

Ego State Therapy.

Interview with Susanna Carolusson

by Flavio G. Di Leone¹

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Ego State Therapy is one of the most common approach in modern hypnotic psychotherapy. Developed by Helen e John Watkins, it integrates a psychoanalytic array with a cognitive-behavioral approach and promotes awareness and resilience as the main therapeutic tools. Many hypnotherapists who have embraced the Ego State Therapy refer to the work of Milton Erickson in their clinical practice. Among them, there is Susanna Carolusson, psychologist, psychotherapist and hypnotherapist of analytical orientation, past president of the Swedish Society for Clinical Hypnosis (SSCH), board member of the Ego State International (ESTI) and prolific author in the field of hypnotherapy and Ego State Therapy.

Flavio G. Di Leone (from here on FDL). *Susanna, tell us something about yourself as psychotherapist: how did you engage with hypnosis and what is your professional credo?*

Susanna Carolusson (from here on SC). My first encounter with hypnosis was as a student in the postgraduate psychology program at the university. We had the possibility to choose a 60 hrs clinical training of any orientation so we chose hypnosis, and invited a psychologist, Alf Tunsäter, to teach us. I realised, and my teachers and colleagues also told me, that I was talented with imagery. It suited my personality very well. I also appreciated the flexibility and creativity included in the rich variability of suggestions and interventions, adapting the style to the client. I was personally impressed and touched by all the exercises we went through and tested on each other. I experienced the wealth of self-knowledge that hypnosis made accessible, from the depth of my until then, “unconscious” levels of the mind. This was a basic training in top-down (pedagogic/cognitive/behavioral) and down-top (exploring/analytical) techniques and the knowledge and competence I gained, made me immune to the later pressures to choose sides, between the dominating big therapy schools. My credo? It could be formulated: Learn from history, poetry, novels, psychology, sociology, antropology and from those people who are good models, and when you know a lot, and have a lot of competence, keep your open-minded curiosity and awe to the power of love and the mysteries of healing.

FDL. *In lectures and writings, you often mention Milton Erickson. How did his work influence your training and professional approach?*

SC. In my three years advanced hypnosis training 1979-1982, we had many of the “Ericksonians” invited. Jeff Zeig and Joseph Barber were the first ones. We studied Watzlawick, Weakland & Fish “Change”, Bandler & Grinder “Structure of Magic”, and the Ericksonian Foundation Congress Books. From 1986 onwards, as a director of the Swedish education in Göteborg, I also invited Steven Gilligan several times, and then Ernest & Kathryn Rossi and later also Betty A Erickson. I attended Ericksonian workshops on every international congress. And I realised that all the “students” of Erickson (they all had a story about how Milton Erickson made them feel special) had their own theories of what Milton really did in practice. My own impression is that his basic principles are extremely difficult to structure or theorize about. He knew behavioral therapy and he was trained in that hypnotic model, but he also knew psychoanalytical theory and used the concepts of repression and suppression, with respect for the dynamics of such

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phenomena. This is obvious in some of his letters, for instance to Leslie LeCron in 1946². I have the belief (corroborated by his daughter Betty Alice), that Milton listened to everything the client said on verbal and nonverbal levels, respected the need for change and the need for protection, and he asked his own subconscious creative mind for inspiration, how to combine the (psychodynamic) respect for unconscious defense mechanisms and the need for hope and change of old patterns, into new coping patterns. But before I read Erickson's own articles and letters, and before I discussed his personality with his daughter Betty Alice, and when I still was young and knew what I knew from the smart "Ericksonians" I was impressed by the solution focused "magic" approaches and the positive beliefs inherent in the teachings, in contrast to the psychodynamic heavy humor-lacking alternative those days. It was later, in the late 80ies, that I really understood that psychodynamic theory and clinical evidence must be part of my way of practising Ericksonian principles. The principles I appreciate the most are his very naturalistic language, his common sense, humour, love and creativity and last but not least; his skill to develop a unique relational communication with each client and his deep conviction of each client's healing resources. Those principles are not easily replicable from a technical manualising point of view.

