

The Ego in *Heart-Centered Therapies* Ego Strengthening and Ego Surrender

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Abstract: This paper charts and expands on the life scenario proposed by Jung whereby the first half of life is devoted to ego development and the second half is devoted to transcending and surrendering it. We assess both processes (ego development and ego surrender) in the context of existential identity, and analyze a number of precursors to the final stage of development (the ongoing surrender of the ego). Transformation in the second phase of life is the re-enactment, or recapitulation, of earlier prototypes: (1) the process of conception, leaving the spirit world to enter a body; (2) the process of birth, leaving the mother's womb to enter the world; (3) rapprochement in the third developmental stage, from 18 months to 3 years, finding balance between dependence and engulfment, between intimacy and alienation; and (4) the conflicted needs for belonging and independence of the adolescent developmental stage. Finally, we look at the process of transformation undergone by the surrendering ego as a rapprochement re-enactment on the transpersonal level, wherein the individual establishes separation and individuation from the "false self-concept," letting go of the narrow possessiveness of identity. "Surrendering the ego" is viewed as an *active* (autonomous) ego making a *passive* behavioral choice. Here the ego is active in the sense of refraining from being *reactive*, i.e., operating with a high degree of internal locus of control. The behavioral choice is passive in the sense of allowing something to unfold without attempting to change, control, coerce or manipulate it. Obstacles to ego surrender are fixations at incomplete developmental stages, and the transpersonal defenses: fear of letting go and trusting. We focus on the use of hypnotherapy to guide and facilitate an individual's healing journey of completing unresolved developmental stages.

Organization of the Article

1. Psychosocial development of the ego from psychoanalytic, ego-state and Jungian perspectives
2. The differentiation / dissociation continuum of ego states (the "executive," introjects, shadow parts, complexes, alter personalities from traumatic splits), ego boundaries, and "non-egotized" aspects of the personality
3. The lifelong progression of re-enactments of *rapprochement*
4. The therapeutic process of "strengthening the ego"
5. Ego function or dysfunction
6. The psycho-spiritual healing process of "surrendering the ego"
7. Applications in *Heart-Centered Therapies*
8. Ego, existential and transpersonal (karmic) identity
9. Transformation through completion of developmental stages

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Development of the Ego

We have mapped transpersonal development beyond what was formerly considered the ceiling of human possibility and have found preliminary evidence of common psychological and spiritual developmental sequences across traditions (Walsh, 1993).

A long tradition in many cultures has evolved of dividing life into two parts: in the first phase, from childhood to middle adulthood, we are becoming individuals, learning the ways of the world and asserting ourselves in the demands of family, work, and society. In the second phase, which begins according to Jung with the midlife crisis, we begin turning inward, reconnecting with the center of our being. In the first phase we build and develop our ego and in the second phase we transcend and surrender it (Metzner, 1998). This final developmental stage is focused on creating meaning in one's life beyond what we can *do* and based instead on who we *are*. "It is generally accepted among analytical psychologists that the task of the first half of life involves ego development with progressive separation between ego and Self; whereas the second half of life requires a surrender or at least a relativization of the ego as it experiences and relates to the Self" (Edinger, 1972, p. 5).

In our discussion of the development of the ego, we will utilize the Jungian perspective that focuses on the relationship between two centers of psychic being: the ego and the Self. The ego is the seat of the conscious personality, of subjective identity, the sense of "I". It is partial, impermanent and changeable, but believes itself to be whole, permanent and absolute. The ego is the *conscious* part of the total personality, the Self. The Self is the central archetype of wholeness, the unifying center of the total psyche, and includes both conscious and unconscious elements.

The conceptualization of "the ego" is far more complex than that of a unified collection of perceptions, cognitions and affects, but rather as organized clusters or patterns of these called *ego states* (Federn, 1952).

Psychosocial Developmental Stages

Developmental stages for the human have been studied and documented extremely well. We know that children follow a predictable path of sequential steps in their emotional and social growth. Erik Erikson (1950) postulated eight stages of psychosocial growth in the normal human. When a child is frustrated in completion of one or more of these essential tasks, he/she becomes fixated on it, and thus unable to move through to the next vital steps. This pattern of growth is also intricately related to the stages of ego development and to spiritual growth. The

developmental stages will be viewed as the changing relationship between the ego and Self, the two fundamental aspects of an individual.

The following discussion of developmental stages will briefly address the pre-conception experience (Zukav, 1989), the intra-uterine experience (Grof, 1985; Janov, 1996; Verny, 1981), the birth experience (Grof, 1985), the psychosocial developmental stages (Erikson, 1950; Mahler et al, 1975), and the death experience (Kubler-Ross, 1975).

The Pre-conception Experience

The pre-conception experience is, of course, unknown to science. Various theories are found in the traditions of different cultures, spiritual practices and religions around the world and throughout time. Our purpose for including this unknowable predecessor to earthly life is that many people in experiential therapies have transpersonal experiences in this realm, such as past-lives or the experience of “selecting” the parents to whom they are about to be conceived. Here we present a model for clinically processing these people’s experience: we are a soul in the grandeur of the cosmos before we make the choice to incarnate on earth. That choice is based on what lessons we want or need to learn, what parts of our soul-self we want to expand, what experiences we are accountable to create for ourselves due to choices we made in previous incarnations (*karma*). There may also be various past life “decisions” or “commitments” we might have made that constrict the current choices. The ego does not exist at this stage, only the Soul.

The Intra-uterine Experience

Once the Soul has entered an earthly body, an irreversible chain of events is set in motion. One aspect of these events is the creation of personality and ego. Initially, the fledgling ego is not separate from the Soul, just as it is undifferentiated from its environment (mother and her environment). The fetus is highly suggestible, and thus the intra-uterine experience impacts the life to follow immensely. Whatever she experiences, the developing fetus experiences. If the mother entertains a thought that, “You are the wrong gender” or “We can’t afford you” or “You are causing me pain,” that environmental message is communicated to, and profoundly absorbed by the fetus. The womb is a very infectious place. Many fears are passed on as well as experiences of joy and serenity. The fetus is not adept at tolerating traumatic pain and automatically responds by dissociating from and repressing those feelings of hurt, fear,

and shame. The production of stress hormones and painkilling serotonin by the fetus for the purpose of dissociation is well documented (Janov, 1996).

The child in its most formative stage of growth, womb-life, then makes “life decisions” based on these messages, and will re-enact (recapitulation, or repetition compulsion) these early decisions until death or until it becomes clearly “someone else’s truth, but not necessarily mine.” A child grows accepting the parental or cultural belief that it is the wrong gender and constantly trying to overcome that “flaw,” never fully accepting its masculinity or femininity. Another child grows accepting the parental projection that it is the cause of her (mother’s) pain and thus the infant shrinks from meeting its own needs throughout life in the effort to spare others the pain. Or due to intense trauma to the mother and/or fetus during the womb-life, a child may grow dissociating from life and repressing any natural expression of emotion out of the need just to survive.

One conceptualization of this process is that of *imprinting*, taken from the work of Konrad Lorenz (1935) on short-term learning in animals that does not fade with the passage of time. It applies as well to human responses that become fixated by the emotional or physiological stress with which they first appeared.

Fortunately, we can free ourselves of these false messages through discovering them and creating an emotional, behavioral, perceptual, or cognitive ‘corrective experience’ to replace them (Watkins & Watkins, 1993). Through expressive therapies, we can teach people to overcome the tendency to repress or dissociate and to change previous self-defeating decisions. People can spontaneously access this stage of growth in breathwork, hypnotic age-regression, and various forms of ‘energetic’ and transpersonal healing.

The Birth Experience

With the birth experience comes a sudden, startling realization to the fetus ego/Soul: I am subject to forces beyond my control (therefore, the realization that *there are forces other than me*). The birth experience, those hours of labor and delivery and the immediate reception, create an imprinted template for one’s life. The mother’s emotional state, the father’s and other family members’ acceptance of the new baby, the obstetrical interventions, the degree of stress involved, the extent to which the baby is allowed to follow its innate reflexive behavior all can impact the child’s entire life. The baby delivered by forceps or Caesarian may learn in that dramatic one-trial learning to expect others to do for him/her. Research is now enlightening us about the effects of every twist and turn in the birth

process. This prototype experience for the child creates birth issues, which are templates for its most fundamental life decisions. Each type of birth creates its own unique ramifications, a set of limiting life decisions, a unique “internal program.”

Psychosocial developmental stage 1: Bonding

The first developmental stage, from conception to 6 months, is focused on bonding, basic trust vs. mistrust, and healthy codependence. Developmental tasks are to express needs, to accept nurturing, to bond emotionally and to learn to trust adults. In addition to all these fundamental tasks, the most important survival task in this developmental stage is to choose life. The child is born experiencing itself to be literally the center of the universe; that is, the ego continues to be totally identified with the Self. Healthy parenting eagerly meets every need, thus reinforcing the child’s basic sense of worthiness and trust. Jung called this *ego inflation* and this is necessary for continued development, although later in development ego inflation is actually grandiosity.

Soon enough, however, the world (and the parents) begin selectively meeting childhood demands and rejecting others. A child whose ego inflation continues unchecked by boundaries, healthy feedback and limits becomes “spoiled,” and grows into an adult who exhibits ego inflation through grandiosity, demands for control, and self-centeredness. When this child grows into an adult, he/she will continue to exhibit negative ego inflation, profound unworthiness, guilt, ambiguity about one’s existence, and the need to be a martyr. This occurs during the first developmental stage when the child experiences abusive parental rejection, which is rejection stemming from the projection of the parent’s shadow onto the child, and the child identifying with it.

Psychosocial developmental stage 2: Exploration

The second developmental stage, from 6 to 18 months, is focused on *oppositional bonding*, i.e., I need to trust you to discover me as separate from you, and healthy counter-dependence. Developmental tasks are to explore and experience the environment, to develop sensory awareness, to express needs and trust that others will respond to them. In this stage an important quality which children develop is initiative. They develop this all-important quality by being taught problem solving skills and how to see a wide variety of options in each situation. Too often parents are too rigid and insist that there is only one way to solve a problem. This attitude does not facilitate development of healthy initiative for the young child.

In this developmental stage, the child has not yet begun to separate from the primary caregiver, not even to recognize its dependence on her/him. The ego continues to be fully self-involved, taking totally for granted the care, protection, ever-presence and omnipotence of its caregiver. The period from eight to fifteen months of age is a “practicing” subphase (i.e., *practicing rapprochement*). During this time the toddler explores its environment with reckless abandon. Since the child’s experience is that the primary caregiver is always present and therefore the child is always safe, the “practicing” toddler knows no fear.

Psychosocial developmental stage 3: Separation

A seminal turning point in the development of the ego is the separation-individuation process (the third developmental stage, from 18 months to 3 years), especially its *rapprochement* subphase. At this point, beginning around the middle of the second year, the child develops an intense ambivalence toward the primary caregiver based on a growing awareness of its dependence on the caregiver and simultaneously experiencing a powerful drive for distance, independence and power.

In consequence, the child’s desires for intimacy and distance here begin to clash in a serious way, each one undermining the other: the desire for intimacy making distance seem like alienation and the desire for distance making intimacy seem like engulfment. (Washburn, 1995, p. 37)

The third developmental stage is focused on creating a separate identity, thinking and problem-solving, autonomy vs. shame and doubt, and healthy independence. Developmental tasks are to establish the ability to think for oneself, to test reality by pushing against boundaries and people, to learn to solve problems with cause and effect thinking, to express anger and other feelings, to separate from parents and be welcomed back with love (*rapprochement*), and to begin to give up thoughts of being the center of the universe. In this developmental stage, the child needs to be able to “leave” the mother and then “return” with full love and acceptance. The child replays this leaving and returning drama hundreds of times. If the mother herself feels abandoned when the child “leaves” and is thus angry when he/she tries to “return”, the child will not develop proper independence, personal power and trust in relationships. Thus punished for attempting to become independent, the child will block his freedom, trust and passion in relationships through immersion in shame, fear and guilt. Thus the “victim” identity is seeded and begins to

develop out of a lack of internal personal power and trust of authority figures.

The “practicing” toddler’s previous assumption of safety, which permits reckless abandon, collapses sometime around the middle of the child’s second year (the *rapprochement* subphase) with the realization that the caregiver’s presence, or competence, cannot be guaranteed. The natural reaction, around fifteen months of age, is to feel insecure, to cling to the primary caregiver and to be even more demanding of her/his attention.

Intrapsychically, a child’s experience that it is not the center of the universe leads to an estrangement between the ego and Self. The ego is chastened and humbled. Initially, this is experienced, again, as alienation, but a loving environment keeps the ego from being damaged in the process. That is, the ego disidentifies from the Self while maintaining connection, which is desirable for healthy continued development. If, however, the child does not experience a loving environment (due to a primary caregiver who is alienating or engulfing), the ego’s connection to Self is severed and serious damage results. The ego is disconnected from its origin, its inner resources. The person is not whole and integrated. Healing that wound requires restoring connection with the natural inner resources of strength and acceptance (Self), without returning to the narcissism of identification with it (inflated ego).

The classic breeding ground for Borderline Personality is a mother or other primary caregiver who rewards the *rapprochement* toddler’s regression to clinging dependence by being physically and emotionally available, but withdraws with every attempt to separate and individuate (Masterson & Rinsley, 1975). The mother’s own fear of abandonment or rejection is triggered each time the toddler reaches out for independence. As a result of the mother being unable to rejoice in the child’s budding independence, the child grows up with severe abandonment fears which consistently result in actually creating abandonment. Thus the fears are validated and lifelong patterns of fear of intimacy, fear of commitment and relationship addiction often develop.

Psychosocial developmental stage 4: Socialization

The fourth developmental stage, from 3 to 7 years, is focused on socialization, identity and external power, initiative vs. guilt, and belonging. The overriding preoccupation of this stage, and in many ways for the remainder of life, is struggling to find balance between the desires for intimacy and independence, to achieve intimacy without engulfment and independence without alienation. Developmental tasks are to assert an

identity separate from others while creating social inclusion; to acquire knowledge about the world, oneself, one's body, one's gender role; to learn that behaviors have consequences; to learn to exert power to affect relationships; to practice socially appropriate behavior; to separate fantasy from reality; to learn what one does and does not have power over. In this developmental stage, getting approval is very important to the young child. If people don't get the approval they need in order to develop a healthy ego, they become starved for approval. They give their power away by needing outside approval and becoming adaptive as a strategy to get it. Another strategy for dealing with the feelings of powerlessness is to try to overpower others in abusive ways.

