

# DNMS Institute, LLC

---

2679 SE Myrtlewood Way ▪ Gresham, Oregon ▪ (210) 561-7881  
www.DNMSInstitute.com ▪ DNMS@DNMSInstitute.com

**The DNMS is an ego state therapy. Here are 10 recent research journal articles about the efficacy of ego state therapy.**

---

## 1. Ego State Therapy for the Treatment of Grief and Loss After Death

Gian S. Sugara, MPd, Yulianingsih Yulianingsih, SPd, CHt, Feida Isti'adah, N.L. MPd, Sofwan Adiputra, MPd, Kons, Muhammad Muhajirin, MPd, Rima P. Fadli, MPd, & Ildil Ildil, PhD, Kons

*Addictive Disorders & Their Treatment*, July 21, 2020 - Volume Publish Ahead of Print

Losing a parent causes grief that impacts the development among adolescents. This often leads to self-internalization problems, such as depression and trauma. Without intervention, grief due to parental death may cause various effects over time. This study used a single case research technique with AB design to analyze the effectiveness of ego state therapy in reducing grief. The subjects consist of 2 adolescents living in the Orphanage with prolonged grief disorder. The results of the study showed a decrease in the level of grief during and after treatment. Ego state therapy can be used to improve the conditions of adolescents experiencing grief.

## 2. The Effectiveness of Ego State Therapy in the Reduction of Athletes' Stress Levels

Tjung Hauw Sin, MPd, Kons, Ildil Ildil, PhD, Kons, & Berru Amalianita, SPd

*Addictive Disorders & Their Treatment*, May 12, 2020 - Volume Publish Ahead of Print

Stress affects the performance level of professional athletes during training and competition, thereby decreasing their achievements. Using an individual approach, this study aimed to analyze ego state therapy to reduce stress through relaxation. A single-subject design was used to obtain data from 6 athletes with high stress through observation and administration of the Mini Stress Scale. The result showed that this therapy acts as an alternative treatment in reducing stress.

## 3. The Effectiveness of Ego-state Therapy in Reducing Trypanophobia

Daharnis Daharnis, MPd, Kons, Ildil Ildil, PhD, Kon, Berru Amalianita, SPd, Nilma Zola, SPd, & Yola E. Putri, SPd

*Addictive Disorders & Their Treatment*, May 12, 2020 - Volume Publish Ahead of Print - Issue -

A phobia is an excessive fear of something or a phenomenon. Phobias can be considered to hinder the lives of people who suffer from them, and one of them is trypanophobia, an extreme fear of medical procedures involving injections or hypodermic needles. The symptoms of trypanophobia can greatly disrupt a person's quality of life, both physically and psychologically. Phobia sufferers cannot heal themselves and so they must be assisted by therapists who are competent in their field. One of the therapeutic techniques that can help cure phobia sufferers is ego-state therapy. This therapy enables the respondents' underlying states to be allocated to all ego states that contribute to trypanophobia and to be expressed, released, and empowered. The research objective here is to analyze the effectiveness of ego-state therapy in reducing trypanophobia. This research uses single-subject design A-B-A-B with 9 medical patients acting as respondents. The instruments used are observation, interview, and the Depression Anxiety Stress Scale Modification Inventory. Data obtained were analyzed used the Wilcoxon signed-rank test. The results of the study found that ego-state therapy can reduce trypanophobia. On the basis of this finding, this therapy can be one alternative treatment in the reduction of trypanophobia.

## 4. Ego State Therapy and Systemic Desensitization to Reduce School Refusal among Senior High School Students

Mochamad Nursalim, Nur Hidayah, Adi Atmoko, & Carolina L. Radjah

*2020 Indian Journal of Public Health Research & Development*, 11(1), 1260-1265.

This paper compared Ego State Therapy (EST), Systematic Desensitization (SD), and the combination of both treatments to reduce school refusal among high school students. It employed experimental approach with pretest-posttest control group design. It used Scale Revised-Child (SRS-RC). It took 40 high school students in Surabaya. The data were analyzed one-path anava. It concludes that first, school refusal declining in the subjects of experimental group which underwent EST, SD, and SDEST are significantly different from control group. Second, the three strategies tested in this research are more effective in reducing the symptoms of school refusal.