FDL. *You are in the Founding Board and Vice President of Ego State International, a group of therapists from different countries and continents whose aim is to promote Ego State Therapy as a therapeutic modality as well as on training guidelines. In our country, Ego State Therapy intrigue many therapists but it isn't well know. Can you briefly introduce it?*

SC. There are well formulated introductions in our teaching books and articles, and I recommend Gordon Emmerson's teaching book "Ego State Therapy"³. I will try to give you a short description, though. We all consist of various parts or mes (me in plural), which are evoked by and become executive in different contexts. That is normal and healthy. Some parts may be in conflict with each other (e.g. normative parts vs impulsive parts), some may be hidden, because they may be vulnerable or violated, some are protecting others, and some cause symptomatic behaviour or reactions, for which a hopeful part asks for help, e.g. therapy ... This idea of various parts in the same person, is familiar in many therapy orientations and you may associate to Gestalt Therapy or Psychosynthesis, to mention just a few. The reason I think that EST has a place on the map of orientations, is that Helen and John Watkins elaborated a way of working and understanding, that was taking unconscious/hidden forces/states into consideration. The Ego State therapy and theory they developed, is very compatible with the psychodynamic theories that I find worthwhile and helpful in my practice. It is also compatible with the principles of Milton Erickson. I also developed a personal friendship with Helen and John, so my having experienced their good spirits and hearts surely has enhanced my appreciation of how they developed the practice and theory of EST; they gave us a valuable legacy.

FDL. *When is EST indispensable in your clinical practice?*

CS. I find EST absolutely indispensable when I realise that I have a client who is so dissociative, that I have to address several ego states, in order to treat the whole patient. If I treat such a patient as one person, an ego state that is not addressed may keep the symptomatic behaviour, and not even take part of the therapy. Have you not had that experience with a patient, you may believe it is just a weird theory, but when you have, you realise that ego states can be as real as if you have a group of different patients in one. It is a really difficult challenge to realise that you are dealing with different states with totally different reactions to your therapeutic interventions.

FDL. *Hence, Ego State Therapy as approach is more psychodynamic or hypnotic?*

SC. Both, in a mutually enriching combination.

FDL. *How does New Hypnosis find a place in an approach that promotes to resolve unconscious motivations through the understanding of the root of maladaptive behaviors?*

SC. Maladaptive behaviors have their origin in situations where they were not maladaptive from a survival aspect. They were helping the client to cope with threatening circumstances, and

²Erickson M.H., Zeig J.K. e Geary B.B. (2000) *The letters of Milton Erickson*, Phoenix: Zeig Tucker & Theisen Inc.

³Emmerson G. (2007) *The Ego State Therapy*, Crown House Publishing

evolutionary neurologically based, primitive survival reactions have a tendency to become permanent (again due to the survival value). A traumatised client may have an unconscious complex such as: The deepest affect from an original trauma, e.g. shame, was effectively repressed by escaping through a freeze reaction or paralysis. This reaction protected from shame, and was learned almost as a reflex, to be used later, if any reminder of the trauma appears. This is beyond reason. Fear and the stress-related endocrine system makes a person in trauma extremely receptive to imprinting the survival reaction. But in situations where paralysis no longer is helpful, it may be as you say; malevolent. The reason why top-down hypnotic suggestions don't have longlasting effects, is that the trigger-fear-reaction-chain, stay unconscious if the original situation was traumatic, i.e. terrorizing. The chain is stored only in sensory-motor-affect nonverbal memory. Not until the client understands on an emotional and verbal level can S/he be free to choose alternative behaviors. Intellectual insight is not enough, and this is why EST works so well. We aim for an emotional resolution, which is not an exact repetition of original trauma. We make possible a corrective emotional experience: the client re-experiences the trauma in a safe relation with a reliable therapist and with access to resourceful ego states, and that makes the difference. With EST as a helpful toolbox and map, I attempt to reach those deep levels where maladaptive behaviors often have their roots.

FDL. In your last paper, *Burnout and Analytical Hypnosis*, published on Archives of Psychiatry and Psychotherapy, you focused on the "inner resources of the patient". How can this typical Ericksonian notion become an instrument of Analytical Hypnosis?

SC. I do not think in terms of either Ericksonian or Analytical. Both approaches are relational, and must be so, in order to have any effect. All techniques are subordinated this principle: I can only help my clients, if I first earn their trust and confidence. My way of doing that, I think, is by consequently implying that my clients have inner resources for healing. Milton Erickson had that trust and a language that facilitated and evoked resources. The opposite to that, is when therapists, not only analytic, but also "Ericksonian" or any other orientation, imply that they have something their clients don't have but need, and the therapists offer theory-based analytical interpretations, learned general "Ericksonian" metaphors or protocol-based homework, to no avail, but the therapists' own self-confirmation. Genuine relation comes first, and then I combine everything I have learned, in a unique way with each client. Sometimes we create something new ... I believe we should stop here, Flavio, and meet in another interview. Thanks for the honour of being interviewed.