It is in this developmental stage that powerlessness, which is the foundation of the victim triangle, emerges. The need for approval leads the adaptive child to "rescue" others in an attempt to feel powerful. The other adaptation is the persecutor who is also reacting to the underlying feeling of powerlessness. The victim personality gets attention and approval by being overtly helpless.

Psychosocial developmental stage 5: Latency

As the child grows, the ego strengthens. In the fifth developmental stage, from 7 to 12 years, the ego fortifies itself with a vengeance, but without self-awareness. The latency child, due to the limitations of concrete operational cognition, is still identified with its body and cannot until adolescence become aware of itself as a self-reflecting *mental* ego. This stage is focused on industry vs. inferiority, concrete knowing and learning, healthy interdependence and co-operation. Developmental tasks are to learn skills and learn from mistakes; to accept one's adequacy; to learn to listen and collect information; to practice thinking and doing; to learn the appropriateness of having wants and needs; to learn the structure of the family and the culture; to learn the consequences of breaking rules; to have one's own opinions, to disagree, and still be accepted and loved; to develop internal controls; to learn about taking responsibility and who is responsible for what; to develop the capacity to co-operate; to identify with same sex role models and peers; to compete and test abilities against others.

Psychosocial developmental stage 6: Adolescence

The next quantum leap for the developing ego is adolescence. The sixth developmental stage, from 12 to 18 years, is an awakening of self into self-awareness and to a vastly greater complexity than ever before.

Thus “the adolescent, unlike the latency child, is given to introspection. Newly emerging feelings and fantasies draw the adolescent into the world of inner experience, which the adolescent explores with a fascination equal to the curiosity with which the latency child explores the outer world” (Washburn, 1995, p. 99). Adolescence is focused on identity vs. role confusion, sexuality, and healthy independence from the family. Developmental tasks are to achieve independence, a clear separation from the group and the family; to gradually emerge as a separate person with one’s own goals and values; to be responsible for one’s own needs, feelings and behaviors and to integrate sexuality into one’s identity.

The adolescent experiences rapprochement, the conflicting desires for intimacy and independence, on a whole new and even more intense level than during the toddler stage. Adolescence has been described as a “second individuation” phase (Blos, 1968). The prospect of an identity created wholly by the ego is at once intoxicatingly seductive and terrifying; seductive because it offers the long-sought independence, and terrifying because it highlights the anxiety of separation, alienation, and nothingness. Adolescents, after all, need an audience to their experiments with identity to validate them as independent. They are acutely conscious of how they present themselves to others, usually seeking the recognition and approval for their newly styled selves from peers. As Sartre said, “I am seen; therefore I am.”

The adolescent may even be observed to follow the same four-subphase sequence as the toddler in this effort at detachment and individuation. The fledgling adolescent, like the junior toddler, moves into a “practicing” period of unrestrained exuberance for newfound freedom (Esman, 1980). Uncertainty provokes turning back to parents or other authorities for security, regression to more primitive and dependent behavior. Tension grows because that return only evokes fears of engulfment and loss of freedom, leading to renewed assertions of autonomy - rapprochement. Troubled teens often regressively revisit and “act out” the unresolved rapprochement crisis of year two (Quintana & Lapsley, 1990; Schachter, 1986).

Psychosocial developmental stage 7: Early Adulthood

The seventh developmental stage, following adolescence, is focused on intimacy vs. isolation, creating an ego strong enough to withstand the fear of loss inherent in true intimacy, and creating personal ethics strong enough to abide by commitments. The young adult is attracted to starting a family, establishing a career, making a home or ‘nest’ of his/her own. The

successful building of relationship with a mate completes the process of separation from the primary caregiver begun in the separation/individuation stage - rapprochement. The effort to create and maintain an identity becomes less the (negative) adolescent flight from the anxiety of alienation, and more a (positive) quest to find a fulfilling role in the world. Actually, the negative motivations of identity-creation, the rapprochement crises, tend to return at midlife.

Psychosocial developmental stage 8: Adulthood

In the eighth developmental stage of adulthood, the ego has its best hope of succeeding at creating identity. The ego makes its migration toward the corner office, or the company vice-presidency, or tenure, or a houseful of grateful and obedient children. This stage is focused on generativity vs. stagnation, creating meaning in one's life through relationships, contribution to the community, self-actualization, and spirituality. We must develop spiritually *and* emotionally in balance to experience true transformation. If we develop spiritually but not emotionally, we become psychics blinded by personal projection, or ministers filled with rage rather than compassion, or meditators who take refuge in the safety of meditation at the expense of social obligations. If we develop emotionally but not spiritually, we become therapists who avoid our clients' spiritual experience, or become stuck in "meeting our needs" and isolated from the peace that surpasses all understanding.

Marital interactions, or avoidance of them, are ripe with potential for continuing to work through the separation-individuation process. Indeed, some authors have suggested that marriage itself be defined as a developmental stage (Benedek, 1959; Dicks, 1967). Calogeras (1985) suggests that "marriage represents a developmental phase during which, in order to be successful, the unresolved developmental tasks of prior stages must be worked through" (p. 32), namely, "the crossroads of development - the rapprochement crisis" (p. 45). Freud (1918) first made reference to the tendency for repetition compulsion in marriage of early unresolved parental relationships. For many adults ("child/adults"), their primary intimate relationships are regressions to earlier ego states in an attempt to relieve significant unresolved tasks in hope of finally mastering them.

Psychological maturation can continue far beyond our arbitrary definitions of normality. Normality is actually a form of arrested development, stopping the developmental process prematurely at a level of incompleteness (Walsh & Vaughan, 1993, p. 47 and p. 110.). One of the fathers of humanistic psychology, Abraham Maslow said, "What we call

normality in psychology is really a psychopathology of the average, so undramatic and so widely spread that we don't even notice it" (1968, pp. 71-72).

The Transformation Stage

This last psychosocial developmental stage is a process we call transformation, or transpersonal development. It begins with becoming aware of the limitations of normality and recognizing the possibilities of further growth. When the questions of "Who am I?" and "Who do I want to be?" begin to surface in our consciousness, answers begin to surface as well. Through moments of transcendence, we get "glimpses" of the vast possibilities beyond normal everyday consciousness. We experience ourselves through an egoless lens. This can be a peak experience induced by religious ritual, meditation, near-death experience, or many other means. We begin to discover, perhaps through psychotherapy or meditation, that there is a lot more to us than we ever suspected.

Ultimately, we must all face death. Those who have lived fully, fulfilling their dreams and accepting themselves in totality have achieved wisdom, ego integrity, and self-actualization (a type of "surrendered lifestyle" identified by Aspy & Aspy, 1984). They are prepared to meet death with dignity and readiness. Those who have lived afraid to dream, afraid to excel, afraid to accept themselves in totality, live in fear of death. In the words of Erik Erikson, "it seems possible to further paraphrase the relation of adult integrity and infantile trust by saying that healthy children will not fear life if their elders have integrity enough not to fear death" (1950, p. 269).

The death experience is the culmination to this lifetime, and becomes a powerful template for the choices that lie ahead. We can experience the moment in fear or in love. If we prepare properly, we experience the moment of death as a welcome returning home to the soul. If we have lived our life as a victim, we will most likely die with the feeling of helplessness. If we have lived from a place of internal personal power and spiritual connection, we will experience death as our next choice. The great lesson learned by anyone coming close to death is the immensity of the realm that awaits us. Near-death experiences almost universally establish new priorities for the individual to prepare for that great moment, not recoiling in fear but embracing with excitement.

The Process of Becoming Aware

The process of individuation begins with recognition of the shadow aspects of the personal unconscious, unconscious elements that previously had to be neglected and repressed. "Thus the ego must sacrifice its goals and values if it is to submit to the orientation of the Self. This sacrifice is brought about by the recognition of the shadow" (Humbert, 1988, p. 64). Then come transcendent experiences, i.e., those based in the collective unconscious, in which the ego discovers its subordinate place to a greater reality, a transpersonal center of which it is only a small part. The Self, then, is the totality of conscious, individual unconscious and collective unconscious reality. The mature, individuated ego is capable of surrender, at least to the next experience that challenges its autonomy. "Individuation is a process, not a realized goal. Each new level of integration must submit to further transformation if development is to proceed" (Edinger, 1972, p. 96). The ego that has surrendered its predominance lives consciously by the code "not my will but thine be done." Edinger calls this stage of development the *Self-oriented ego*, that is "the individuated ego which is conscious of being directed by the Self" (1972, p. 146).

It is important to note here the distinction between "dissolution of the ego" and "surrender of the ego." If an individual's ego functioning is too weak to absorb and integrate unconscious archetypal material and primary transpersonal experiences, he/she is *overpowered* by them and may become psychotic. Here the ego has dissolved and been rendered non-operational. Alternatively, the ego can fracture into competing parts and also be rendered non-operational, or psychotic. Here the personality disintegrates into a plurality of autonomous complexes or subpersonalities which take the place of the ego. Jung (1966) discusses the similarity of the world vision of the psychotic with that of a mystic (the brilliant philosopher Schopenhauer), and the difference between how each adapts to it. The mystic (Schopenhauer) has the ability to transmute the primitive vision into useful abstraction, based on his strength of ego, while the psychotic's ego crumbles. The mystic surrendered identification with the ego, the insistence on the supremacy of the conscious sense of "I". This surrender of the ego is really giving up the exaggeration of its importance, of the misapprehension of it being absolute, independent, and permanent. The psychotic *identified* with the Self (megalomania) and lost ego function; Schopenhauer *loosened his identification* with the ego and gained access to the forces of the unconscious.

How do we discriminate between transpersonal states outside the boundaries of the ego activated by the developmental stages beyond “normal” adult ego on one hand, and psychosis activated by insufficient ego strength on the other?

Transpersonal theory proposes that there are developmental stages beyond the adult ego, which involve experiences of connectedness with phenomena considered outside the boundaries of the ego. In healthy individuals, these developmental stages can engender the highest human qualities, including altruism, creativity, and intuitive wisdom. For persons lacking healthy ego development, however, such experiences can lead to psychosis. Superficially, transpersonal states look similar to psychosis. However, transpersonal theory can assist clinicians in discriminating between these two conditions, thereby optimizing treatment. The authors discuss various therapeutic methods, including transpersonal psychopharmacology and the therapeutic use of altered states of consciousness. (Kasprow & Scotton, 1999, p. 12)

Jung envisioned “the transformation of personality through the blending and fusion of the noble with the base ... of the conscious with the unconscious” (1966, p. 220). Before transformation can occur, the ego must be a unified, complete conscious state. That is accomplished through incorporation of repressed unconscious material, through successful completion of the developmental stages, and through the unification of all the fragmented parts of a person’s psyche.

Needless to say, this transformation occurs only rarely and incompletely in human beings. For most people it is, at best, an ideal to strive for and, at worst, an unknown potential. For the ego to willingly submit to a higher authority (the Self) requires surrender, and the surrender of ego is rare.

The possibility of movement into *transegoic* realms, of transcending the ego, was a basic tenet of Jung’s departure from the classical Freudian viewpoint. Psychoanalytic theory sets the final level of personal growth as a more and more individuated ego. Jung observed a tendency at midlife or later for the ego to undergo a reversal of the “I-Thou” dualistic ego (an *enantiodromia*). He believed that this reversal is a natural part of the movement of life, “the first half of which is devoted to ego development and the second half of which is devoted to a return of the ego to its underlying source in the collective unconscious or objective psyche” (Washburn, 1995, p. 21). Jung asserted that the natural consequence of the ego’s descent into the collective unconscious, where it is engulfed and annihilated, is a triumphant return, born anew, regenerated, transfigured (the hero’s odyssey).

That movement back to the source is also a reversal of the original rapprochement process of the two-year-old. That is, the adult at the outset

of this developmental stage develops an intense ambivalence toward its own potentiality as a *Self-oriented ego*. The conflict is based on a growing awareness of its dependence on that aspect of its identity for meaning, purpose and immortality, and simultaneously experiencing its long-standing drive for autonomy and independence. The personality's desires for transcendence and autonomy here clash in a serious way, each one undermining the other: the desire for transcendence making autonomy seem like *alienation* (loss of connection) and the desire for autonomy making transcendence seem like *annihilation* (loss of self).

Psychosynthesis was first formulated in 1910 by the Italian psychiatrist, Assagioli, a pioneer of the psychoanalytic movement in Italy, and a contemporary of both Freud and Jung. Early in his work he observed that repression of higher, superconscious impulses (altruistic love and will, humanitarian action, artistic and scientific inspiration, philosophic and spiritual insight, and the drive toward purpose and meaning in life) could be just as damaging to the psyche as repression of material from the lower unconscious. Psychosynthesis is concerned with integrating material from the lower unconscious and with realizing and actualizing the content of the superconscious.

The Differentiation / Dissociation Continuum of Ego States

The Fleeting Nature of the Ego Identity Created

Most people do not understand that we are a loose confederation of fragments of identity rather than a single permanent and unchangeable 'I'. Every thought, every mood, every desire and sensation, says 'I'. There are hundreds and thousands of small 'I's, usually unknown to each other, and often incompatible. Each moment that we think of saying 'I', the identity of that 'I' is different. We become lost into that identity when it dominates our thoughts, then into the next when it takes over. Just now it was a thought, now it is a desire, now a sensation, now another thought, and so on, endlessly (Ouspensky, 1949, p. 59; Ram Dass, 1980, p. 138). Anyone who has meditated knows how resurgent the chattering mind can be. Where did all these momentary 'I's come from?