Third, subjects in experiment group with SDEST strategy have sustained a decline in school refusal score greater than subjects in experiment groups which underwent single strategy.

#### **5. Efficacy of Single-Session Abreactive Ego State Therapy for Combat Stress Injury, PTSD, and ASD**

Arreed Barabasz, Marianne Barabasz, Ciara Christensen, Brian French, & John G. Watkins

2013 *Journal of Clinical and Experimental Hypnosis*, 61:1, 1-19

Using abreactive Ego State Therapy (EST), 36 patients meeting DSM-IV-TR and PTSD checklist (PCL) criteria were exposed to either 5-6 hours of manualized treatment or placebo in a single session. EST emphasizes repeated hypnotically activated abreactive "reliving" of the trauma experience combined with therapists' ego strength. Both the placebo and EST treatment groups showed significant reductions in PTSD checklist scores immediately posttreatment (placebo: mean 17.34 points; EST: mean 53.11 points) but only the EST patients maintained significant treatment effect at 4-week and 16- to 18-week follow-ups. Abreactive EST appears to be an effective and durable treatment for PTSD inclusive of combat stress injury and acute stress disorder.

#### **6. Single-Session Manualized Ego State Therapy (EST) for Combat Stress Injury, PTSD, and ASD, Part 1: The Theory**

Arreed F. Barabasz, Marianne Barabasz, & John G. Watkins

2011 *International Journal of Clinical and Experimental Hypnosis*, 59:4, 379-391

Ego state therapy (EST) evolved from a psychodynamic understanding of personality as a product of an individual's ego states to a conceptualization of how ego-energized and object-energized elements are bound together to cope with a traumatic event. Neurobiological studies now substantiate Watkins's war neuroses conceptualizations. Because of their severity, trauma memories are encoded in the subcortical-subconscious brain regions that are accessed by the single-session manualized EST procedure but not by the popular cognitive-behavioral management therapies. The imprint of the trauma is not accessible or resolvable by such top-down verbal understanding or reframing; EST is a bottom-up therapy. Abreactive hypnosis facilitates ego state expression at physiologically and psychologically intense levels sufficient to activate subcortical processes to release affect in the presence of the therapist, who adds ego strength to the patient. This is followed by interpretation and reintegration. The result is a reconstructed personality that is adaptive and resilient.

#### **7. Single-Session Manualized Ego State Therapy (EST) for Combat Stress Injury, PTSD, and ASD, Part 2: The Procedure**

Arreed F. Barabasz, Marianne Barabasz & John G. Watkins

2012 *International Journal of Clinical and Experimental Hypnosis*, 60:3, 370-381

An abbreviated description of our single-session 5- to 6-hour procedure is provided. In contrast to trauma reframing approaches, such as cognitive processing therapy (CPT) or traditional psychoanalytic interventions, our manualized procedure rapidly demystifies subconscious processes, making them accessible and understandable by the patient. The therapist's supportive ego strength is integrated into the intense repeated emotional and physiological releases of the traumatized ego states. The abreactive component of this 5-phase procedure exhausts the bound-up psychological and physiological reactions but also serves to quickly overcome the trauma and to restructure the personality. The patient becomes empowered to release the trauma memories and to emerge with the ability to be adaptive, assertive, giving, strong, and able to express anger appropriately yet be caring with family/friends.

#### **8. Efficacy of Abreactive Ego State Therapy for PTSD: Trauma Resolution, Depression, and Anxiety**

Ciara Christensen, Arreed Barabasz, & Marianne Barabasz

2013 *International Journal of Clinical and Experimental Hypnosis*, 61:1, 20-37

Using manualized abreactive Ego State Therapy (EST), 30 subjects meeting DSM-IV-TR and Clinician-Administered PTSD Scale (CAPS) criteria were exposed to either 5-6 hours of treatment or the Ochberg Counting Method (placebo) in a single session. EST emphasized repeated hypnotically activated abreactive "reliving" of the trauma and ego strengthening by the cotherapists. Posttreatment 1-month and 3-month follow-ups showed EST to be an effective treatment for PTSD. Using the Davidson Trauma Scale, Beck Depression II, and Beck Anxiety Scales, EST subjects showed significant positive effects from pretreatment levels at all posttreatment measurement periods in contrast to the placebo treatment. Most of the EST subjects responded and showed further improvement over time.

