consult with this recalcitrant player determined to reject suggestions seemingly accepted by the more compliant personality.

THE “INNER MONITOR EGO STATE”

The third important player that it is helpful to recognize or to elicit when addressing mind/body conditions is one that can be thought of as
the inner monitor. This can emerge as an embodiment of that part of the self that can remain conscious and observant in order to keep track of what is transpiring even when the greater personality is unaware. Of course, hidden observer constructs (Hilgard, 1977) in the neodissociation theory have been historically hypothesized to be fundamental to the nature of hypnosis itself. The helpfulness of ongoing collaboration with an observer ego state has been emphasized by Watkins and Watkins (1997).

The inner monitor ego state is a part of the self that has been assigned to the job of monitoring the psychophysiological homeostasis of the body. Often this ego state emerges from a stratum of awareness available to a patient even when unconscious (as is the case in anesthesia). Whether or not there is literal consciousness maintained in the psychic sensorium under anesthesia is a question as yet inconclusively answered but under increasing scrutiny (Gazzaniga, 1995; Sebel et al., 2004). Some scientists are beginning to explore learning effects during surgical anesthesia (Deeprose, Andrade, Varma, & Edwards, 2004). In the clinical arena, communication with the inner monitor ego state is a reassuring intervention for those patients who are fearful of feeling or being “out of control” while sedated for a procedure. It would seem that dialogue with a part of the self that can be vigilant while the patient is unconscious could release the patient from conscious hypervigilence and allow for a greater sense of control, lessened anxiety, and a deeper state of relaxation. The inner monitor can also be a useful ego state to work with in patients with other issues around loss of control including insomnia and even obsessive-compulsive disorder (OCD). By having this part agree to stand guard, the greater self is relieved of the burden of constant monitoring.

Case Example 4: The Inner Monitor Ego State

Olivia was scheduled to undergo abdominal surgery. Before surgery, she came to my office panicked at the thought of undergoing general sedation. I wondered whether she might want to see if there was a part of her that would be willing to be in charge of looking out for her during the upcoming procedure. In trance, she smiled and then related what had occurred. She had immediately seen a vivid image of an owl perched high up on the doorframe of the operating room. When I queried the owl as to what it was doing there, Olivia was quick to explain that of course these birds can rotate their heads to a radius of almost 360 degrees. Thus, her owl self could keep an “eagle eye” on her surgeons and all of the proceedings during the surgery, while Olivia would be able to rest calmly on the operating table.

THE “DEATH-LONGING EGO STATE”

The fourth ego state that is often present in mind/body patients is the death-longing ego state. This refers to an often-covert part of the
self that secretly yearns for release despite overt often even heroic efforts by the greater personality to pursue life-saving measures and care. It is particularly relevant to listen and watch carefully for signs of this part when working with terminally ill patients. Although some might consider such an ego state to be malevolent, it is not to be confused with an active suicidal state. Its longing for death is not intended to cause harm to the patient. Nonetheless, it would not be prudent for the therapist to elicit this ego state intentionally, even with indirect suggestions, for several reasons. First, the patient might interpret the therapist’s eliciting this state as a suggestion. Second, without overt signaling by the state that it is present, the therapist’s suspicions might be unfounded. Third, it is the nature of this state to remain in the shadows. But should it spontaneously appear, it can be worked with fruitfully as a patient undergoes either medical treatment to recover or palliative care for an end-of-life transition.

Case Example 5: A Death-Longing Ego State

By way of an illustrative example, I recall Angela, a young woman in her 30s diagnosed with an aggressive breast cancer; she was undergoing a course of state-of-the-art treatment including surgery, radiation, and chemotherapy. Her childhood had been riddled with trauma, including her experience with her father, who had abandoned the family when she was 3 and who was then replaced by a physically abusive, alcoholic stepfather; her mother had repeatedly allowed the children to witness herself being abused in the next room. My patient had been sent to work at the age of 8 delivering newspapers to help support the family, and, by the time she was 10, she was paying her mother rent. In recent years, her long-lost father had reentered the picture when he was dying of lung cancer; my patient had nursed him through his terminal stage in her home.

A practicing Catholic, Angela held strict beliefs and much faith. At one point in her treatment though, she became overwhelmed by the emergence of her own fears of death; these went beyond the understandable apprehensions of a cancer patient. She began to be haunted by superstitious thoughts that were triggered by what seemed to be omens at every turn; a black hearse passing in the road on her way to the hospital signified that she was undoubtedly going to die. The pitch of her preoccupations spiraled geometrically and soon created a bona fide obsession.