Absorption in an Identity

Another way of describing this phenomenon is that one becomes *absorbed* in a particular state, for example watching a movie or reading a story, arguing with one's spouse or lecturing one's children, focusing on one's weight or on the satisfaction of a compulsive desire. Absorption, or

confining one's attention to narrow segments of reality, is a state of trance, the "trance of ordinary life" (Deikman, 1982). If one becomes chronically absorbed in the identity of "dumb blonde" or "adaptive child" or "rageaholic," then one is locked into a highly limited repertoire of behaviors, and of identities or roles or subpersonalities. John Bradshaw refers to a *family trance*, a hypnotic state of constricted identification or role forced on children by the culture of their family of origin (Bradshaw, 1988). The child learns to accept and internalize the prescribed world view and role, repressing into unconsciousness important aspects of his/her own experience. The family or cultural trance is ultimately a demand for compliance and conformity rather than authenticity, a demand to which no vulnerable child has the ability to say, "No" (Firman and Gila, 1997, p. 170). The individual is dissociated from his/her own experience, unconsciously living out the posthypnotic suggestions implanted during childhood, at birth, in the womb, or before this life even began.

Higher and Lower Unconscious

Another way of describing this phenomenon of fragmented identity is in terms of a *higher unconscious* and a *lower unconscious* (Assagioli, 1971). The individual's lower unconscious consists of all the psychologically damaging experiences of every developmental age, called *primal wounds* (Firman and Gila, 1997). The lower unconscious also includes the collective lower unconscious, the *transpersonal shadow* (Vaughan, 1986). The higher unconscious consists of the transpersonal qualities, or *peak experiences* (Maslow, 1968, 1971). A repression barrier operates to keep these identities out of awareness, protecting the self-interests of the ego (the identity of the moment). Serving to repress the lower unconscious are shame, fear, loneliness, unworthiness, pain, abandonment, and spiritual isolation. Serving to repress the higher unconscious are *transpersonal defenses* (Firman & Gila, 1997, p. 135), mainly the fear of letting go and trusting (surrender). Both higher unconscious defenses and lower unconscious defenses serve to maintain the ego's absorption in its identity of the moment. The undoing of the ego's grip on independence and control requires undoing the primal repression and embracing that which has been repressed.

Ego States

Another way of describing this phenomenon of momentary 'I's is in terms of ego states (Federn, 1952; Berne, 1961; Hartmann, 1958; Kohut, 1971; J. G. Watkins, 1978). Helen Watkins (1993) describes the

development of ego states, functional and dysfunctional. One of the basic processes in human development is *integration*, by which a child learns to put concepts together, such as dog and cat, thus building more complex units called animals. The companion process in development is *differentiation*, by which a child separates general concepts into more specific categories, such as discriminating between ‘good doggies’ and ‘bad doggies.’ As the child grows in complexity, he/she organizes selected similar behaviors and experiences with a defining common element into groupings called ego states such as “mad at mommy” or “eager to please” (integration). As the child develops a repertoire of these ego states, he/she begins experiencing each one as a boundaried state of “I” (differentiation).

The separation of ego states is accomplished through dissociation. Mild dissociation produces “self-transparent” ego states with very permeable boundaries, with cooperative agreement between them for taking turns at being in charge. John Watkins (1978) describes a healthy dissociation whereby a father who, in one ego state, easily crawls on the floor with his baby playing “peek-a-boo” and momentarily can respond to an emergency by giving sophisticated instructions to a nurse on how to manage a medical crisis. Watkins asserts that dissociation lies on a continuum from this example to the opposite extreme of multiple personality disorder (D.I.D.), and innumerable variations in between. The degree of rigidity and permeability in boundaries between ego states determines placement on the continuum.

At a given moment, one of these ego states is in charge, making the choices, and experiencing itself as the “I.” It is conceptualized as the “Executive.” At one end of the continuum, the momentary executive ego state is leading by collaborative consensus of all existing ego states, in harmony and resolving conflicting demands through internal dialogue and compromise. At the other end of the continuum, the executive-of-the-moment is oblivious to, or in conflict with, the others. At the extreme, this would be representative of dissociative disordered individuals. Research shows that this population has greater self-directed hostility than normal, accompanied by lower levels of intrapsychic conflict (Alpher, 1996). In other words, the introjected critic (internalized mother’s or father’s beliefs and judgments) is assimilated throughout the various ego states, reducing dissonance and conflict between them, not congregated in one or several and absent from others.

Here we refer to the distinction between introjection and assimilation (Perls et al, 1951). Introjection is taking in someone else’s ideas, beliefs or feelings whole without digesting them. What is assimilated is not taken in

whole, but is first digested and transformed, then absorbed selectively according to the needs of the person. “Whatever the child gets from his *loving* parents he assimilates, for it is fitting and appropriate to his own needs as he grows. It is the *hateful* parents who have to be introjected, taken down whole, although they are contrary to the needs of the organism” (p. 190).

An example of internalized, unassimilated introjection is the formation of “secondary handicap” (Emanuel, 1997). When a baby is discovered to be damaged at or soon after birth, the mother’s unbearable feelings of disappointment may not be fully processed, and the infant then internalizes a disappointed, hostile or horrified introject and feels worthy only of rejection. The infant’s “primary handicap” may be compounded by the development of a “secondary handicap,” emotional damage, through projective identification with a disappointed, rejecting internal object.

An objective of therapy can be to become aware of what is not truly yours, to consciously reject what doesn’t fit, and to selectively effect introject *dispersion* (or assimilation) to reduce intrapsychic conflict (Kutash & Wolf, 1991; Simon, 1996). The experience of age regression in hypnotherapy very effectively assists the individual to accomplish this three-fold process.

Sometimes fully assimilating the negative introject causes overwhelm, and individuals “split off” the more toxic (suffocating, intrusive) aspects of the introjected object (e.g., mother, father) in order to survive, defensively encapsulating part of that object while allowing the rest to be assimilated (Celentano, 1992). That split-off part is an autonomous complex, an ego state or an alter ego.

Ego states may be overt or covert, verbal or pre-verbal, somaticized or idealized, historical or archetypal. They may be complex enough to include all the behaviors and experiences used in one’s occupation, or as narrow as a specific experience with a playmate in the second grade. This conceptualization of ego states is especially helpful in understanding and working through resistance to changing dysfunctional behaviors, that is, secondary gain. One ego state wants the new experience sufficiently to discard a current dysfunctional behavior, while a competing ego state is more motivated to keep the current dysfunctional behavior (secondary gain).

Complexes

Another way of describing this phenomenon of fragmented identity is in terms of what Jung referred to as complexes. One of the complexes is

the ego-complex, the center of the field of consciousness, the adaptive, conscious executive of the personality, the observing aspect. The personal unconscious is related specifically to this ego-complex. Other complexes are collections of ideas and images organized around one or more archetypes at the core of the complex and having a certain feeling tone and energy charge. Examples might include a father complex, mother complex, hero complex, child complex, the anima, the animus, etc. All the complexes together Jung called the collective unconscious, or objective psyche. In the altered state, the normally unconscious complexes begin to come into conscious awareness.

Here lies the incompatibility of some of those competing identities. One may be determined to “be good” and stay away from sweets, while another pops up and devours all the candy in the jar. Each is successively in control, and the secondary gain of the latter defeats the intentions of the former. Carl Jung saw most people as identified almost entirely with certain acceptable aspects of themselves (the *persona*), having denied and repressed the unacceptable aspects (the *shadow*). In fact, Jung refers to this identification with the persona as an instance of *possession* (Jung, 1959, p. 122). One identity, which he called a *complex*, hijacks the whole confederation of identities for a moment or two before another takes over. “Everyone knows that people have complexes,” Jung wrote, but “what is not so well known ... is that complexes can have us” (Jung, 1964, p. 161). So we find ourselves one day in a job we don’t like in order to pay the mortgage on a home we resent. Who made the choice twenty years ago to live this way? Which complex hijacked you?

A particularly strong complex is the victim, which fights back when attempts are made to release it. An example is a woman who did some personal work on taking back her power only to find herself hours later flat on her back and helpless. It looked as if “the victim” complex was literally threatened by her healing attempts and proceeded to let her know who was in charge. She definitely appeared to be possessed by the victim.

Another example of this predicament is a couple who fall in love with each other at first sight, feeling an almost eerie sense of familiarity, and then gradually realize that they actually hate each other. The familiarity may come from marrying one’s unhealthy parent, re-creating a nuclear family just like the original family of origin. Or the familiarity may come from marrying someone who personifies the repressed shadow part, who is overtly very outgoing and sociable but underneath is actually quite self-conscious, thus marrying that introverted part of himself. This relationship re-creates the internal conflict that is still waiting to be resolved.

The way out of this possession, back to authenticity and real *free will*, is through recognition of how fragmented we actually are. When we wake up to the unconscious nature of most of our choices and experiences, when we “snap out of” the state of absorption, we expand our consciousness of who we are to include a wider spectrum, allowing for new possibilities. Liberation from unconsciousness, waking up from the trance, arousing from the dissociation comes with *dis*identification from the momentary ‘I’. First we must become aware of, incorporate and even embrace our dark side, our shadow, those parts of us that we shudder to conceive could be within us or the parts we are afraid to grow into. Part of us may be “the compulsive smoker”, and another part is the great mystic, and both parts are intimidating to own up to. Experiencing our shadow is the “doorway to the real,” ripping apart the ego’s imaginary identifications (Humbert, 1988, p. 50) and seeing clearly into the blind spots. The ego, that succession of momentary ‘I’s, prefers to be always ‘I’ and nothing else, to believe “in its own supremacy” (Jung, 1959, p. 133).

This philosophical point of view is verified by today’s science. Brain researchers now document frequent lapses of consciousness in most people’s daily existence, unknown to the individuals themselves. Using remote measuring devices, sleep researchers have recorded brain waves from subjects going about their daily activities. They have discovered that most people frequently and repeatedly enter into short microsleep periods, which are clearly indicated by their brain waves but of which they themselves are totally unaware. These frequent periods of unaware brain sleep last from thirty seconds to three minutes. These findings support the concept of lapses in awakened consciousness throughout normal existence (Metzner, 1998, pp. 25-26).

We can fall into the same trap of identifying with one aspect of the *unconscious* at the expense of all others, and struggling to disidentify. Jung spoke about this: “That is one of the great difficulties in experiencing the unconscious – that one identifies with it and becomes a fool. You must not identify with the unconscious; you must keep outside, detached, and observe objectively what happens. . . . it is exceedingly difficult to accept such a thing, because we are so imbued with the fact that our unconscious is our own – my unconscious, his unconscious, her unconscious – and our prejudice is so strong that we have the greatest trouble disidentifying” (Jung, 1996, p. 28).

The aim of transformation is not the dissolution of the ego, but the dissolution of the *false view of the ego*. What is to be achieved is an openness to all possibilities and a realization that we are infinitely more

than we believe we are when *identified* with our concrete little ego. We have limitless potentials, once we are free from the bondage of our egocentric world (Moacanin, 1986, p. 83). The goal of transformation is to open ourselves up to who we really are and what our true potential is as a human being. It is about growing, learning and discovering instead of hiding, denying and keeping our heads in the sand.

The Extremes on the Continuum of Differentiation / Dissociation

Being a multitude of 'I's is not in itself problematic, and can be highly adaptive. It allows for specialized focus on one area at a time, with the ability to temporarily defocus on others. This is reflected in appropriate boundaries, with one set of behaviors when alone with one's spouse and another with a neighbor. The rigidity of separation between ego states is determined by the degree of dissociation; mild dissociation results in more flexible boundaries and severe dissociation results in rigid, impermeable boundaries. When the elements of personality are too differentiated, those elements become the alter egos of an individual with Dissociative Identity Disorder.

The source factors that determine the development of ego states are (1) normal differentiation, (2) possession by or introjection of significant influences, and (3) reactions to trauma (Watkins, 1993). Through possession or introjection, the child takes on clusters of behavior and attitude from significant others. If these are accepted and become identified as one's own, the resulting ego state is a clone of the other. For example, the person's internalized critical parent ego state can become "executive" at a particular moment and abuse his/her own children. The nagging parent once internalized becomes an interminable nag within. But if the introjected ego state is not accepted and identified as one's own, then the new ego state is repressed, and the individual will suffer internal conflict (such as depression or authority issues) and may direct the abuse at himself (such as self-hatred or self-mutilation). The introjected nagging parent *not* internalized manifests as an embattled personality with conflicted perfectionism (highly demanding of self and simultaneously resistant).

The third primary source of developing ego states is early trauma, when the child dissociates as a survival defense. If the experience is too awful to bear, he/she simply stops experiencing it by separating part of himself (the "weak part" or the observer or the Soul). If that separation occurs during the narcissistic period of development, before the ego has fully individuated, the split off parts are likely to become alter egos (Greaves, 1980). Otherwise, separation occurring later is more likely to

produce personality disorders (Narcissistic, Borderline, or Antisocial Personality Disorders). In any case, obviously the estrangement between the ego personality and the Self, begun in the rapprochement stage, is not resolved and they remain isolated from each other.

Somatic Ego States

Ego states, particularly those created in moments of trauma, may be predominantly somatic. Stated another way, symptoms may be state-specific, and physical symptoms may contain dissociated memories. For example, the child physically shutting down to become totally still as a means of defense against the terror of abuse creates a “somatic ego state” of pervasive immobilization. Following the somatic bridge (body memory) of immobilization back in regression leads to conscious access to the memory of the source trauma which created that ego state - the incident of terrifying abuse. The dissociated memories are “physically contained” within the somatic symptoms (Gainer, 1993). That wounded ego state can be dramatically healed by retrieving it for re-experience in age regression, abreacting the experience, and allowing a means of reintegration and transformation of the trauma experience into a *physically* corrected experience of empowerment (van der Kolk & Greenberg, 1987). A corrective experience activates psychophysiological resources in his/her body (somatic as well as emotional resources) that had been previously immobilized by fear and helplessness (Levine, 1991; Phillips, 1993, 1995). The regressed person is allowed to actually experience the originally immobilized voice yelling for help, and the originally immobilized muscles kicking and hitting for protection. These somatic and emotional corrective experiences *reassociate* the individual’s originally dissociated body and emotion in positive ways to positive outcomes.