#### **9. Evidence Based Abreactive Ego State Therapy for PTSD**

Arreed Barabasz

2013 *American Journal of Clinical Hypnosis*, 56:1, 54-65

A single 5-6 hours manualized abreactive ego state therapy session has recently been subjected to two placebo-controlled investigations meeting evidence-based criteria. Ego state therapy was found to be a highly effective and durable treatment for posttraumatic stress disorder. Apparently, ego state therapy works because it is emotion focused, activates sub-cortical structures,

and because the supportive, interpretive therapist reconstructs the patient's personality to be resilient and adaptive. In this article the author reviews the treatment procedures and presents the findings of both studies.

## 10. Resolution of Dissociated Ego States Relieves Flashback-Related Symptoms in Combat-Related PTSD: A Brief Mindfulness Based Intervention

Genine P. Smith & Glenn Hartelius

2020 *Military Psychology*, 32:2, 135-148

A novel understanding and therapeutic approach to the treatment of PTSD-related flashback triggers are described. Triggered responses are conceptualized as the result of latent dissociative structures of neural organization and psychodynamic functioning activated by current events. The dissociative structure – here described as a dissociated ego state (DES) – reflects a fracturing of executive functioning resulting in a delimited aspect of self that is not under cognitive control or subject to cognitive inhibition by the self of daily experience, and is the psychological construct behind intrusive PTSD symptoms. Use of a mindful attentional state permits regulated access to the DES (therapeutic engagement without risk of emotional dysregulation) so that dissociated cognitive resources can be recovered and the dissociated structure deactivated. This may relieve maladaptive responses and behaviors associated with the DES in a profound and durable way, without the need for exposure to or recovery of traumatic memories. Based on this understanding, a 9-step intervention is introduced with a case example of a Vietnam veteran suffering PTSD symptoms for 49 years with significant gains maintained at 21 months follow up. These findings demonstrate rapid and durable resolution of chronic PTSD symptoms through a mindfulness-based approach that focused on deactivation of dissociated ego states, in contrast to targeting trauma memories. If proven efficacious, this novel approach may result in reduced treatment costs and improved outcomes for veterans suffering with PTSD.

## The DNMS is an ego state therapy focused on self compassion. Here are 7 recent research journal articles about the efficacy of compassion-focused therapy.

---

### 1. An Evaluation of the Impact of Introducing Compassion Focused Therapy to a Standard Treatment Programme for People with Eating Disorders

Corinne Gale, Paul Gilbert, Natalie Read, & Ken Goss

*Clinical Psychology & Psychotherapy*, 21: 1-12.

**Objective.** This study explored the outcome of introducing Compassion Focused Therapy (CFT) into a standard treatment programme for people with eating disorders. In particular, the aim was to evaluate the principle that CFT can be used with people with eating disorders and improve eating disorder symptomatology.

**Method.** Routinely collected questionnaire data were used to assess cognitive and behavioural aspects of eating disorders and social functioning/well being (n = 99).

**Results.** There were significant improvements on all questionnaire measures during the programme. An analysis by diagnosis found that people with bulimia nervosa improved significantly more than people with anorexia nervosa on most of the subscales. Also, in terms of clinical significance, 73% of those with bulimia nervosa were considered to have made clinically reliable and significant improvements at the end of treatment (compared with 21% of people with anorexia nervosa and 30% of people with atypical eating disorders).

**Conclusion.** This study demonstrates the potential benefits of using CFT with people with eating disorders and highlights the need for further research on this new approach.

#### **Key Practitioner Message**

- CFT offers new ways to conceptualize and formulate some of the self-critical and shame-based difficulties associated with eating D/Os.
- CFT offers a framework that can enable people with eating disorders to conceptualize their difficulties in different ways.
- CFT can be combined with standard therapies especially cognitive behavioural therapy.
- CFT can be especially useful in a group context where the relationships between members can become increasingly compassionate, validating, supportive and encouraging.

### 2. An exploration of group compassion-focused therapy for personality disorder

Katherine M. Lucre & Naomi Corten

2013 *Psychology and Psychotherapy: Theory, Research and Practice*, 86: 387-400.

