

Introduction

This article approaches the corrective experience as presented as the core of the therapeutic process by the SARI-model in Ego State Therapy from multiple perspectives:

- in relation to its differentiation from formerly common trauma-therapeutic processes
- as logical consequence of neurobiological findings
- and from a praxis point of view through case studies

There are multiple phases in the SARI-Model of the Ego State Therapy. Several phases precede the corrective experience: safety, stability, activating Ego States and approaching the trauma. Finally, integration completes the process.

The article is about corrective experiences that, in my opinion, represent the core of psychotherapeutic experience.

The corrective experience in EGO State Therapy

Every injury, every trauma needs healing, needs therapy.

Every painful experience needs corrective, healing experience.

This healing experience is at the core of any form of psychotherapy.

The Idea of Catharsis

The world of psychotherapy long held the idea that catharsis would heal mental injuries, also major ones. It was believed that re-living and experiencing a trauma again would have a cathartic effect. It was believed that the traumatic situation had to be reentered and everything that happened, with all its emotions, feelings and sensations had to be lived again in order to be free of it.

Practical application showed, though, that leading a person into a traumatic situation and having them re-live it without change leads more often to re-traumatization rather than a healing process. The danger of re-traumatization is too high in opposition to the chance of healing to justify such an approach.

Desired Dissociation

The contrary strategy to catharsis is locking away aspects associated with trauma and that can also only provide temporary relief. What may work in cases of traumatic contents does not provide a useful, long-term solution for dissociated parts, as they want to be seen and noticed. At some point, then, often producing symptoms, they then often demand attention in unpleasant ways.

In order to be able to cope with every day life it may be sensible to temporarily lock away traumatic contents or Ego States related to trauma. This solution strategy is often used consciously but more often unconsciously.

Case study 1:

Anna lived through a case of abuse with a male relative at the age of 12 to 14 years. She comes to me at the age of 16 at which point she lives at home with her mother and continues to have contact with the perpetrator that cannot always be avoided due to the relationship between him and the mother.

Anna wants to graduate from school and move out of the home as soon as possible. During this time, she finds herself unable and unwilling to deal with the trauma and she wants to get rid of the presence of the event so that she can achieve her goals. We lock the memory in a vault by hypnotherapeutic session and she manages to graduate, get a job and rent her own apartment.

At the age of 21 she comes back and wants to work through her story of her trauma. We do so by including her Ego States.

In this case, locking away traumatic content was useful. By reaching her goals (graduating, job, physical distance to the perpetrator), it was then possible to process her trauma story well.

The corrective experience

If we accept that emotionally relevant situations cross-link in all brain regions that are active at that time ("fire together – wire together"), it means that all emotional, physical and cognitive contributions to this situation cross-link and form a network of experience, a pattern.

Early traumatization is stored primarily in the body, specifically in the body language and in body reaction patterns, body movements and vegetative reaction patterns. It is often enough for only one part of the trauma network to be activated to bring movement to the whole network. If there is repeated re-traumatization (by activating the connected trauma networks), a solution needs to be found as this situation is not bearable long-term.

A useful first solution may be repression or dissociation (creating a dissociated Ego State).

Depending on the network or the pattern activated, different states of the I are created. That poses a danger and an opportunity at the same time: If trauma networks are activated uncontrolled, there is a danger of re-traumatization. If, however, a problem-network or a trauma-network is activated and newly connected, meaning connecting a new element on as many levels as possible, a corrective experience is achieved.

Knowing that re-entering a traumatic situation with no healing experience but rather an experience of reliving this situation with all its sensorimotor, emotional and cognitive elements that strengthens this trauma network, then the idea of catharsis by re-living traumatic situations needs to be abandoned.

If such an intervention, inspired by the idea of catharsis, prompts healing processes, the reason may be found in the fact that the situation was not congruent to the trauma. The fact that a traumatized person does not have to go through the situation alone but with help by their side is a corrective experience in itself. It is this change in experience that can prompt healing.

Healing can only happen when traumatic experiences are brought close and are not re-lived fully but are gone through in a new way that allows for a new experience. In this process, all therapy forms become relevant that exceed a linguistic-cognitive level and allow for an inner experience on many levels. That includes concepts that focus on inner and outer experiences as do, for example, body-oriented therapy forms, psychodrama and hypnotherapy.

Different Levels of Corrective Experiences

Corrective Experiences in Everyday Life

Corrective experiences may happen outside of therapy and are then simply a gift.