In the Jungian perspective, not all complexes are pathological; only when complexes remain unconscious and operate autonomously do they create difficulties in daily life. Complexes become autonomous when they “dissociate” (split off), accumulating enough psychical energy and content to usurp the executive function of the ego and work against the overall good of the individual. Autonomous complexes are usually the result of unconscious response to traumatic childhood experiences, or unconscious ingrained patterns left over from interrupted and unfinished developmental milestones (premature weaning or toilet training, for example, or the imposition of an age-inappropriate gender stereotype). Traumatic experiences typically cause negative fixations or blind-spots, whereas interrupted developmental milestones cause fixation on the satisfiers of

unmet needs and compulsive behavior (Washburn, 1995). The hallmark of these patterns, or autonomous complexes, is that they operate unconsciously; that is, the person is chronically dissociated. Only when the dissociation is broken and the complex is brought to consciousness can the emotional charge be assimilated and the autonomous nature of the complex be dissolved. The split-off parts, having taken some of the ego's energy and become shadow aspects of the ego, need to be re-assimilated.

Ego Boundaries

Whatever the experience of an individual vis-à-vis “where I end and you begin,” it varies significantly with altered states of consciousness, including hypnosis. Changes in ego boundary are easily accomplished in hypnosis (Brenman, Gill & Hacker, 1947). For example, spatial and time orientation become plastic, allowing the phenomena of believable age regression or age progression. The “closed container” experience of self expands to allow one to “be” the fetus that one was, or to experience “being” both the three-year-old and the adult providing comfort simultaneously (Blum, 1970).

Dissociation and repression are means of modifying the ego boundaries by narrowing down the “perceived self” to eliminate any unwanted experiences. In this way the ego puts *out of sight* (and only wishfully *out of mind*) the unacceptable aspects of itself – the shadow parts.

Ego boundaries can also be *diffused*, as distinct from expanded or narrowed. Diffused boundaries allow internalizing introjected parental traits without assimilating them, i.e., identifying with them. We previously discussed the distinction between introjection and assimilation. Bernstein (1997) used the Structural Analysis of Social Behavior (SASB) to assess evidence of introjection and identification. Self-representations of incest survivors at their worst (their negative introject of father-abusers) were complementarily related to their perceptions of their fathers at their worst with a high degree of shame.

Finally, ego boundaries can become dissolved, resulting in psychosis. This occurs when the ego is too weak to absorb the powers of the unconscious. Dissolved ego boundaries manifest as either expanded beyond containment or disintegrated into a plurality of autonomous complexes which take the place of the ego.

“Non-egotized” Aspects of Personality

There may be parts of the personality that are “non-egotized” which act as observer and not participant (Watkins, 1993). One means of accessing that part is by “de-egotizing” parts of the body and asking them to express unconscious wishes, thoughts or desires (Fromm, 1968). An example is *automatic writing*, a technique in which the client in trance is told to allow the hand to separate away from the body and write the client’s unconscious feelings on paper. The therapist has separated the conscious ego (state) from the unconscious ego (state). Another example is the Gestalt technique of observing a clenched fist, while the person has just denied any anger, and asking the fist to speak. It will invariably say, “I’m angry.” There is also the use of *ideo-motor signals*, which often respond in a much different manner than the personality or ego. The child ego state does not want to believe that “daddy touched me” but the unconscious ego state knows and is able to respond independently through the finger signals. Other “non-egotized” aspects of personality may exist and be available as well, such as intuition or psychic insight.

The Progression of Re-enactments of *Rapprochement*

The advantage of becoming aware of the limitations of our normality is that a new door then opens to us. When the ego, this never-ending procession of momentary ‘I’s who believe in their own supremacy, recognizes that truth, the second phase of life can begin. However, the first phase must be completed or the second phase will not succeed. In other words, the ego of the seeker must be so strong and healthy that it disidentifies from the myriad of fragmented selves and surrenders itself to a higher purpose than its own self-promotion. It must be strong, well-tested, and secure in its abilities. A metaphor to describe this would be a newly formed clay sculpture. At first it requires a cast or braces to hold it in place while it is forming and solidifying. Only after being baked is it strong enough to stand on it’s own without support, i.e. to “let go.” In the same way, only when our ego is solid are we prepared to move beyond the realm of “I am what I can do,” to transcend the normal, to let go of the known and to venture into a wholly new level of self-exploration. Many people in therapy must first undergo a process of ego-strengthening before they are ready to expand their concept of themselves, to accept their shadow parts, and thus to loosen or stretch, or even begin to let go of, the ego’s limited, idealized self-concept.

The process has prototypes from our earlier life experiences. The first is the transformation from life-before-life into human form at conception. That step is a huge one, monumental, and, if done consciously, requires an immensely trusting leap of faith. Of course, it can also be done unconsciously, the thoughtless reflex of grabbing at the familiar just like the couple who married their prototypical parents. If at death one is addicted to pain, or power, or prurience, then it is overpoweringly seductive to grab onto another life of the same.

Another prototype for the process of transformation in the second phase of life is the process of birth. Leaving behind the security and predictability (and the extreme limitations) of the womb again requires a monumentally trusting leap of faith. The fetus willingly surrenders itself to the unknown force that will carry it to a new infinitely expanded world. Of course, again, it can also be done unconsciously, in fear or pain or rage. The difference between these choices sets in motion influences of vast proportions on the life to follow.

Another prototype for the process of transformation is the gradual growth of the infant and toddler from its identification with its mother or other caregiver into an autonomous individual. That process occurs over years and through the psychosocial developmental stages. Throughout the process, the underlying momentum is ego strengthening without going overboard into narcissism.

As we have seen, adolescents often regressively revisit and “act out” the unresolved rapprochement crisis of year two. This becomes another prototype of transformation.

Another prototype for the process of transformation is that of marital interaction and other adult relationships, including the mid-life rapprochement between adult and parent.

Finally, we might look at the process of transformation undergone by the surrendering ego as a rapprochement re-enactment on the transpersonal level. The person establishes separation and individuation from the “false self-concept.” The process of alternately stretching the boundary between them and coming back to familiar security, just as the two-year-old does with his/her mother, is the process of ego-strengthening. As the individual discovers the ability to perform all necessary ego functions without the limiting bond to its familiar “false self-concept,” a new level of developmental potential is reached.

The Therapeutic Process of “Strengthening the Ego”

“You have to be somebody before you can be nobody” (Engler, 1984).

Developmentally for the child to grow into a mature, successful, contented, secure, and confident adult, the ego must be strengthened by achievement and recognition. Only then will the person be prepared to successfully take the giant leap of faith entailed by the transformation in life’s second phase. In therapy, we deliberately strengthen the ego to fortify the individual to face the rigors of self-exploration. What are the basic ingredients of ego-strengthening techniques? What, or who, is being strengthened? How do we differentiate between a “strong ego” and “egotism”?

Postulating that most patients will be “unwilling to give up their symptoms until they feel strong enough to do without them,” Hartland (1971, p. 2) recommended preceding hypnotherapeutic techniques with general ego-strengthening suggestions to strengthen his/her confidence and general ego defenses. Stanton (1979) preferred the name ego-enhancement, and equated it with increasing one’s sense of internal control. Ironically, as shall be discussed later in this article, the process of *ego surrender* also enhances one’s sense of internal control.

From the ego-state psychology perspective, the stronger ego states (not necessarily the most positive or healthy) are those that take and hold the executive position more often. They might be the petulant three-year-old, the rageful neonate, or the wise and healthy adult. Thus we intend for our ego-strengthening procedures to increase the interplay between positive, healthy aspects of personality and to extend their influence over more childlike, less constructive ones (McNeal & Frederick, 1993). Thus the more positive and healthy ego states take the executive position more of the time.

There are many techniques for ego-strengthening (Hartland, 1965). One category includes techniques to assist clients to access a strong resource state within themselves, to relive successful experiences. It might be a memory of an instance of particularly high self-esteem, of success in mastering a challenging task, or of the adulation of others. Another category is the creation of an idealized self, not based on remembered success but rather on projected fantasy. It might take the form of an image of “how I could be if . . .” or it might be the idealized person we hope to become at a specific time in the future (for example, the wise ninety-year-old). Another category is “borrowing” the strong persona of another, either

someone in the client's life, or a public figure, or a mythic or fictional model of strength.

The process begins with recognition of the shadow, forcing the ego (identified with the idealized persona) to sacrifice its goals and values in submission to the whole Self (Humbert, 1988, p. 64). The person becomes whole through fusion and acceptance of the noble with the base, of the conscious with the unconscious. Then come transcendent experiences, in which the ego discovers its subordinate place to a greater reality, a transpersonal center of which it is only a small part: the Self, the totality of conscious, individual unconscious and collective unconscious reality. The mature healthy ego is capable of surrender. This transformational development, called individuation by Jung, is a process and never a realized goal. Each new level of integration must submit to further transformation (Edinger, 1972, p. 96). The ego that has surrendered its predominance lives consciously by the code "not my will but thine be done," conscious of being directed by the Self.

People work toward and achieve personal healing by overcoming the barriers to the repressed lower unconscious (shame, fear, unworthiness, addictions), integrating aspects of it, and developing personal power. They are what Maslow called *nontranscending self-actualizers*. He described such people as "more essentially practical, realistic, mundane, capable, and secular people, living more in the here and now world . . . 'doers' rather than meditators or contemplators, effective and pragmatic rather than aesthetic, reality-testing and cognitive rather than emotional and experiencing" (Maslow, 1971, p. 281). A further step in that growth process is achieved by overcoming the barriers to the repressed higher unconscious (fear of letting go and surrendering) and embracing it, *transcending self-actualization*. This represents an increasing experience of higher, mystical, and spiritual states of consciousness.

Healing that split, which divided us into smaller, more constricted, more dissociated fractions of our real totality, is the process of integration, individuation, self-actualization, transformation. One integrates the subpersonalities into a harmonious multiplicity, retrieves and embraces the shadow, becomes more conscious. Disidentification, or non-attachment, with the limited ego states allows us to expand into both our lower (shadow) and higher (transpersonal) aspects. Balance is important. Expanding into the lower but not the higher leads one to become psychologically healthy but not spiritually fulfilled (a nontranscending self-actualizer), and expanding into the higher but not the lower leads one

to become a psychologically unhealthy spiritual seeker (the “spiritual bypass”).

It is true, however, that “the more developed the lower unconscious, the more developed is its opposite - the higher unconscious” (Firman & Gila, 1997, p. 126). A wonderful illustration of this is a story told by Carl Jung:

I was once asked a philosophical question by a Hindu: “Does a man who loves God need more or fewer incarnations to reach his final salvation than a man who hates God?” Now, what would you answer? I gave it up, naturally. And he said, “A man who loves God will need seven incarnations to become perfect, and a man who hates God only needs three, because he certainly will think of him and cling to him very much more than the man who loves God.” That, in a way, is true; hatred is a tremendous cement. . . . with us it would be fear and not hatred (1996, pp. 5-6).

Before transformation can occur, the ego must be a unified, complete conscious state. That is accomplished through incorporation of repressed unconscious material, through successful completion of the developmental stages, and through the unification of all the fragmented parts of a person’s psyche.

This is the power of personal transformation. It involves integrating the ego fragments as well as the soul fragments. It involves going down to the very deepest hidden corners of the individual’s psyche and facing the deepest shadow parts. It involves expressing the most powerful depth of pain, grief, fear, rage, loneliness and abandonment. And when this work is done in a group, the individual can share that pain with others. When our pain is witnessed and validated by loving friends, it can then be fully released. This witnessing brings trust, intimacy and a deep bonding that most people have never experienced in their lives. This process results in personal transformation.

We begin to become aware of our many fragmented selves through the process of experiencing multiple levels of consciousness simultaneously, expanding our experience of ourselves, loosening our identification with any one of those momentary ‘I’s and opening to the vastness of our true Self. For example, in meditation we experience the “observer” watching the “monkey mind” of constant chattering thought. In hypnotic age regression, we experience the “observer” watching the memory come alive in re-experiencing a traumatic moment at age three. One objective part of us observes our “angry self” projecting our own anger onto others. You consider the person at whom you are angry to be behaving badly, and indeed he may well be. But he is really yourself. “You project yourself into him, your shadow appears in him, and that makes you angry. . . . We are

perhaps identical even with our own worst enemy. In other words, our worst enemy is perhaps within ourselves. When you have reached that stage, you . . . begin to consider the game of the world as your game, the people that appear outside as exponents of your psychical condition. Whatever befalls you, whatever experience or adventure you have in the external world, is your own experience” (Jung, 1996, pp. 49-50).

Before doing transformational work, most people have limited awareness. Through talk therapy the awareness is expanded to a new level of consciousness. As the individual moves into hypnotherapy and exploring the unconscious mind, a much deeper level of consciousness comes to our awareness. Transformation is a process of continual movement into deeper and deeper levels of the unconscious. It is an awakening.

Ego Function or Dysfunction

What are the healthy functions of the ego? That changes, as we have seen, from one developmental stage to the next. Jung (1976) proposed that the ego has two constituent parts: the sense of “I” we have with regard to our body (somatic) and the sense of “I” we have with regard to our experience and memories (psychical). The ego is the personal sense of consciousness, a personal sense of continuity and identity with itself, but is not the totality of one’s self. Unconscious mental processes not related to the ego consist of the personal unconscious (repressed material, forgotten material, and subliminal perceptions) and the collective unconscious (material that has never been conscious). The ego relates to the external world through four functions, namely thinking, feeling, sensation and intuition.

By adulthood, we might expect the healthy ego to incorporate each of these functions (based on Bellak & Goldsmith, 1984):

1. *Reality Testing.* The capacity to perceive and to distinguish correctly external and internal reality.
2. *Judgment.* The capacity to anticipate the consequences of one’s acts, to behave adequately, to comprehend the reactions of the environment, and to profit from previous errors.
3. *The Sense of Reality of the World and of the Self.* The capacity to feel oneself part of the real world, with a real identity and self-boundaries.
4. *Impulse Control.* The capacity to express and to control adequately impulses (especially sexual and aggressive ones, including intra-aggressive-depressive ones) and to be able to bear frustrations and delay.