**Background.** People with personality disorders, especially those who also experience high self-criticism and shame, are known to be a therapeutic challenge and there is a high dropout rate from therapy. Compassion-focused therapy (CFT) was designed to address shame and self-criticism specifically, and to develop people's ability to be self-reassuring and more compassionate to themselves and others.

**Aims.** This study explored how CFT affected self-criticism and self-attacking thoughts, feelings, and behaviours, as well as the general symptoms of anxiety, stress, and depression of a personality disordered group within an outpatient group setting, and evaluated the extent of maintenance at a 1-year follow-up. A secondary objective was to identify some of the key characteristics that such an intervention would require. This was a pilot study exploring the feasibility, acceptability, and potential value of CFT in treating this difficult population and, as such, was designed as a pre-randomized controlled trial (RCT) to provide evidence to support applications for funding for an RCT.

**Methods and design.** This study utilized a mixed method combining qualitative and quantitative methods to support a programme evaluation. Eight participants were introduced to the evolutionary-based CFT model and taken through explorations of the nature of self-criticism and shame. In subsequent sessions, participants were taught the main compassion-focused exercises, and any difficulties were addressed. The group was asked to share their personal stories and experiences of practicing self-compassion and to develop compassionate encouragement for each other. Self-report measures were administered at the beginning, end, and at a 1-year follow-up.

**Results.** This 16-week group therapy was associated with significant reductions in shame measured by the Others as Shamer Scale (OAS), social comparison on the Social Comparison Scale (SCS) feelings of hating oneself, and an increase in abilities to be self-reassuring on the Self-Attacking and Self-Reassuring Scale (FSCRS), depression and stress measured by the Depression Anxiety and Stress Scale (DASS). There were significant changes on all CORE variables, well-being, risk, functioning, and problems. Also interesting was that all variables showed a trend for continued improvement at 1-year follow-up, albeit statistically non-significant. A content analysis revealed that patients had found it a moving and very significant process in their efforts to develop emotional regulation and self-understanding.

**Conclusion.** CFT, delivered in a routine psychotherapy department for personality disorders, revealed a beneficial impact on a range of outcome measures. These improvements were maintained and further changes noted at 1-year follow-up. Further research is needed to explore the benefits of CFT using more detailed analysis and RCTs.

### 3. The development and application of compassion-focused therapy for eating disorders (CFT-E)

Kenneth Goss & Steven Allan

2014 *British Journal of Clinical Psychology*, 53: 62-77.

**Objectives.** This article outlines specific developments in compassion-focused therapy (CFT) for the treatment of patients with an eating disorder.

**Methods.** The article provides a narrative review based on the existing literature and current practices of CFT for eating disorders (CFT-E).

**Results.** The role of shame, self-criticism, self-directed hostility, and difficulties in generating and experiencing affiliative emotion in patients with an eating disorder is highlighted. The article describes how CFT-E uniquely addresses these issues and discusses the current evidence base for CFT-E. It also provides an outline of recent and potential future developments in CFT-E.

**Conclusions.** CFT-E offers a promising treatment for adult outpatients who present to specialist eating disorder services with restricting and binge/purging eating disorders. Recent developments include treatment protocols for patients who are low weight and have an eating disorder and for those presenting with obesity.

#### **Practitioner points**

- CFT-E is a group-based treatment for adult outpatients with restricting or binge/purging eating disorders attending specialist services.
- CFT-E has a specific protocol and interventions to address the biological, psychological, and social challenges of recovery from an eating disorder.
- CFT-E specifically addresses the high levels of shame and self-criticism commonly experienced by patients with an eating disorder.

### 4. Compassion Focused Therapy to Counteract Shame, Self-Criticism and Isolation. A Replicated Single Case Experimental Study for Individuals With Social Anxiety

K. Boersma, A. Håkanson, E. Salomonsson, & I. Johansson

2015 *Journal of Contemporary Psychotherapy* 45, 89-98.