It was with ego-state therapy that we were able to understand and work through this development. In trance, she saw and sensed a part dressed in a black coat that “just wants to walk away, to give up, to rest”; it began to be clear that this part of her was longing for death. Angela had two small children to whom she was as devoted as her own mother had been neglectful; the conscious thought of wanting to
walk away from her family was utterly intolerable. But as she was subsequently able to work with the death-longing ego state, she became more able to treat it with compassion and to realize that it saw death as a place of peace and rest from her lifelong struggles. We were then able to enlist this ego state to help her understand that her longing for peace was, in fact, a life-preserving not life-ending wish. She learned that she needed to slow down, take some personal time, and learn how to access a sense of peace in trance without having to die in order to take care of herself. As a postscript, to date she has recovered fully from her cancer and is doing well.

**THE “EMPOWERED HEALING-GUIDE EGO STATE”**

The fifth ego state to mention is the empowered healing guide. On the physiological level, this seems to embody the patient’s deep well-spring of inner knowledge about how to restore health in the complex ecosystem of the body. On the spiritual level, it may appear as an ego state that can provide hope, inspiration, and wisdom about moving in the direction of recovery. In this sense, it is related to such conflict-free ego state constructs as inner strength (Frederick & McNeal, 1999; McNeal & Frederick, 1993).

I have previously discussed the importance of determining whether or not the patient is truly ready to move forward in the healing process on an unconscious level, and this process has been called the permission-to-heal query (Ginandes, 2000). In a condensed summary, this involves a hypnotic foray that poses a progressive series of questions such as:

Do you now give yourself permission to begin to heal, to continue to heal, to take the next step in your healing? And if not, how can you work with this fear, reluctance, or impasse to give yourself permission to move toward and accomplish your goal?

This is somewhat different from asking whether there is anything in the way of healing, as is the more typical query. It is necessary for the therapist to be satisfied with any compromises in retaining pain or the symptom. Partial results may be all that is possible for a particular patient.

The concept of calling out the ego state of the empowered healing guide is a complementary next step in this therapeutic trajectory. For many patients, this figure emerges as an archetypal wisdom figure, be it Native American, an ancestral figure, or a religious being of some ilk. I have found that even those patients with no conscious religious or spiritual beliefs are often surprised and comforted by the powerful transpersonal imagery that emerges for them in a trance focused on healing and recovery.
Case Example 6: An Empowered Healing-Guide Ego State

Ruth was a young woman with progressive liver disease who felt quite helpless about the possibility of avoiding a transplant, which her doctors felt was inevitable. I knew this young woman to be gifted with a rich access to her imagination from her work teaching young children. Even so I was surprised by the vivid trance imagery that emerged in our very first ego state query. I wondered whether there was a part of her that had knowledge about healing her condition. This is a transcript of her words:

I am riding on a horse on the beach. I ride up to three old women, like crones. They tell me I need to bathe in the Lilac River to gain strength and power. This river is connected to an ocean. I ride my horse into the water. Then I am in the care of the three women; they are sitting around the fire. I am lying down sick covered by heavy blankets and skins. My spirit rises out of my body and fills the empty space. They get up to dance more around the fire and gather around me. They are trying to pick me up. My body is heavy and limp and my nonbody version is watching. I want to be like them. I can’t even speak. I am thinking, “I am not sick; I am imprisoned by some sort of a curse. I don’t know how to break the spell.” My spirit body puts on the old crones’ robes. She is ready to go out of the cave. The old women say: “There was a strong goddess when she was created, but she was beat down, insulted, and shamed. She split into two parts. The one part rose up in strength, the other part fell and was broken. All women are both parts.” The spirit has to find that missing part. She leaves the cave to look for that part that must rise up . . .

This example illustrates how the construct of the empowered healing guide may itself be subdivided into different ego states. In the case vignette, the crones and the body and spirit parts of the patient appear as a tripartite conglomerate of healing-guide functions. With further work, these elements moved toward greater healing integration. Over a few sessions, the patient appeared to identify more and more with her own physical strength and health (Torem & Gainer, 1995) rather than with her liver disease. To date, this patient has seen her liver tests improve significantly and has gone on, with her physician’s blessing, to become pregnant.