5. *Object Relations*. The richness and the quality of interpersonal relations. The capacity to comprehend the sentiments and the autonomous needs of others. The capacity to tolerate loneliness, separation, loss.
6. *Thought Processes*. The capacity to utilize the memory; the ability to concentrate, conceptualize, engage in abstract thinking, to utilize the language, to be able to communicate.
7. *Adaptive Regression in the Service of the Ego (ARISE)*. The capacity to let go, to suspend controls with pleasure and to permit ideas and fantasies to emerge in a regressed state thus furthering imagination, play, humor, inventiveness, and creativity.
8. *Defensive Functions*. The quality and efficacy of the mechanisms of defense against anger, fear, depression, dysphoria, compulsions, and disquieting fantasies.
9. *Stimulus Barrier*. Sensitivity, excitability, and tolerance for sensory stimuli, noise, light, temperature, odors, tastes, pain, and so on.
10. *Autonomous Functions*. Capacity to utilize psychomotor abilities cognitively and intellectually (coordination, walk, language, perception memory, attention, concentration, capacity to understand, etc.).
11. *Capacity to Synthesize and Integrate*. Capacity to organize, to plan, and to work in a coherent fashion, to be able to integrate a number of circumstances, concepts, points of view, and so on, concurrent ones and contradictory ones.
12. *Mastery-Competence*. The capacity and the competence to master life actively on the basis of realistic appraisals of one's abilities and capacities.

One expression for the healthy developed ego is ego maturity. The mature ego is self-actualized, ready to allow its own transcendence. Psychiatrist William Vaillant (1993) has elaborated a detailed schema for understanding the continued development of the ego into adulthood, based on the evolution of ego defenses.

Vaillant outlines four styles of defense ranging from psychotic to mature. *Psychotic* styles include delusional projection, psychotic denial, and distortion. *Immature* styles are projection, fantasy, hypochondriasis, passive aggression, acting out, and dissociation (neurotic denial). *Neurotic*, or *intermediate*, styles include displacement, isolation of affect (intellectualization), repression, and reaction formation. *Mature* styles of defense include altruism, sublimation, suppression, anticipation, and humor (Gagan, 1998, p. 165).

Vaillant, upon investigating data from three studies that tracked more than 2,200 individuals over a fifty- to seventy-year period, found the most mature ego defenses among individuals who had attained the highest degrees of psychological adjustment. A secure sense of self, he noted, goes hand in hand with not taking oneself too seriously; being able to sublimate energy into creative endeavors; planning for the future; an ability to resolve conflicts through the postponement of gratification or an appropriate downplaying or rechanneling of impulses; and involvement in altruistic activities [cited in *Psychoanalytic Terms and Concepts*, ed. by Burness E. Moore and Bernard D. Fine, New Haven, CT: The American Psychoanalytic Association and Yale University Press, 1990, p. 32] (Gagan, 1998, p. 140).

With ego maturity, we acquire a clear sense of self. Knowing where the self ends and the 'other' begins, we replace projection with empathy. When the self is contained and

secure in its worth, we as individuals, far from being self-invested, accord the same respect to others as we do to ourselves. When the altruism of 'doing for others' is not motivated by a desire for return or secondary gain, who knows - we may well have arrived at ego transcendence (Gagan, 1998, p. 143-144).

A helpful perspective on ego functioning is that of ego activity and ego passivity. Rapaport (1961) proposed an important psychoanalytic theory which differentiated between active (autonomous) or passive *behavior* on one hand and *ego* activity (autonomy) or passivity on the other. Hart (1961) suggested the feeling of *choicelessness* as a central aspect of passivity. The ego is active, or autonomous, when the individual can make a choice from "free will"; the ego is passive, or lacks autonomy, when a person is overwhelmed either by unconscious instinctual demands or by environmental demands (Fromm, 1972). The ego lacks (instinctual) autonomy, for example, when the individual's behavioral choice is compulsive, as in excessive hand-washing or drug-use, or when it is impulsive, as in an immediate rageful or guilty response. The ego has (environmental) autonomy to the extent that the individual copes effectively with the demands of the outside world, such as fight / flight / freeze reactions. Rapaport (1951, 1958, 1960) suggested that these two types of autonomy are reciprocal: moderate degrees of each help to guarantee the other, and excessive autonomy from either one means enslavement to the other. The Jungian goal is unification of the opposites, decreasing tension between the extremes. The result of integrating the opposites of activity / passivity is not an average between them, but rather the ability to spontaneously and freely use either pole or any combination in the service of the entire personality (Hall, 1986).

Incidentally, the *ego can be active* (autonomous) when making a *passive behavioral choice* (e.g., Ghandi chose passive resistance, or one may choose to respond to the incessant demands of another by quietly ignoring them). Here the ego remains active in the sense of refraining from being reactive.

The question to answer in analyzing the activity or passivity of the ego in a given situation is, to what extent is the behavior experienced as a conscious, deliberate, non-habitual choice, i.e., to what extent is the locus of control internal rather than external? Important to note here is that for the ego to actively make a passive behavioral choice requires a strong ego. Passively making a passive behavioral choice would be, for example, succumbing to performance anxiety by "freezing up," or becoming immobilized in the face of another's abuse, or the ego's decompensation

into psychosis. Surrendering the ego to further psychospiritual development is to actively make a passive behavioral choice.

Becoming that which is not the Ego

The Psycho-spiritual Healing Process of “Surrendering the Ego”

We will speak of the *surrendering ego*, rather than the *surrendered ego*, to emphasize that it is a “moment-by-moment” process, not a “once-done, done-forever” experience. Surrender often has connotations of succumbing and being overwhelmed, but here it is used rather in conjunction with trust, as an instance of Rapaport’s active (autonomous) ego making a passive behavioral choice, i.e., allowing something to unfold without attempting to change, control, coerce or manipulate it.

Welwood (1983) suggests that the surrendering ego “bleeds” in its struggle to not let go, to not surrender its dominant position. Emotions are the blood shed by ego, and when we let emotions wash through us, our heart opens and they help to wash the controlling part of us away.

Individuation is not that you become an ego - you would then become an individualist. You know, an individualist is a man who did not succeed in individuating; he is a philosophically distilled egotist. Individuation is becoming that thing which is not the ego, and that is very strange. Therefore nobody understands what the self is, because the self is just the thing which you are not, which is not the ego. The ego discovers itself as being a mere appendix of the self in a sort of loose connection. For the ego is always far down in *muladhara* and suddenly becomes aware of something up above in the fourth story, in *anahara*, and that is the self (Jung, 1996, p. 39-40).

Jung (1966) speaks of a series of forms of “transformation” that people can undergo, one of which is “natural transformation:” individuation or becoming that which is not the ego. Other forms of transformation are diminution of personality (“loss of soul”), enlargement of personality (consciousness of an enlargement that flows from inner sources), change of internal structure (possession, or identification, of the ego-personality with a complex), identification with a group (mass intoxication), identification with a cult-hero (with the god or hero who is transformed in the sacred ritual), magical procedures (rites and rituals), or technical transformation (technical means, such as yoga, to induce transformation). We will discuss these other forms and how they differ from ego surrender (individuation), i.e., we’ll look at what surrendering the ego is *not* (Epstein, 1993).

Surrendering the ego is not the same as abandoning the Freudian ego. That is, it is not becoming free of the observing, analyzing functions of

mind. Such would be really an attempted regression to simpler, less capable stages of development, to the magic omnipotent stage of the preschool child. For example, some actually assert that schizophrenia is a psychic disease, an egoless state (Mates, 1993). Certainly, one healthy function of the ego is adaptive regression, relaxing secondary thinking, increasing awareness of previously preconscious and unconscious contents, and increasing primary process thinking. The difference between a maladaptive regression (“abandoning the ego”) and an adaptive regression (“stretching the ego”) is that the latter is partial, temporary, and controlled. An adaptive regression serves to heighten creativity and induce new cognitive or affective configurations (Fromm, 1977; Harrison, 1984). It is, in fact, one of the recognized ego functions defined by Bellak & Goldsmith.

Surrendering the ego is not elimination of personality, i.e., of the complexities of characteristics that distinguish one individual from another. The mature ego, or individuated person, continues to display to some extent the inherited predispositions, innate abilities and culture that originally influenced personality. Persons who have become that which is not the ego may have modified their undesirable propensities, but they still are subject to them, they are not perfect. Nor are they bland, generic versions of their former selves, devoid of unique qualities. Surrendering the ego is not “diminution of personality,” equated by Jung with “loss of soul,” a low psychological barometer reading recognized as listlessness, moroseness, and depression.

Surrendering the ego is not enlargement of the personality, experienced as a momentary expansion of personal boundaries through revelation, the idyllic notion of forgetting the self and merging with something greater outside the self. Such a loss of ego boundaries and sense of union could be psychotic or ecstatic, but either way it is not a viable alternative to ego function for maintaining life on earth. This choice seeks, as Freud said, the “restoration of limitless narcissism” (quoted in Epstein, 1993, p. 122), that is, the infantile state prior to the development of an ego wherein the infant at its mother’s breast makes no distinction between itself and its mother. This is actually ego *expansion*, or *inflation*, rather than ego surrender.

Surrendering the ego is not the interpersonal subjugation of the self to another or to a group. This concept would idealize the loss of ego boundaries wherein a person abandons him/herself in martyrdom to the will of others. Some social sanctions variously advocate this “selflessness”

for children, for women, for soldiers, or for spiritual followers. Jung saw this as a case of *possession*, or mass intoxication (1959, p. 125). Gestalt therapists call it *confluence*, the state in which boundaries between figure and ground, or you and I, flow together indistinguishably (Perls et al, 1951). For example, a man stops himself from crying through his confluence with “the authorities” who say, “Big boys don’t cry.” Confluence is an abdication, and makes for routine and stagnation. Another example of subjugation of the self to another is identification with a hero. This can be a highly effective therapeutic technique when used with children (Tilton, 1984), giving the child someone with whom he/she can identify as a source of ego strength and security. However, because such an experience in adults increases ego passivity, it provides false ego strength.

Surrendering the ego is not a developmental stage *beyond* the ego wherein the ego exists and then is abandoned, succeeded by egolessness. Egolessness is not built on the ashes of the destroyed ego. Transcending the ego occurs through letting go of identification with the selective concept of ‘I’, and fully embracing all aspects of the self, expanding the conception of self beyond the customary limits. In other words, surrendering the ego is not trading in one concretely existing entity (the ego) for another concretely existing entity (egolessness).

Surrendering the ego is not limited to the ultimate state of spiritual perfection described by Buddhists as nirvana, the loss of ego, desire and attachment, but is instead the gradual process known to lead to it. There are four levels of attaining realization of nirvana, all identical in the experience itself, but each resulting in a progressively more permanent loss of ego on emergence from nirvana (Goleman, 1975). (1) The first is “Stream Enterer,” having once experienced the state of nirvana. At this level of attainment, the following strata of personality traits fall away: greed for sense desires, and resentments strong enough to produce anxiety; greed for one’s own gain, possessions or praise strong enough to cause inability to share with others; failure to perceive the relative and illusive nature of what seems pleasurable or beautiful; the misapprehension of permanence in what is impermanent; and of self in what is devoid of self; adherence to mere rites and rituals, and the belief that this or that is “the Truth”; doubt or uncertainty in the utility of the spiritual path; lying, stealing, sexual misconduct, physically harming others, or earning a livelihood at the expense of others. Belief is that the final liberation, the total loss of ego and end to the cycle of birth-death-rebirth will occur within seven more lifetimes. (2) The next level of attainment is “Once-Returner,” where the

elements of ego abandoned with Stream Entry now include gross feelings of desire for sense objects and strong resentment. Attraction and aversion to any phenomena are replaced by an impartial attitude toward all stimuli. Belief is that full liberation will come in this lifetime or the next. (3) The third level of attainment of nirvana is “Nonreturner,” where all propensities for greed or resentment drop away, and all aversion to worldly states such as loss, disgrace, pain or blame ceases. Belief is that one is bound to become totally liberated from the wheel of becoming in the present lifetime. (4) The final and full maturity of insight is attained in the state “Fully Realized Being,” in which one has permanently overcome the fetters of ego, desire and attachment.

If a person is psychologically secure, they are able to shift from a personal focus to a universal focus. This is what I believe is meant in spiritual practice when people talk about “losing one’s ego”. I believe that if people have a level of personal maturity and ego integration, they can make the shift from “life is happening to me” to “life is happening”. It is a happy shift, a shift from an inside-out, “me-focused” view to a cosmic or universal overview (Boorstein, 1994).

Surrendering ego can be termed *negation* of ego (Kalff, 1983), or *depotentiation* of the ego (Jung, 1975). It implies limiting the exaggerated importance attributed to ego, and correctly apprehending the ego’s relative and dependent position to the total human being. One way to see this perspective is as a process of letting go of possessiveness, where the concept of possession is expanded to include nonmaterial objects such as identity, personality, beliefs, and ideologies (Ross, 1991). Surrendering ego, then, is letting go of the possessiveness of identity. In the Tibetan Buddhist tradition, the pathway toward mental health is a process of cutting through materialism to uncover a clear, egoless, awakened state of mind. Becoming possession-free does not mean giving up all material objects or renouncing love, intimacy, sex, relationships, pleasure, or comfort; it involves overcoming a neurotic preoccupation with or identification with any of these. Becoming “ego-possession free” doesn’t mean giving up the functions of ego, but rather the identification with any one aspect of it.

Recent research indicates that, perhaps paradoxically, an experience of ego surrender tends to *increase* the individual’s internal locus of control (Reinert, 1997), and “control is simultaneously enhanced through the process of letting go” (Cole & Pargament, 1999, p. 179). Derived from social learning theory, the concept of locus of control defines an

individual's belief about who or what is responsible for outcomes in their life. People with an internal locus of control believe that what happens to them is a consequence of their own actions and is within their control. Those with an external locus of control believe that what happens to them is related to external events, powerful others and chance, and thus beyond their control (Lefcourt, 1983). Research indicates that people with an internal locus of control tend to have more adaptive behaviors, are more proactive in their health care, experience more positive psychological outcomes (are less depressed and anxious), and enjoy better physical health than those with an external locus of control (Oberle, 1991).

The therapeutic corrective experience and the psychospiritual experience of ego surrender change at a deep level the individual's locus of control from external to internal. Humanistic psychology points to the ultimate expression of self-actualization as embracing this healthy internal locus of control: "I am 100% responsible for my experience of my life." This is highly empowering to the individual.