Most forms of psychological distress encompass both the relation to the self in the form of shame and self-criticism, as well as the relation to others in the form of distance and isolation. These are often longstanding and pervasive problems that permeate a wide range of psychological disorders and are difficult to treat. This paper focuses on how problems with shame and self-criticism can be addressed using compassion focused therapy (CFT). In a pilot study we tested the effectiveness of CFT with a single case experimental design in six individuals suffering from social anxiety. The aim was to establish whether CFT lead to increases in self-compassion, and reductions in shame, self-criticism and social anxiety. Moreover, the aim was to investigate to what extent participants were satisfied and experienced CFT as helpful in coping with social anxiety and in increasing self-compassion. Taken together the preliminary results show that CFT is a promising approach. CFT was effective for 3 of 6 participants, probably effective for 1 of 6 and more questionably effective for 2 of 6 participants. These results add to the empirical evidence that CFT is a promising approach to address problems with self-compassion. This research body is as of yet small, and more studies are needed.

5. **Does Compassion-Focused Therapy Training for Health Care Educators and Providers Increase Self-Compassion and Reduce Self-Persecution and Self-Criticism?**

Elaine Beaumont, MSc, Chris Irons, PhD, Gillian Rayner, PhD, & Neil Dagnall, PhD

2016 *Journal of Continuing Education in the Health Professions*, 36:1, 4-10

**Introduction:** There is a growing body of evidence within the health care community suggesting that developing feelings of compassion can profoundly affect physical and psychological health. This is an important area of work, and initial research with nonprofessional groups has found that practicing compassion through a variety of experiential practices and meditations can lead to higher levels of compassion for others, sensitivity to suffering, motivation to help, and altruism. This study examines outcome measures after a 3-day introductory workshop on compassion-focused therapy provided to health care providers and educators. The aim of the research is to explore whether the training would increase self-compassion and reduce self-criticism and self-persecution.

**Methods:** A total of 28 participants who were classified into three groups "nurses and midwives," "counselors/psychotherapists," and "other health care providers" completed the Self-Compassion Scale and Functions of Self-Criticizing and Self-Attacking Scale before and after training.

**Results:** Results reveal an overall statistically significant increase in self-compassion and statistically significant reduction in self-critical judgment after training. There was no statistically significant reduction in self-persecution or self-correction scores after training.

**Discussion:** Developing self-compassion and compassionately responding to our own "self-critic" may lead the way forward in the development of more compassionate care among health care professionals. Training people in compassion-based exercises may bring changes in levels of self-compassion and self-critical judgment. The findings are exciting in that they suggest the potential benefits of training health care providers and educators in compassion-focused practices.

6. **Can Paranoid Thoughts be Reduced by Targeting Negative Emotions and Self-Esteem? An Experimental Investigation of a Brief Compassion-Focused Intervention**

Tania M. Lincoln, Felicitas Hohenhaus, & Maike Hartmann

2013 *Cognitive Therapy and Research* 37, 390-402

Negative emotional states and low self-esteem play a crucial role in the development of persecutory delusions. This study therefore tests whether a brief intervention that targets negative emotions and self-esteem will reduce paranoid thoughts and whether this reduction will be mediated by a decrease in negative emotions and an increase in self-esteem. Healthy participants (n = 71) with varying levels of subclinical symptoms of psychosis (assessed with the Community Assessment of Psychic Experiences) were randomly assigned to a compassion-focused (CF) or a neutral control condition. Negative emotions were induced before the intervention by in sensu exposure to personally relevant distressing situations. Participants were then instructed to apply a previously trained compassion-focused versus a neutral image. Before and after the intervention paranoid thoughts were assessed by a state-adapted item from the Paranoia Checklist. Participants in the CF condition reported significantly lower levels of negative emotion, higher self-esteem and less paranoid thoughts compared to participants in the control condition. The effect of the CF-intervention on paranoid thoughts was mediated by reduced negative emotions but not by increased self-esteem. Persons with higher baseline scores on the CAPE responded to the intervention with a significantly stronger reduction of paranoid thoughts than persons with low or medium baseline scores. Interventions targeting the emotional processes involved in delusion formation might have potential to prevent the formation of paranoid beliefs in persons at risk of developing psychosis and reduce delusions in persons with clinically relevant symptom levels.