Case Study 2:

Bert is 62 years old and was neglected by his mother by keeping him at a distance without any body contact or hugs. Now an adult, Bert's mother is dieing and he learns from an aunt that his mother's distance was due to her wrongly assuming having an infectious disease. He learns that she wanted to protect him and stayed away from him. When Bert learns the news, he reports that "everything was ok right then", at least with regard to this aspect of his trauma story.

This kind of outer corrective experience is rather rare. Insulting, neglecting or violent parents that suddenly learn, after 30 years, what they have done to their child and change immediately, are the exception.

In the therapeutic process, an outer corrective experience is only considered if an inner solution was found and an inner corrective experience was made. The outer corrective experience is often not possible and after a successful therapy also not necessary anymore. For example, entering a situation with a person who was physically or mentally abusive for years or decades remains a risky process, even with strengthened resourceful Ego States and/or transformed destructive Ego States. After an inner corrective experience, however, it may be possible to approach and experience these situations differently.

Corrective Experiences in Psychotherapy

Corrective experiences in psychotherapy become possible due to the space that is provided and through the respective relationship between therapist and client. It is the basis of any form of psychotherapeutic relationship.

Corrective Experience in Hypnotherapy

In hypnotherapy, corrective experiences happen through a change of the inner reality, the inner experience through application of the full range of hypnotherapeutic techniques: time regression – progression – distortion, dissociation – association, anesthetics, analgesia, positive/negative hallucination, stories metaphors, etc.

During hypnosis, the brain simulates sensory, motoric and affective realities and creates inner experiences which become reality as experienced by the client. That allows for a healing, corrective experience in hypnosis.

Corrective Experience in Ego State Therapy

Ego State Therapy uses corrective experience by changing the inner reality, the inner experiences by applying hypnotherapeutic techniques and by help of the Ego States.

Following Erickson's concept hypnotherapy, we use the unconscious but don't interpret it but use the solutions that the unconscious finds for the therapeutic work and purpose. Working with Ego States in addition to that allows the therapy to gain easy through this broad spectrum of inner parts that are available.

Ego States, resourceful ones and traumatized or destructive ones, give hints as to what kind of corrective experience the client needs.

The SARI-Model in Ego State Therapy

Several phases precede the corrective experience: safety, stability, activating Ego States and approaching the trauma. Finally, integration completes the process. Woltemade Hartman added a fifth phase to the mentioned four which is about practical application.

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Overview: The Four Phases of the SARI Model

Phase 1: safety and stability

The beginning is about creating a level of safety and stability that allows working with the trauma. It is about safety and stability of the outer and inner realities such as social networks, medical treatment, inner safe place, inner strength, etc.

Phase 2: activating Ego States

This phase seeks to meet all those Ego States that concern the problem/the trauma. Activating Ego States is usually done in a state of hypnosis.

Phase 3: corrective experience, healing experience

The corrective experience is about experiencing a new, better healing experience. In praxis, multiple corrective experiences may be necessary to create long-term positive change.

Phase 4: integration

The Ego States are a good team as they experience and behave like a well-meaning inner family that support each other. It is about developing a new identity that is visible on the outside.

The Steps of Integration

The levels of integration are realization, communication, empathy, cooperative effort, recognition, sharing inner phenomena, co-consciousness and continuous co-consciousness. The steps of integration are worked in starting with phase 2 at the latest. Integration does not only happen after phase 3 but is part of the therapist's focus in order to check that the Ego States progress on the integration levels.

Details: The corrective experience in Ego State Therapy

Strengthening resource-Ego States

In my opinion, the corrective experience begins already at the point of activating and strengthening resourceful Ego States. Especially people who experienced insult, neglect, physical or mental violence may have a corrective experience by experiencing their strong or loving or fighting inner parts. Developing new, resourceful Ego States is especially important when working with children. It is about recognizing and acknowledging Ego States. It is about getting to know their needs, wishes and desires. That means that the corrective experience begins with phase 1 just as integration does not strictly only begin at phase 3 but is present during the entire therapeutic process.

Reaching Higher Integration Levels Through Corrective Experience

The corrective experience begins with the meeting of the Ego States, the development of an inner team, an inner family – especially with clients who have had dissonant parts inside of them for a long time that do not communicate, insult each other or fight.