Branscomb (1993) differentiates two forms of surrender in psychotherapy. *Cathartic surrender* involves relinquishing the protective defenses that "encapsulate" trauma, thus permitting release of associated memories, feelings, and impulses. *Primary surrender* consists of reclaiming a basic life position of trust and the possibility of goodness in one self and others. Both of these are steps toward the more thorough surrender that occurs beyond the setting of psychotherapy.

Applications in *Heart-Centered Therapies*

In Heart-Centered Therapies, we engage in the healing process of psychological development envisioned by Carl Jung. Psychologist Radmila Moacanin summarizes:

The process of individuation, or psychological development, leads progressively further away from the ego to the Self, from the unconscious to consciousness, from the personal to the transpersonal, the holy, the realization that the macrocosm is being mirrored in the microcosm of the human psyche (Moacanin, 1986, p. 65).

Indeed, according to Jung, the ego, full of distortions and projections, needs to be dissolved before the Self can emerge. The Self, however, which is the totality of the psyche, includes the ego. In the process of individuation one does not destroy the ego, rather one places it in subordinate relation to the Self. The ego is no longer the center of the personality; the Self, the mandala, which unites all opposites, is its center. What is dissolved is the inflated, concrete ego, pursuing its exclusive selfish purposes, just following its own impulses. . . .

For Jung, transformation is the goal of psychotherapy, and the disappearance of egohood is the only criterion of change. But he maintains that frequently for Westerners “a conscious ego and a cultivated understanding must first be produced through analysis before one can even think about abolishing egohood [Jung, 1978, p. 154]” (Moacanin, 1986, p. 83-84).

If “the disappearance of egohood is the only criterion of change,” how do we recognize it when we see it? What does the disappearance of egohood look like? Following are what we can expect when we make these transformational changes permanent in our lives and in our relationships (Zimberoff & Hartman, 1999).

1. *Fully present in every moment, refraining from ego dissociation or distraction.*

When the ego is no longer fettered by childhood wounds of abuse, shame and abandonment, addictive behavior and dissociation are unneeded. The individual has extinguished the deep underlying fear of nonbeing, and feels existentially complete and chooses to remain present in each moment. This allows the process of reclaiming the real self to unfold. It means that the individual has permission to feel and express the deepest emotions and thus to release the patterns of dissociation. Here we refer to ego *activity*, as contrasted with ego *passivity*.

2. *Daily choices based on intuitive knowledge, wisdom and love rather than on ego-state fear, fabrication and rationalization.*

When the person’s deepest motivation changes from fear or avoiding anticipated pain to an intuitive *inner knowing*, decisions will always serve the highest good of everyone involved.

3. *Identify and manage positive energy and not “take on” negative energy.*

As the person becomes free of internal ego preoccupation, he/she becomes aware of the impact of subtle energy and the importance of managing it, able to identify healthy and unhealthy energy patterns in every interaction in oneself, individuals as well as in groups.

4. *Live in integrity.*

Integrity is the natural result of full cooperation between congruent ego states, with the “private self” and the “public self” transparently one in the same: the real self. Living as an integrated person eliminates self-

consciousness, anxiety about approval, defensiveness, and secrets, resulting in honesty, keeping commitments and being trustworthy.

5. *Spiritual manifestation of what we say we want.*

A measure of ego surrender is manifestation of the goals the individual is clear about wanting. He/she has eliminated the causes of any inability to manifest what he/she wants: deep unconscious feelings of unworthiness, or unconscious beliefs that are contrary to what is desired (for example, the person may be asking to manifest money, but the unconscious belief may be that money is evil).

6. *Acceptance of ourselves for who we are, acknowledging the continued growth we desire.*

The *life path* of transformational work replaces the ego's tendency to judge by performance and conditional love, instead accepting oneself as a "work in progress." Ego surrendering is a continuing lifelong process, not a single event. Here we refer to *internal* locus of control, as contrasted with *external* locus of control, and the importance of *playfulness*. Ego maturity is not a static state; indeed, it is one of constant dynamic growth.

7. *Healing and resolving unhealthy relationships, and attracting healthy ones.*

Healing any "victim consciousness" pattern imprints in the unconscious mind releases the *repetition compulsion* to repeat those imprinted unhealthy relationships. Every relationship in our lives reflects the deepest belief system in our minds. The surrendering ego is full of compassion.

8. *We freely express our emotions spontaneously through healthy release.*

In transformational work, people learn to identify emotions through being aware of the bodily sensations that accompany a feeling, and to release these emotions in a way that doesn't hurt another person or property, free from projecting unacknowledged or repressed feelings onto others. Here we refer to *flexibility and spontaneity*, as contrasted with ego rigidity.

9. *We are current, not unfinished, in every interaction of every relationship.*

Ending the repression of feelings or holding on to unexpressed feelings eliminates projection, and thus unfinished business in relationships. Jungian analyst Marilyn Nagy (1991, p. 57) says, "Whatever qualities we have that are unknown to us we experience first of all in projection." Forgiveness is vitally important.

Being current in relationships is also important when we are speaking of a conscious death. Unfinished business in this process will be painful. If we are unable to *forgive on the Soul level*, then we may karmically attract this person back into our next lifetime to replay the relationship again in another version.

10. Prepared for a conscious death, no matter how unexpectedly it may come.

Socrates said that "true philosophers make dying their profession, and to them of all men death is least alarming" (Plato, *The Phaedo*, quoted in Edinger, 1985, pp. 169-170). A conscious death is one that is accepted with emotional equanimity and spiritual confidence.

11. Recognize the karmic patterns being fulfilled, and stop creating new karma (accept that "I am 100% responsible for my experience of my life").

A powerful way to work through karmic issues is to become aware of your individual karmic lessons in this lifetime. This gives the very deepest spiritual meaning to the concept of "I am 100% responsible for what I create and experience in my life." It is only by seeing the bigger picture of our lives that we *heal* and *release* the old karmic patterns. Once we get the lesson, we no longer need to repeat it. We then devote our energies to serving the transformation of others helping them to transmute their fear, anxiety, negativity, addictions and illness into love, power and oneness.

Ego-related Elements in Heart-Centered Therapies

In Heart-Centered Hypnotherapy it is important to begin by developing an adult ego state. We ask the client what age the internal adult seems to be. This is a most interesting question in terms of developmental issues. At times the developmentally arrested client will answer that there is no adult within. Other clients may describe the adult as age twelve or fourteen. This should be a red flag to the therapist who will then recognize this state of fixation and implant an adult ego state if possible. If there is only an

adolescent present, we may ask if this youngster could grow up, an internal maturation process.

If it does not seem possible to implant an adult, then continued ego-strengthening needs to be accomplished before deep inner work is suggested. An ego needs to be in place before the process of surrendering it can happen. Some people may not get there in this lifetime. In other words, their task may be just to heal from the lifetime of wounds and develop a strong ego in order to survive.

The release of shame and fear, the ‘glue’ of repression, loosens the possessiveness of the ego-identity because the ego no longer needs to hide, defend or promote itself. The ego thus moves further into surrender.

There are a wide variety of people who seek therapy and have a good strong adult ego within. These clients with well-developed egos will easily find the adult within and the age will be very close to their present age. They may have many complexes which require treatment and which are holding them hostage so to speak with self-defeating behavior. These individuals are more likely to be able to release their defenses enough eventually to surrender the ego and reach transformational healing.

Initially, the person’s competent adult ego state is deliberately strengthened (or implanted if not available to strengthen) to create the vehicle for safe self-exploration, using generalized supportive suggestions to increase the client’s confidence and minimize anxiety. This adult ego state is reinforced as a resource state with an anchor so that it is readily accessible whenever needed (NLP techniques). This is especially important if the client regresses to childhood trauma where no competent adult was present. We now remind them that in this corrective experience, there is an adult ego state present, where there wasn’t before. The strengthened adult ego state, of course, becomes generalized in the person’s life.

Exploring and expressing feelings strengthens the ego. Gestalt techniques are used, directing the expression of the feelings to specific people or institutions. Individuals are never directed to a known or hypothesized event, but encouraged to follow their own unconscious “radar system” to relevant experiences. Further age regressions may be used, following the same affect bridge, until the individual experiences insightfully the pattern that underlies each incident in the sequence. Each ego state of the person is located in its developmental stage (e.g., bonding, or separation, or latency) and healed.

The healing occurs through corrective experiences in the regression at the appropriate developmental stage. The corrective experience may take

the form of incorporating one's own shadow side, or a deep sense of forgiveness, or release of repressed emotion through expression (grief, anger), or by "making new decisions" to replace neurotic, self-destructive habits, or by "extinguishing" anxiety, fear or shame utilizing behavior modification techniques of flooding and desensitization. These corrective experiences are powerful because they are experienced in the unconscious and transpersonal levels, and at the developmental stage in which the source trauma was experienced.

The process of "making new decisions" follows the model established by James and Goulding (1998) for redecision therapy, a combination of transactional analysis and Gestalt therapy. "The steps in redecision are: Enter a scene as a child, explore it, experience it, and discover a way to redo the scene so that you are a victor rather than a victim" (p. 17).

The extinguishing, or desensitization, technique is commonly used in behavior therapy. It is powerfully effective when combined with the hypnotic state (Hammond, 1990). The executive adult ego state is strengthened in the process of experiencing control over previously compulsive behavioral choices or intrusive thoughts.

Ego-strengthening is enhanced when the body's energy is engaged, identifying blocks in specific areas of the body. These energy blocks are loosened when the individual accomplishes cathartic release. Any tendency to dissociate becomes obvious, and can be overcome through energy movement with breath and emotional catharsis.

The client sometimes spontaneously experiences competing aspects of him/herself, substructures of the personality that have relatively autonomous existence and which require integration. This experience is similar to the subpersonalities described in the psychosynthesis system (Assagioli, 1971). In the regressed trance state, the client is easily able to fully experience and identify with the "needy child" part of himself that is in conflict with the "competent adult" part. The ability in the hypnotic expanded consciousness to embrace both aspects of the psyche simultaneously allows for integration and self-acceptance, and facilitates the ego surrender process.

The session always ends with self-accepting identification with the most loving part of oneself, and a reunion of forgiveness between any estranged ego states. Thus one begins to love the inner child who has been blamed for abuse and rejected as bad, or the adolescent who made serious mistakes and has been blamed ever since.

The process of ego surrender is encouraged in several ways. The deep levels of unconscious, transpersonal experience relating to past-life, conception, womb, birth, and very early infancy are accessible through this work. The same corrective experience is created to effect healing, and the individual's identification with the ego is loosened in the process.

Ego, Existential and Transpersonal (Karmic) Identity

Our work is clearly based on the premise that the process of therapy is not one of treating "a disease entity" in the medical model, but rather "reinstates a derailed, arrested, or distorted developmental process" (Engler, 1993, p. 121). The underlying developmental psychology must, of course, include the full developmental spectrum, i.e., transpersonal experience from conception through death. One way to observe these expanded developmental processes is to divide them into ego, existential and transpersonal (karmic).

The ego level is organized around the self-image of "I" as separate and unique from all that is "not I." Work at the ego level builds boundaries, integrates polarizations, replaces nonfunctional concepts of self and others, and modifies character structure for more fulfillment. "Once individuals have developed a more cohesive egoic identity, they can embark on a process that takes them further on the journey of self-discovery, that of unfolding their existential self, or their true inner individuality" (Wittine, 1993, p.167).

The existential level is organized around life on earth itself and the social, cultural and spiritual ramifications of it, that is, the "human condition." People's existential issues are related to their mortality and impermanence, their experience of freedom of choice (or lack of it), and/or their sense of separation / connection with others. Work at this level is to loosen the rigidity of the self-image, to expand the relationship to God, to life before and after death.

The transpersonal (karmic) level is organized around (1) the rejected and repressed parts and (2) the unrealized potentials. The work at this level includes identifying and healing repressed shadow parts, often easily accessed through one's projections, and identifying and reclaiming the transcendent parts hitherto beyond reach (such as pastlife, pre-conception, prenatal, perinatal, and death experiences).

Existential Issues

In order to achieve personal transformation, it is necessary to look at the reasons why you are here on earth at this time, to understand what the lessons are that you are supposed to be learning. The higher your awareness of these issues, the sooner in life you can fulfill your purpose. The discovery of who you really are is probably the most exciting aspect of being alive. Without this insight, life seems meaningless and often boring. There are four primary existential positions with which people go through life.

(1) The first one is ***Resistance to Life*** (“I don’t want to be here” or “I don’t want to do this anymore”). It can be characterized by feelings of not wanting to be here, an attitude that gets projected onto almost every situation in one’s life. One may have grown up with the feeling of not wanting to be in one’s birth family, of one’s race or gender, or in one’s marriage. It is important to understand the concept that we all attract exactly the experiences that are consistent with our most dominant beliefs. If the existential belief is that you shouldn’t be or don’t want to be here on earth, then you would continue to attract unpleasant people and situations which would reinforce that belief and be easy to resist. Ideally, of course, this Soul could want to be on earth at this time and enjoy the process of getting clear about its purpose. This person could accept situations that come along as lessons to be learned, even though they may be difficult, rather than as obstacles. When this person suffers abuse, to what extent does he/she move into the victim position with blame and resentment. We are all drawn to situations where we can work through the unresolved issues; to what extent do we see the gift in adversity? How early in life does this Soul attract teachers who provide guidance on a spiritual path, and how willingly does he/she go down the path of spiritual growth.

This existential position may result in an unconscious *death urge*, or in death anxiety and the *microsuicidal behaviors* (Firestone, 1985, 1987) that many people use to defend against that anxiety (e.g., smoking tobacco, reckless recreation). People’s experience of near-death situations, most likely at or around birth, left a profound impression on the organism, a vague feeling that one’s life is in danger, an imprint that we could call “death anxiety.” In Primal Therapy terminology, these are called “first line traumas.” Many individuals, in therapies that allow access to very early traumas, have relived near-death situations like suffocating at birth (anoxia) or being strangled by the umbilical cord in the form of “body

memories.” Existential despair results from the trauma of leaving the uroboric world of the uterus, which parallels the preconception journey of leaving the spiritual world to be conceived (Emerson, 1994).