7. **Psychological and Physiological Effects of Compassionate Mind Training: A Pilot Randomised Controlled Study**

Marcela Matos, Cristiana Duarte, Joana Duarte, José Pinto-Gouveia, Nicola Petrocchi, Jaskaran Basran, & Paul Gilbert

2017 *Mindfulness*, 8, 1699-1712

The development of the compassionate self associated with practices such as slow and deeper breathing, compassionate voice tones and facial expressions and compassionate focusing, is central to Compassion-Focused Therapy. This study explores the impact of a 2-week compassionate mind training (CMT) program on emotional, self-evaluative and psychopathology measures and on heart rate variability (HRV). Participants (general population and college students) were randomly assigned to one of two conditions: CMT (n = 56) and wait-list control (n = 37). Participants in the CMT condition were instructed to practice CMT exercises during 2 weeks. Self-report measures of compassion, positive affect, fears of compassion, self-criticism, shame, depression, anxiety and stress and HRV were collected at pre- and post-interventions in both conditions. Compared to the control group, the experimental group showed significant increases in positive emotions, associated with feeling relaxed and also safe and content, but not activated, and in self-compassion, compassion for others and compassion from others. There were significant reductions in shame, self-criticism, fears of compassion and stress. Only the experimental group reported significant improvement in HRV. Developing awareness of the evolved nature and inherent difficulties of our minds allied with practicing CMT exercises has beneficial effects on participants' psychological and physiological well-being.

**The DNMS uses internal Resources to bestow loving compassion on wounded ego states. Here are 2 recent research journal articles about internal resourcing.**

---

**1. Ideal Parent Figure method in the treatment of complex posttraumatic stress disorder related to childhood trauma: A pilot study**

Federico Parra, Carol George, Khalid Kalalou, & Dominique Januel

2017 *European Journal of Psychotraumatology*, 8:1

**Background:** There is a consensus within the trauma field for the necessity of a three-phase treatment programme for complex posttraumatic stress disorder (CPTSD). This pilot study focuses on the stabilisation phase, the goal of which is the development of psychological resources and the reduction of disabling symptoms.

**Objective:** To test the efficacy of the Ideal Parent Figure (IPF) method as a stabilization treatment for CPTSD patients with a history of childhood trauma.

**Method:** The sample was comprised of 17 adults with a history of childhood trauma concomitant with CPTSD symptoms consulting at a clinic in France. Participants enrolled in a 5-week psychotherapy programme based on the IPF method, a semi-structured visualization programme designed to treat attachment disturbances. Measures of DESNOS symptoms, psychological symptoms, quality of life, and adult attachment were administered pre- and posttreatment as well as at 8-month follow-up.

**Results:** A significant decrease in symptom severity and attachment traumatization and a significant increase in quality of life were found, both with medium-to-large effect sizes. The 8-month follow-up assessment showed outcome stability.

**Conclusions:** These results suggest that treating attachment disturbances directly with an approach akin to the Ideal Parent Figure method may lead to fast and stable improvement for individuals with CPTSD.

**2. Mental representations of attachment figures facilitate recovery following upsetting autobiographical memory recall**

Emre Selcuk, Vivian Zayas, Gül Günaydin, Cindy Hazan, Ethan Kross

2012 *Journal of Personality and Social Psychology*, 103(2), 362–378

A growing literature shows that even the symbolic presence of an attachment figure facilitates the regulation of negative affect triggered by external stressors. Yet, in daily life, pernicious stressors are often internally generated—recalling an upsetting experience reliably increases negative affect, rumination, and susceptibility to physical and psychological health problems. The present research provides the first systematic examination of whether activating the mental representation of an attachment figure enhances the regulation of affect triggered by thinking about upsetting memories. Using 2 different techniques for priming attachment figure representations and 2 types of negative affect measures (explicit and implicit), activating the mental representation of an attachment figure (vs. an acquaintance or stranger) after recalling an upsetting memory enhanced recovery—eliminating the negative effects of the memory recall (Studies 1–3). In contrast, activating the mental representation of an attachment figure before recalling an upsetting memory had no such effect (Studies 1 and 2). Furthermore, activating the mental representation of an attachment figure after thinking about upsetting memories reduced negative thinking in a stream of consciousness task, and the magnitude of the attachment-induced affective recovery effects as assessed with explicit affect measures predicted mental and physical health in daily life (Study 3). Finally, a meta-analysis of the 3 studies (Study 4) showed that the regulatory benefits conferred by the mental representation of an attachment figure were weaker for individuals high on attachment avoidance. The implications of these findings for attachment, emotion regulation, and mental and physical health are discussed.