Case study 3:

Carl is 50 years old and after losing his job, he exhibits strong depression symptoms. In connection with his symptoms, we find at activation of the Ego States five meaningful Ego States that do not communicate with each other. In the process of therapy, these Ego States start to talk, remember that they were a good team, vow support and decide on activities together. The corrective experience happens by reaching a higher level of integration that existed before and was lost through a crisis.

Meaningful Change of Ego States as corrective experience:

This includes essential changes of existing and often destructive Ego States. Especially destructive Ego States are harder to convince that it is better for them and the person to take a constructive approach. This kind of corrective experience is one of the most exciting challenges of therapeutic work.

When Ego States realize that change is good, they take on new responsibilities and work together more closely. Often their names do not fit anymore and they are renamed with new, more fitting names.

Unmasking an perpetrator-introject belongs to this kind of corrective experience. In such a process, a perpetrator-introject needs to be convinced that it is not part of the outer family but part of the inner one. It is needed and appreciated, only with a modified task.

Scenic Corrective Experience in Trauma-Therapy

Before a scenic corrective experience in trauma therapy, the following considerations are necessary:

- Is there enough stability and safety?
- Is there a safe place? Inner strength?
- Are there enough resource-Ego States?
- Is the client prepared for the corrective experience?
(for example: "Next time we will go to this place/experience and we will make sure that it goes differently, that it works differently.")

- What Ego-States are joining?
- What is needed in preparation?

Then, the traumatic situation is approached and it is made sure that the situation is changed into a new, healing experience.

The corrective experience follows human basic needs and creates a new inner reality.

The German neuro-biologist Gerald Hüther discusses two basic needs:

First, being part of something and being connected to others, and secondly, to be allowed to grow, also grow beyond ourselves, to solve problems, to have an effect. He concludes that we need challenges we can master and people by our side who support us.

What happens in a trauma? I cannot master the situation by myself and there is no help.

The guideline for the corrective experience has to consider those basic needs to have an effect, to master challenges, to solve problems alone and to be supported and connected to others.

For the scenic corrective experience, this means: being competent with help of the Ego States to master the trauma scene differently (basic need: have an effect, master challenges, solve a problem) and maybe but not necessarily inputs by the therapist to conclude the scene constructively (basic need: being supported).

Case Study 4:

Bert is 62 years old, survived two attempts of abortion and was alone in a room the first four years. The mother came only to feed, there was no body contact, no hugs, a violent father that beat him almost to death once, many losses by death between ages 16 and 25 (death of his child weeks after birth).

The first corrective experiences happen before the start of therapy. He learns why his mother never touched him: immediate relief and he met his dead father during meditation and came to terms with him.

His sadness forms the center of therapy, we find the following relevant Ego States: the observer (has weight), the bear (animalistic part that has the ability to continue), the child (fairylike, jumps around with ease in a lost paradise), the ape (anger) and the gambler (teenager).

In the corrective experience, we walk to his dead child. He takes it from the incubator, wraps it warmly in a soft blanket and takes it to the temple of dead children that is open towards the sky.

The ape remains close (in an ape temple)

He finds a space in his body for the love for his child, in the solar plexus, on the outside he finds a memorial for his child in front of a chapel.

Continuing the therapy we reach his inner part at the highest level of integration; an inner family develops. He finds an extremely fragile child in a hut, the bear is the guard and makes sure nobody enters who could harm the child, the observer, the gambler and the ape protect the child inside the hut: the ape keeps everyone awake by jumping around who heal the child's injuries. He develops for the first time a deeply felt love for himself.

All these corrective experiences are made by help of his Ego states that have proven resourceful in experiencing these inner healing scenes.

To conclude, Ego State Therapy is an exciting, lively and effective form of psychotherapy that prompts especially effective therapeutic work by putting the corrective experience at the center.

Summary

In conclusion, former approaches to trauma-therapy such as catharsis or the conscious and intended dissociation of traumatic material have to be abandoned in light of neurobiological findings. In order to transform traumatic experiences inside it is necessary to have a corrective experience on as many layers of experience with all its sensorimotor, emotional and cognitive elements. Ego State Therapy puts this corrective experience at the center of the therapeutic process and is, therefore, a specifically effective trauma therapy. Ego State Therapy is, from this point of view, an exciting, lively and effective form of psychotherapy that prompts especially effective therapeutic work by putting the corrective experience at the center and that is applied well therapeutically and proves itself in praxis.

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