Variants of this existential position are fear of annihilation or suicidal tendencies (“Don’t be”); despair and separation anxiety; longing for connection; struggle with hardships; feeling stuck or claustrophobic; fear of needs not being met; isolation or terror of abandonment; a deep, basic lack of trust; numbness, avoidance, disconnection and dissociation; or the nagging question of “Why am I here?”

(2) The next primary existential position is *The Victim Triangle* (“I am here only to rescue [be victimized by] [persecute] others”). This soul often was ‘pulled’ into this life because of a past-life agreement to “always take care of someone else” or “be taken care of” or “get revenge” or a promise that “I will never leave you. We will always be together.” Often a soul makes last minute agreements or promises with other souls just before death, or bargains with God. Of course, these are not consciously remembered. Past life work is very helpful in determining what agreements we may have previously made and may wish to change. The existential issue here is, in fact, “I am here to complete something unresolved, or to fulfill a contract.”

Variants of this existential position are authority issues (intimidated by authority, rebellious against authority, competitive to gain authority); compulsive or addictive patterns; self-destructiveness, self-sabotage, or self-hatred; deep sense of shame or feeling judged; powerlessness; injustice (“Life isn’t fair”).

(3) The third primary existential focus is *Identity* (the extent to which identity is externally or internally defined: “You tell me who I am” or “I know who I am”). The vitally important developmental milestone of asserting an autonomous identity is as yet unresolved. This Soul feels incomplete, disconnected, self-conscious. This existential position is related to the third and fourth developmental stages (from 18 months to 7 years), focused on identity and power, initiative vs. guilt, separating fantasy from reality, and belonging. The task at hand is to separate from others (including God) and be welcomed back with love (*rapprochement*), and to give up narcissistic beliefs in being the center of the universe.

Variants of this existential position are fear of abandonment and/or engulfment; identity confusion; social exclusion (“I don’t belong”); inhibition (“Don’t be me”).

(4) The final primary existential focus is **Worthiness** (the degree to which “I accept myself and embrace life fully” or “I am not worthy to be here”). This soul is struggling with God for justification of its existence. Am I worthy to express my true feelings? to enjoy abundance in life? to move through life with ease rather than struggle? to have an intimate relationship with God? Ultimately, am I worthy to exist? Unworthiness is ego-centric, manifested either as inferiority or as grandiosity. They are one-in-the-same.

Variants of this existential position are perfectionism (“I’m never good enough”); living in the past or future, not in the present; lack of clarity regarding one’s purpose in life; fear of intimacy; Narcissism; spiritual struggles; authority issues with God.

Transformation through Developmental Completion

In transformational work, we regress the client to the developmental stages where the trauma exists and/or where the developmental tasks were derailed. By installing a loving, healthy, nurturing parent into the unconscious, the developmental tasks can be rehearsed and replayed until completed. As these stages are healed, the individual moves out of the ego issues (see Figure 1) and into spiritual expression, from expression of underdeveloped ego states to expression of a surrendering ego. The root and sexual chakras open and the person experiences the life force energy and passion opening up within. He/she has released the fears and shame that block these vital energy channels.

As the individual doing transformational work releases the codependency, powerlessness and victimization of the third chakra, he/she begins to experience power coming from within. This is not the abusive power that comes from overpowering, but the gentle power which comes from a deep level of self-confidence and accountability; internal power, if you will. As this lower chakra work is being completed, the heart chakra opens and the love begins to pour forth. This comes from valuing the true self and feeling a deep sense of worthiness within.

There is a strong connection between the third chakra and the fifth. As seekers claim their power in the solar plexus, and discover the inevitable

unconditional love in the heart, they can then release the repression and fully express the self through the throat chakra. They begin to speak their truth without feeling shame, sing more clearly, and/or write the words that flow from within. The fifth chakra opens up to allow the individual to be transformed through creative expression.

The sixth chakra energy opens up when the transformational seeker is willing to see clearly, when the conscious choice is made to lift the veils of illusion and to invite the spiritual presence to be fully viewed. Often the individual will experience a visit from Jesus, Divine Mother, Guru, Buddha, Great Spirit, Angels and other spiritual guides and helpers. The intuition opens up and the person begins to truly trust his inner knowing.

The seventh chakra is the crown and opens up as the individual grows into self-actualization or God-Realization. This does not happen until the lower chakra work is well on its way to completion. The lower chakras are portals to the upper ones. Each door that is opened, opens the door to the next. They don't always open in order; they open according to urgency. The Personal Transformation techniques of hypnotherapy, breath therapy, psychodrama, Kundalini meditation, and interpersonal clearings all work together to move the energy which has been blocked and open the chakras.

It is quite common that an individual is traumatized during a very important developmental phase and becomes fixated at that stage. Examples of this are continual attempts to satisfy unmet oral needs (e.g., smoking, eating), or the person using the charm of the flirtatious toddler to draw and attract the adoring mother (e.g., the sex addict who can often be identified by a "cute little boy look"). Development became arrested at the point it was unresolved, and healing requires completing those developmental tasks in the age-appropriate regressed ego state.

First developmental stage - Root Chakra

The first level, that of our connection to the earth, to community and with our life force (developmental stage conception through birth to six months of age), is focused on bonding, basic trust vs. mistrust, and healthy codependence. Developmental tasks are to express needs, to accept nurturing, to bond emotionally, to learn to trust adults, to choose to live. One faces the ego issue of fear: fear of needs not being met, abandonment or annihilation. As these issues are worked through, the individual is able to access and contain the full vitality of their life force energy, free of the entangling, ever-demanding and competing ego identities.

The Root Chakra is our connection to the earth. It lies at the base of the spine and is the energetic gateway between our connection to the earth and the mental and spiritual worlds that can be awakened through the spine. If proper bonding does not take place between mother and child, first chakra issues will be apparent. Feelings of lack or “not enough” are a first chakra issue, as is the pattern of experiencing abandonment or rejection in relationships. For example, a person who often feels that he/she doesn’t have enough time, enough love or enough money in his/her life would have work to do in this chakra.

The Birth Process (Grof, 1988)

Stage 1a: Nurturance and unity. This is the first stage of birth and includes pregnancy until labor begins. In an ideal, normal pregnancy this is a blissful stage for the developing fetus. However, the womb can be either a toxic or safe environment, depending on issues connected with the conception. Was the baby wanted by both parents, or was it an unplanned or unwanted pregnancy? Is the mother considering abortion? Is the father angry about the pregnancy and thus abusive to mother and baby? Are the parents in fear about not having enough financial resources to raise this baby? All these issues and more can affect the feelings of safety during this early time.

Birth stage 1A issues relate to the existential theme of Resistance to Life: separation anxiety, and longing for the spirit world. Birth stage 1A, the initiation of the birth process, parallels the preconception journey of leaving the spirit world. Emerson (1994) identifies several major themes in birth stage 1A. Two are reflected in the preconception journey: one is “*Divine home-sickness*” which is a real longing to go back and return to the wonderful, beautiful, non-complicated world of the spirit. It is a very blissful existence. The other theme is “*spiritual exile*”, where one feels oneself to have been thrown out, leading to unworthiness and authority issues.

Another major theme at the stage of birth is not wanting to move forward, not wanting to be born, because the world is so horrible or the womb is so good, or both. The trauma becomes overwhelming if they also get stuck and can’t descend into the birth canal, leading to impotence and inability issues.

There is often a correlation to the prenatal/birth theme of the dilemma between feeling unwanted or suffocated in the womb, and not wanting what lies ahead after birth, “between a rock and a hard place.”

Stage 1b: Change. The transition between stage 1 and stage 2 may feel strange with the beginning of the hormonal change preceding the birth process. Prior to the onset of labor the fetus may have a premonition that all is about to change, a feeling of paranoia, panic, anxiety, and a lack of safety. If the mother is very connected to the fetus, she can comfort the baby by singing, soothing and sending love and reassurance energetically. Otherwise the fetus feels the anxiety alone.

Stage 2: Victimization/No exit. The second stage of birth begins with the onset of labor. The release of hormones creates sudden changes in the prenatal environment. Strong muscular contractions begin to push the fetus down and out, compressing the fetus with 50 - 100 pounds of force. Each contraction constricts the flow through the placenta. The environment that was safe and familiar rapidly disappears. The fetus does not know what happened to its world and what might happen next. It may feel like a helpless victim. The cervix has not dilated, there is crushing pressure and no way out. There is a feeling of being engulfed, trapped or being swallowed. There may be a sense of betrayal, as the once life-giving mother now becomes a source of pain and suffocation. This is the stage related to important life transitions or life process where the change feels overwhelming or we feel attached to the way it was before the change started happening. This feeling can come up repeatedly in life and may arise in experiences that appear to have nothing to do with birth such as going through tunnels or changing jobs.

Birth issues deriving from birth stage 2 have to do with presence, related to the Victim Triangle existential theme. Stage 2 is a transition between stage 1 and 3, and is like being in “no man’s land.” You’ve gone too far to go back, but you’ve got a long way to go and there is no light at the end of the tunnel. Because there is full dilation by this stage, the issue of personal choice comes up. The psychology of stage 2 also has to do with directionality, one’s either knowing or being lost regarding “where one is in life” (“Am I going the right way?”). If the cord is wrapped around the baby’s neck, this stage can signify the beginning of the end, bringing anticipatory terror about losing the breath and thus losing power.

Stage 3: Struggle/Death/Rebirth. The third stage of birth comes when the cervix dilates enough to allow the fetus to begin its journey down and through the birth canal. Now there is, literally, light at the end of the

tunnel. In this stage the fetus assists in its own birth process by struggling and moving through the birth canal. Moving past helpless and hopeless, the fetus no longer resists the change. Sensing the possibilities, the fetus now contributes to and participates in the process. This is the stage of agony and ecstasy! In moving down the birth canal, the fetus encounters struggle, suffocation, fear of death, anxiety and exhaustion, but also determination, hope and progress. Each movement brings the fetus closer to freedom.

Birth issues related to the existential theme of Identity derive from birth stage 3, having to do with the life/death struggle, because if you come close to dying it is in stage 3. It has anxiety associated with it. Depression or anxious morbidity probably result from stage 3 trauma. Also, this is where the baby is going through the vagina of the mother. This stage can impact one's sexuality as well: premature ejaculation, impotence or aorgasmia, loss of self.

Stage 4: Completion/Death/Rebirth. The fourth stage of birth begins when the fetus finally emerges from the birth canal and the struggle is over. At this time the umbilical cord is cut, the baby breathes air for the first time and reconnects to the mother. During this phase of birth the baby experiences relief, completion, independence and success while nursing and being held safely in mother's arms. In a natural process, the baby learns that reconnection and reward follow effort and pain. There is a sense of termination and resolution, survival and accomplishment. In this process of departing we begin the pattern of completion that is carried throughout life. If there is guilt (for wanting to get out) or anxiety (fear of loss) connected to this first experience of leaving, then this will govern the perception of all future completions. If there is a great deal of pain for the mother, the infant may take responsibility for the pain and conclude, "I hurt the one I love" or "I am bad." The infant may also develop the pattern of holding back in life in order to prevent future pain to him/herself and others.

Birth issues deriving from birth stage 4, having to do with separation and abandonment issues, and with bonding, are primarily related to the existential theme of Worthiness.

Problems and substitute behaviors include not recognizing physical needs or doing anything to get them met; addictive and compulsive behaviors, especially ingestive addictions such as food, sugar, alcohol, pills, tobacco, or eating disorders; inability to ask directly for anything; terror of abandonment; needing external affirmation of one's worth; a

deep, basic lack of trust of others, and of having one's needs met; frozen feelings, numbness; not enough money, food, time, etc; inability to bond physically/emotionally.

Existential or karmic issues include fear of needs not being met; terror of abandonment; a deep, basic mistrust or insecurity; numbness and dissociation; feeling of "I don't want to be here."

Diagnostic questions

1. Do you have feelings of lack or "not enough" (enough time, enough love or enough money or energy)?
2. Do you often experience or fear abandonment or rejection in relationships?
3. Do you have addictions?
4. Do you have suicidal tendencies, or a death urge?
5. Do you have physical problems with the rectum, colon, prostate, adrenals or blood?

Treatment guidelines

Return to the earliest traumas of conception, prenatal life, birth and neonatal life, and correct:

1. The bonding deficit with mother and/or father
2. The abandonment, rejection or neglect by primary caregivers
3. "Grounding" the person

Second developmental stage - Sacral Chakra

The second level, that of free exploration (developmental stage of 6 to 18 months of age), is focused on *oppositional bonding*, i.e., I need to trust you to discover me as separate from you, autonomy vs. shame and doubt, and healthy counter-dependence. Developmental tasks are to explore and experience the environment, to develop sensory awareness, to express needs and trust that others will respond, to begin to learn that there are options to problem solving, and to develop initiative. One must face the ego issues of shame, fear and the need to control people and situations. As people work through these issues, they openly and fully experience their passion for life, sensuality and sexuality. One lives transparently, without pretense or defense.

The Sacral chakra is our connection to passion. It is the relationship chakra and has to do with trust and control, and governs the sexual area. Sexual energy is so powerful that many cultures go to extremes in their attempt to control it. Usually those controls come in the form of shame, guilt and fear, which become associated with sexual energy and serve to

repress it. This repression then blocks the second chakra. Blocked energy in any chakra blocks one's experience of the spiritual flow.

Problems and substitute behaviors include not knowing what one wants; boredom; fear of trying new things or experiences; deferring to others; fear of abandonment and/or engulfment; fear of making mistakes; not being aware of one's body, frequent accidents or injuries; overly adaptive; obsessive/compulsive behavior; lack of vitality and motivational problems; reluctant to initiate, non assertive; being hyper-active or under-active.

Existential or karmic issues include fear of abandonment and/or engulfment; self-destructive, self-sabotaging, or self-hatred; deep sense of shame; lust and greed.

Diagnostic questions

1. Do you often have feelings of mistrust in your relationships?
2. Do you often experience the need to "be in control"?
3. Is your sexual energy repressed?
4. Do you often feel ashamed or guilty?
5. Do you have physical problems with your reproductive organs, kidneys, or bladder?