Case Example 7: An Empowered Healing-Guide Ego State

Miranda was one of the longest-term survivors of ovarian cancer in her hospital cohort. In response to an ego state query to determine if there was an inner healing part of her, she had the following experience. The reader will notice that at first she speaks from within the ego state and then later shifts to a third person view:

I am lying in a meadow, bathed by light. A spirit guide is at my head. He is holding my head and putting his hand to the third eye. Seeing all his
energy coming into my third eye. She is fully receiving all that acceptance until it illuminates her. The song *May the Long Time Sun Shine Upon You* comes to her. They are singing together. Animals come around, squirrels, rabbits, birds, and deer.

After this, Miranda came out of trance smiling saying she felt that she had received a wonderful gift. The empowered healing-guide ego state subsequently became a comforting anchor that she returned to repeatedly for the duration of her treatment.

**The “Therapist-as-Healer Ego State”**

The sixth ego state in the drama of mind/body healing is one that resides not within in the patient’s psyche but within that of the therapist. Like other ego states, this is a part of the self that may emerge unbidden quite spontaneously or may be elicited by targeted inquiry in trance (Watkins & Watkins, 1997). This ego state is called the therapist-as-healer. It is a state that may at times mirror or perhaps be activated by the emergence of the empowered healing-guide part of the patient. Although it may arise independently in a unique form configured by the therapist’s psyche, this resonant ego state can often be accessed most readily in the collaborative vessel of the “cooperative” therapeutic trance (Gilligan, 1987). The appearance of the therapist-as-healer may be elicited or may spontaneously appear during an inner receptive process of tuning-in to the felt experience of self while absorbed in the therapeutic intervention. This is a healing ego state in which conflict-free aspects of the therapist’s personality are engaged (Frederick & McNeal, 1999) and harnessed in the service of augmenting the healing of the patient’s psychological and/or physical condition. This is related to Watkins’s (1978) concept of the “therapeutic self.” He emphasized that the personhood of the therapist was a vital, curative element in treatment. The empathic therapist has a greater capacity to form therapeutic alliances with each ego state (Frederick & McNeal). When the therapist accesses his or her own self-healing (Morton, 2003), this ego state may be mobilized as well.

It might be interesting to speculate at greater length on the intersection of this construct with the ever-evolving concept of the therapeutic alliance. The increasing interest in the notion of the intersubjective field that resides within the therapeutic interaction is fertile turf for the emergence of such energetic components of treatment exchange (Phillips, 2000). From this perspective, subjective truth resides in the domain of the intersubjectivity (Atwood & Stolerow, 1984; Stolerow & Atwood, 1992) that frames the treatment. This observation dovetails nicely with the hypnotic concept of the interpersonal trance (Diamond, 1984; Gilligan, 1987) in which transference/countertransference resonance is embedded. It also seems intrinsically related to the realm of
Ogden’s “analytic third” that becomes available after the patient’s and therapist’s subjectivity and intersubjectivity have been established (Ogden, 1994, 2004; Teicholz, 1999).

In addition to the concept of intersubjectivity, it is worth noting the archetypal dimension of the therapist-as-healer (Jung, 1969). When working with medically ill patients, it is not uncommon for the therapist to sense an inner dimension of being a healer. This experience may appear to come from a tradition outside of the bounds of biographical identity or clinical training. Although it is beyond the scope of this discussion, this aspect may be further illuminated by the literature on death and dying (Kubler-Ross, 1969) and transpersonal psychology (Jung, 1969; Łeskowitz, 2000; Wilbur, 2000). This ego state goes well beyond a sense of empathy or motivation to be helpful; it may be subjectively experienced by the therapist more as a palpable, multisensory shift into a healer-self aspect. It may even be felt to come from a different tradition, culture, time frame, or identity. As is typical of trance phenomena, the phenomenology of this ego state may include vivid visual imagery or even a heightened kinesthetic sense of transmission of healing intention as an energetic field. Whether the experience is that of feeling oneself transformed into a traditional shaman, an ordained pastor, or an animal magnetist is perhaps best not to be consciously second-guessed in advance of the actual experience.

Case Example 8: The Therapist-as-Healer Ego State

I was conducting a home visit with a woman in the terminal phase of her pancreatic cancer. She related that she was fearful that going into the hospital with all of its discordant sights and sounds would rob her of her quest for inner peace. Suddenly, she reported shifting into a very comfortable feeling of floating in a bank of clouds. Simultaneously, in that same moment, I had a strong kinesthetic and visual experience of wading into warm, gentle waters wearing what appeared to be baptismal robes. Although I was not physically touching my patient, I experienced a vivid sense of holding and supporting her head as she floated in the water in front of me. The image surprised me because of its sudden emergence and also because it was not from my own religious tradition. I did not share the experience with the patient in our session, although later I wished that I had. While immersed in her cloud images, she reported a very blissful sense of peace and comfort. Later, I heard from her family that she had died at home peacefully within the next 24 hours without going into the hospital.

It is perhaps useful for the therapist to receive these kinds of impressions in an intuitive, nonjudgmental fashion. The subjectively vivid shift into the therapist-as-healer ego state is perhaps a resource state that may amplify the therapeutic exchange. Although such
experiences may jar left-brain sensibilities, for the hypnotic practitio-
ner versed in the shifting of perceptions implicit in hypnotic phe-
nomena, such a foray may feel like a potentially therapeutically
enriching experience, particularly in the course of treating gravely ill
patients (Frederick, 1998).

CONCLUSION

In conclusion, I hope that this introduction to the cast of these six
characters will be a helpful conceptualization for the clinician working
with patients struggling with health problems. It is temptingly expedi-
ent, when working in an emergency medical setting with acute condi-
tions, to bypass issues of informed consent and psychological
evaluation. As with all good clinical work, issues of assessment and
diagnosis must guide the treatment compass; cases of severe psycho-
pathology including trauma and dissociative identity disorder (DID)
patients (Kluft & Fine, 1993; Phillips & Frederick, 1995) may not be the
best candidates for such approaches. Hypnoanalytic uncovering strate-
gies are best contained in the solid vessel of a therapeutic relationship
in the context of ongoing treatment (Baker, 2002; Ginandes, 2002).

Client-centered approaches emphasize that the variety of idiosyn-
cratic associations and levels of meaning that a particular illness or
symptom may have for different patients must always be taken into
account. Nonetheless, the ego states that have been introduced here
appear, in the author’s experience, with sufficient consistency across
medical diagnoses as to be worthy of consideration. Recognizing the ill-
ness ego state, the stonewalling somatic ego state, the inner monitor, the death-
longing ego state, the empowered healing guide, and the therapist-as-healer
may add another powerful tool to the therapist’s bag to be used in con-
junction with an eclectic, strategic repertoire of healing interventions.

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Die sechs Akteure auf der inneren Bühne: Der Einsatz der Ego-State-Therapie bei körperlichen Erkrankungen

Carol Ginandes

Zusammenfassung: Die Symptome von körperlichen Erkrankungen sprechen häufig durch eloquente eingebaute Metaphern, die tiefere

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Six joueurs sur la scène intérieure: Utilisation de la thérapie ‘ego-state’ avec les gens malades

Six joueurs sur la scène intérieure: Utilisation de la thérapie ‘ego-state’ avec les gens malades

Carol Ginandes

Résumé: les symptômes d’une maladie parlent souvent à travers des métaphores éloquentes qui expriment des conflits et significations profondes inconscientes. Etre sensible aux différents niveaux associés à la maladie d’un patient peut être un outil dans la révélation et le travail sur les conflits qui peuvent entraver la guérison à la fois physique et émotionnelle. Parmi les approches psychothérapeutiques facilitées par l’hypnose qui peuvent être utiles, les techniques ego-state offrent un accès rapide à ces problèmes associés à la maladie. Cet article présente les 6 différents ego-state qui jouent un rôle primordial dans le drame de la maladie pour beaucoup de patients. Cinq d’entre eux sont des composants intrasèques à la psychée du patient alors que le sixième joueur appartient à la résonance du moi du thérapeute. Tous ont leur importance quand le praticien cherche à faciliter une guérison plus profonde chez des malades physiques et mentaux.

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Resumen: Los síntomas de las enfermedades médicas frecuentemente hablan mediante metáforas implícitas y elocuentes que expresan significados y conflictos inconscientes más profundos. La sensibilidad terapéutica a los complejos problemas asociados con la enfermedad de un
paciente puede ser básica para descubrir y resolver conflictos que pueden impedir la curación física y emocional. Entre los enfoques psicoterapéuticos facilitados mediante la hipnosis que pueden ser útiles, las técnicas de estados del yo ofrecen acceso rápido a problemas asociados con estas enfermedades. Este artículo discute 6 estados yóicos diferentes que juegan un papel clave en el drama de la enfermedad para muchos pacientes. Cinco de estos son componentes internos de la psique del paciente, en tanto que el sexto actor es la personalidad resonante del terapeuta. Todos ellos son relevantes cuando el profesional busca facilitar sanaciones más profundas en pacientes con enfermedades mente/cuerpo.

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