Treatment guidelines

Return to the sexually formative traumas and correct:

1. Any sense of shame
2. Any fears related to exploring one's environment

Third developmental stage - Solar Plexus Chakra

The third level, that of power and emotion (developmental stage of 18 to 36 months), is focused on creating a separate identity, thinking and problem-solving, and healthy independence. Developmental tasks are to establish the ability to think for oneself, to test reality by pushing against boundaries and people, to learn to solve problems with cause and effect thinking, to express anger and other feelings, to separate from parents and be welcomed back with love (*rapproachment*), and to begin to give up thoughts of being the center of the universe. One must face the ego issues of powerlessness in the victim struggle, the fear of rejection, the need for approval, and manipulative power. Working through these issues brings security, integrity, self-confidence, response-ability and the empowerment of accountability.

The Solar Plexus chakra governs the area of personal power, strongly influencing the adrenal glands, which are associated with stress. When

we're overly stressed, the adrenals break down and cannot function. People often experience the most stress when they feel the most powerless in their lives. So reclaiming personal power in the third chakra can heal adrenal autoimmune functioning.

Problems and substitute behaviors include difficulty with boundaries, distinguishing one's own needs, wants, and feelings from those of other people; not feeling separate or independent; codependent relationships; avoiding conflict at any expense; unable to say no directly, but using manipulative means instead; inappropriately rebellious; using anger to mask other feelings; negative, oppositional, controlling, rigid, critical, or withholding relationship styles; intestinal and colon disease; demanding, often feeling cheated; Borderline or Narcissistic Personality Disorder; Attachment Disorder.

Existential or karmic issues include powerlessness; Victim/Rescuer/Persecutor patterns; authority issues; "Life isn't fair."

Diagnostic questions

1. Do you often feel stressed or worried?
2. Do you often feel powerless in your life?
3. Has your passion for something in your life become an obsession?
4. Do you have physical problems with your lower back, abdomen, pancreas and digestive system, stomach, liver, spleen, gallbladder, autonomic nervous system?

Treatment guidelines

Return to the *rapproachment* traumas and correct:

1. Boundary issues
2. Authority issues
3. Attachment or bonding deficits

Fourth developmental stage - Heart Center

The fourth level, that of belonging and acceptance (developmental stage of 3 to 7 years), is focused on socialization, identity and power, initiative vs. guilt, and belonging. Developmental tasks are to assert an identity separate from others while creating social inclusion; to acquire knowledge about the world, oneself, one's body, one's gender role; to learn that behaviors have consequences; to learn to exert power to affect relationships; to practice socially appropriate behavior; to separate fantasy from reality; to learn what one has power over and what one does not have power over. One faces the ego issues of unworthiness, disconnection and conditional love. Working through these issues brings compassion,

forgiveness, and disidentification from the ego states based in limitation and unworthiness.

The Heart Center, the fourth chakra, is located in the center of the chest and is the guiding Light of the entire energy system within us. It is the Heart chakra that shows the Solar Plexus how to burn its raw energy in loving ways, that shows the second chakra how to manifest its sexual energy through the transmutation of love, and that shows the first chakra how to merge the physical with the Divine. The Heart chakra is equidistant between the first and the seventh chakras, between earth and heaven. It is the center point of the primary emotional energy of the universe, which we call love. It balances the chakras above with the chakras below, all of equal importance. The fourth chakra strongly influences the functioning of the thymus gland, located in the center of the chest just behind the upper breastbone. Because this gland directly influences the functioning of our immune system, fourth chakra balancing and energization can also have a profound effect on our overall health and resistance to disease.

The Heart Center is the key to personal transformation. The unconditional love of the Heart Center transforms effective psychotherapy into transformational healing. The work in the Heart Center is to release unworthiness. This unworthiness begins in the lower chakras where the individual experiences being emotionally/physically abandoned by parents and then transfers this up into the higher chakras as unworthy to receive God's love.

Problems and substitute behaviors include relying on guesses and unchecked assumptions; having incorrect or missing labels for feelings, with anger often labeled as sadness or fear experienced as anger; belief that incongruity between one's thoughts, feelings and actions is normal; power struggles to control one's own and others' thoughts and feelings; a grandiose sense of one's own magical powers, e.g., if I act a certain way, my father won't drink or my parents won't get divorced; clinging to the magical hope of being rescued from challenges; manipulating others to take responsibility for them; sexual identity problems; use of seductiveness to get needs met; metabolic and circulation disease; taking care of others' feelings (emotional rescuing) to avoid abandonment; needing to always be in a position of power, or afraid of power.

Existential or karmic issues include identity confusion; social exclusion ("I don't belong here"); abandonment; feeling stuck; despair.

Diagnostic questions

1. Do you have feelings of unworthiness?

2. Is your love for family or friends conditional?
3. Do you often feel that even God can't love you?
4. Do you have physical problems with your heart, upper back, lower area of the lungs, thymus, metabolism, circulation, or immune system?

Treatment guidelines

Return to the traumas related to socialization and correct:

1. Hyper-responsibility for others
2. Unworthiness
3. Power struggles
4. Emotional distance or disconnection
5. Existential despair

Fifth developmental stage - Throat Chakra

The fifth level, that of discovering and expressing one's true self (latency stage of 7 to 12 years), is focused on industry vs. inferiority, concrete knowing and learning, healthy interdependence and co-operation. Developmental tasks are to learn skills and learn from mistakes; to accept one's adequacy; to learn to listen and collect information; to practice thinking and doing; to learn the appropriateness of having wants and needs; to learn the structure of the family and the culture; to learn the consequences of breaking rules; to have one's own opinions, to disagree, and still be accepted and loved; to develop internal controls; to learn about taking responsibility and who is responsible for what; to develop the capacity to co-operate; to identify with same sex role models and peers; to compete and test abilities against others. One must face the ego issues of adapting and repressing the true self. As these issues are worked through, the person speaks the truth, expresses feelings, discovers the creativity within, and lives transparently.

The throat chakra is the place of expression and creativity. Children are often shamed about expressing who they really are and what talents they possess. They are taught to be "seen and not heard" and to repress their feelings. Personal transformation is about learning to fully express who you are and thus allowing your creativity to flow. This is the center of communication and of expressing the inner depths of our feelings in words, through art, in dance and ideas. This is where we begin to listen to ourselves and to have full permission to express it. The thyroid gland is associated with this chakra.

Problems and substitute behaviors include a belief that one should know how to do things perfectly, without instruction; lack of information on how to organize time for complicated tasks; procrastination; inability to negotiate, either giving in completely or insisting on having one's own way; perfectionism; inflexible values; acting without thinking; discounting one's own feelings; ulcers, headaches, high blood pressure; living in the past or future, not in the present; having to be part of a gang, or being a loner; difficulty with rules and authority, rebelliousness; reluctance or inability to be productive and successful;

Existential or karmic issues include perfectionism; living in the past or future, not in the present.

Diagnostic questions

1. Do you avoid expressing yourself openly and honestly?
2. Do you believe that you are "not artistic or creative"?
3. Do you often ignore your own "inner knowing"?
4. Do you have physical problems with your thyroid, neck, throat and jaw, ears, voice, bronchial tubes, upper lungs, esophagus, arms, ulcers, headaches, high blood pressure?
5. Do you tend to be rigid?

Treatment guidelines

Return to the traumas related to defining the self and correct:

1. The decision not to have wants and needs
2. Needing external validation
3. Fear of expressing oneself
4. Rigidity

Sixth developmental stage - Third Eye Chakra

The sixth level, that of identity vs. roles (adolescent years from age 12 to 18), is focused on identity vs. role confusion, sexuality, healthy independence from the family. Developmental tasks are to achieve independence, a clear separation from the group and the family; to gradually emerge as a separate person with one's own goals and values; to be responsible for one's own needs, feelings and behaviors; to integrate sexuality into one's identity. One must face the ego issues of judgment and the projection of our own illusion onto others. When the individual is able to work through these issues at a deep transformational level, the person begins to see clearly on the interpersonal and on the spiritual level, i.e., with empathy and compassion.

The sixth chakra is located in the forehead and is often referred to as the intuitive or psychic center. This is the seat of true wisdom, where the thinking mind comes into contact with the intuitive mind. This is where, if one is listening during meditation, God speaks directly. One learns clarity of vision, or one learns to project one's own experience of fear, anxiety, and confusion onto other people and the world. The sixth chakra influences the pituitary gland in the brain, and thus determines the entire functioning of the body and mind at high levels.

Problems and substitute behaviors include desperately seeking companionship to fill the emptiness one perceives in oneself; refusal to accept traditional standards of behavior; flaunting of differences through extremes of dress or style, thumbing one's nose at society; either extremely dependent or isolated; without needs and wants; forming codependent symbiotic relationships in which one loses a sense of separate identity; extremely rebellious; conflicts with authority figures such as police, bosses, teachers, the government, etc.; sexual games, addictions or dysfunction, confusing sex with nurturing; use of psychological games to avoid real intimacy; self-absorbed; needing to be one-up on others; vengeful; difficulty with completion, beginning or ending jobs or relationships; abandons others to avoid separation or completion; confused sexual identity.

Existential or karmic issues include lack of clarity regarding one's purpose in life; fear of intimacy; Narcissism.

Diagnostic questions

1. Do you often project your issues onto other people?
2. Do you feel adrift in your life, unclear about what direction to take?
3. Do you have physical problems with your pituitary gland, face, eyes, ears, nose, sinuses, central nervous system, hormonal functioning?
4. Are you egotistical, self-absorbed?
5. Do you have difficulty with completion?

Treatment guidelines

Return to the traumas related to integrating one's parts into a whole and correct:

1. The sense of emptiness
2. The sense of isolation
3. The sense of aimlessness

4. Narcissism

Seventh developmental stage - Crown Chakra

The seventh level, that of clear and wise decision-making and self-transcendence (developmental stage of adulthood), is focused on generativity vs. stagnation, creating meaning in one's life through relationships, contribution to the community, self-actualization, and spirituality. We must develop spiritually and emotionally in balance to experience true transformation. If we develop spiritually but not emotionally, we become psychics blinded by personal projection, or ministers filled with rage rather than compassion, or meditators who take refuge in the safety of meditation at the expense of social obligations. If we develop emotionally but not spiritually, we become therapists who avoid our clients' spiritual experience, or become stuck in "meeting our needs" and isolated from the peace that surpasses all understanding. One must face the ego issues of lack of self-aware confidence: grandiosity or unworthiness. If the individual hasn't successfully completed all the developmental stages, he/she may become fixated at one of the stages and not be able to truly become an adult. Thus the individual will remain "an adult/child," and his/her lack of self-confidence has by now turned into grandiosity, ego inflation (resembling the over-zealous self-importance of the three-year-old) or alternatively into inferiority, unworthiness and ego deflation.

The Crown chakra is located at the top of the head and is light years beyond the lower chakras. It is associated with the final developmental stages: adulthood and maturity, with a base need for self-actualization. When ego, fear, and doubt rise to the ultimate expression of selfhood, it is grandiosity or it is unworthiness. When each of the chakras contributes its pure and uncontaminated energy upward through the next to the ultimate expression of selfhood, it is gracious acceptance of God's grace. It is surrender of the ego. This chakra is truly the gateway from ordinary human experience to the higher transpersonal realms of consciousness.

Problems and substitute behaviors include all dysfunctional or self-limiting behaviors, which are substitutes for the missing meaning, satisfaction, and sense of fulfillment in life.

Existential or karmic issues include spiritual struggles; God/authority issues.

Diagnostic questions

1. Do you often feel judgmental of and better than other people?

2. Do you feel unworthy at your very core?

Treatment guidelines

Return to the traumas related to meaning in life and correct:

1. Alienation
2. "Loss of soul"

Psychosocial developmental stage 8: Death Preparation

Ultimately, we must all face death. Those who have lived fully, fulfilling their dreams and accepting themselves in totality have achieved wisdom, ego integrity, and self-actualization. They are prepared to meet death with dignity and readiness. Those who have lived afraid to dream, afraid to excel, afraid to accept themselves in totality, live in fear of death. In the words of Erik Erikson, "it seems possible to further paraphrase the relation of adult integrity and infantile trust by saying that healthy children will not fear life if their elders have integrity enough not to fear death" (1950, p. 269).

This stage of growth involves working through grief and reaching completion. Grief has to do with loss. Loss has to do with change. Some common losses relate to drugs, relationships, lifestyle, job, spouse, child(ren) leaving home, self-respect, trust, memory (blackouts), health, promotion, financial well-being, freedom, values, childhood, ideals, dreams.

Problems and substitute behaviors include self-destructive tendencies; deep sorrow and "pain of loss"; preoccupation with and idealization of what is past; guilt and self-reproach; feelings of "unrealness"; lack of energy and fatigue.

Existential or karmic issues include death anxiety; death urge or preoccupation; resistance to change, fear of the unknown, denial of death.

Diagnostic questions

1. Do you feel satisfied with life, or are you longing for something that seems to be missing?
2. Do you often experience "lucid waking" moments?

Treatment guidelines

Return to the traumas related to death and correct:

1. Death anxiety or fear
2. Death urge or preoccupation
3. Sense of separation from God

Therapeutic developmental re-experience is very powerful when working with repressed emotions and trauma. The *repetition compulsions* resulting from developmental fixations are the passive ego choices of reactivity. Creating a strong, active ego capable of non-reactivity requires that uncompleted tasks be completed and unresolved conflicts healed through a corrective process *in the same state* in which they were originally unresolved and stored (Rossi, 1986; Janov, 1996). Trance is the means to return to each developmental stage for healing of any unresolved issues and completion of developmental tasks, strengthening the ego for its ultimate surrender.

The fully developed individual, beyond repression, is fully aware of, and unintimidated by, every aspect of his/her personality. All the various ego states coordinate consciously and harmoniously, with no intrapsychic conflict, performing all functions of the ego without self-consciousness or concern for others' approval. This individual is always in an active (autonomous) mode, while accepting the compassion of passive behavioral choices with others. He is responsive, not reactive. She is clear of purpose in every interaction. Clear and healthy ego boundaries arise easily and spontaneously in every situation. When the ego has developed fully, it surrenders gracefully to its role of serving the whole Self: "Not my will but thine be done."

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