

## Commentary on “Beyond Empathy: The Tree of Compassion with Malevolent Ego States”

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Claire Frederick made many important and varied contributions to the theory and practice of Ego-State Therapy. Her last paper, titled above and published shortly after her death, explores the roles of empathy and compassion when working with malevolent and destructive ego states. These negative states appear frequently in clients with severe dissociation and produce a wide range of dysfunctionality in the clients themselves as well as creating dangers for the therapeutic process (Watkins and Watkins, 1984). Therapists often struggle to maintain empathy with difficult ego states, yet without empathy, the therapeutic alliance cannot be formed, and without a secure, co-regulatory relationship, it is unlikely that malevolent states can undergo sufficient transformative experiences to approach personality integration.

### The Nature and Needs of Malevolent States

Malevolent states, which are also known as destructive, perpetrator, and protective ego states or alters, often are linked to suicidal and homicidal behaviors, mood disturbances, somatic and somatoform dissociation issues, and disabling flashbacks (Frederick, 2016). Within the therapeutic process, they often attempt to intimidate therapists and clients alike through threats as well as behaviors and reactions related to the misuse of their powers and abilities. Frederick points out that clients with these states often beg the therapist to help rid them of these “evil energies.” The unifying role of these states is to protect the rest of the personality, especially frightened, fragile child parts, from distressing and destabilizing traumatic material. However, many destructive states do not easily identify with their protective functions and repeatedly deny them and instead emphasize the intention to hurt or destroy. The Watkins (1988), who created Ego-State Therapy, believed them to be child states disguised as more mature states, and believed that their function was to protect more primitive states from trauma-related rage, so that the personality could continue to function.

Other experts including Blizzard (1997) viewed malevolent states as internalized perpetrators, who, although formed to protect clients, often abused and harmed them. She attributed this paradox to the needs of children with needs to protect and defend their attachments with parents, even though they were often the traumatizers.

One of Frederick’s earlier (1996) papers endeavored to categorize malevolent states in order to understand them better. She identified 3 types of malevolent ego states:

1) Functionaries came to help the personality survive but perceive their roles as providing punishment that the client deserves. These negative perceptions are believed to be related to the traumatizer’s views or the traumatizer’s attitudes toward their victims;

(2) Janissaries were formed during coerced abuse and are affiliated completely with the perpetrators. These states are often silent or hidden and may cause the client to live in ongoing fear of harm should they disregard or disobey the earlier messages given during the abuse. Because they are also burdened by significant attachment fears of the therapist, their fears and loyalties to perpetrators make it very difficult to help them form alliances;

(3) Daemons states are believed to be psychotic and delusional. They no longer recall their original purposes, and they tend to surround themselves with inflationary super-myths.

### Successful Therapy with Malevolent States

Frederick (2016) proposes that therapists form a secure, interactive relationship with every malevolent part, emphasizing understanding and cooperation within a phase-oriented treatment. We (Phillips & Frederick, 1995; 2010) proposed the 4 stage SARI model which emphasized Strengthening, stability, and safety, Access of past trauma and the resources for resolution, Repair of developmental and relational trauma, and Integration and new identity.

Since integration of the personality cannot take place until malevolent states can be joined with the other self states, the role of attachment, developmental repair, and maturation is inevitable. As Frederick (2016) points out, these tasks can be hugely challenging, in part because these destructive states often have failed brain development which limits their ability to symbolize or experience object permanence and constancy. From a divided brain perspective (McGilchrist, 2009), these states do not have fluidity to shift from right hemisphere chaotic experience to left brain structure and back to right brain experience to create autonomic balance and cognitive integration.

Therapists can become caught in the web of empathic failure and mirroring of deficits and at times feel “deskilled, hostile, indifferent, and even hopeless” about their ability to bring about change (Frederick, 2016, p.335). Much has been written about how to create effective alliances with malevolent states. Frederick and McNeal (1999) emphasized the importance of empathy, a universal response in humans and some mammals associated with mirror neurons and spindle neurons (Rizzolatti et al, 1999).

Empathy is usually categorized as cognitive (appraisal of what has caused distress), or emotional, defined by McGilchrist (2009) as the capacity to put oneself in the position of the other in order to understand what that person is thinking and feeling.

#### Empathy vs. Compassion

Recently, Stephen Porges, creator of much of polyvagal nervous system theory, has called into question the roles of empathy and compassion. As Porges points out, therapists who connect with clients through unregulated empathy for their suffering can pull both therapist and client into sympathetic/adrenal and even dorsal vagal reactions, making enduring compassion an impossibility. He has emphasized that compassion, which is associated with ventral vagal pathways, requires safety, which inhibits sympathetic fight/flight responses, and then enables abilities for “feeling one’s own bodily responses and respecting the bodily experiences of another” (Porges, 2016).

Research has suggested that excessive sharing of others’ negative emotions may be maladaptive and that compassion training tends to dampen empathic distress and strengthen resilience. Porges (2016) explains that by respecting the individual’s capacity to experience pain, the individual is then able to have their experiences witnessed by another without overwhelming them by triggering sympathetic activation. The pain can then be expressed without anticipating shame and judgment.

Porges’ perspective suggests that the path to successful engagement involves unyielding emphasis on creating and maintaining safety so that compassion can be expressed and sustained by both therapist and client. In addition, Frederick’s paper offers several important principles for therapeutic engagement. In addition to ongoing evaluation of safety for both client and therapist, successful reworking of transference and countertransference issues, and sufficient therapeutic training and consultation, Frederick suggests the following:

Always act with goodwill.

This is particularly important when working with malevolent states since they have extremely low trust that engaging with a therapist can bring positive benefits. Frederick suggests that

therapists can prepare for sessions with difficult clients who have malevolent states by reviewing the nature of these negative parts and the reasons for their suffering. Such a practice will assist the therapist in establishing cognitive empathy, which is a precursor of emotional empathy and compassion. Identifying and repairing empathic failures can also enhance goodwill and compassion.

Communicate persistently.

Communication is the cornerstone of successful work with these issues. Direct communication (such as “talking through”) can activate the social brain and educate silent destructive parts about the nature of the internal family and the importance of every part. Even though bi-directional communication may not develop for some time, so that the value of steadfast determination of reaching out to these parts cannot be overemphasized. Frederick (2016) points out that there appears to be a direct relationship between the therapist’s unwavering attempts at communication and the expression and development of empathy, compassion, and trust. The practice of identifying and responding to transference fears early will also help in this process.

Use hypnotic strategies.

If trained, the therapist can use interactive trance states to create a deeper state of mutual mind that makes unconscious resources available to both. This may include ideomotor signaling to create a stable pathway for eliciting the client’s responses, learning from the intersubjective field through the **countertransference trance** (Phillips, 1994), and becoming a secure model for empathy and compassion for the entire inner family.

Frederick (2016) points out that the conversations and communication with malevolent parts are often one-sided, yet therapists who can maintain good will and compassion can adapt to, and succeed, at this process. Therapeutic persistence with these important principles will establish a secure base of therapeutic containment and elicit early cooperation of these challenging ego states. As mutuality and empathic connection increase, this leads to stronger dedication to identifying and resolving complex problems and many other fruits of compassion, which serves as the unifying binding of all therapy, “holding it together as it unfolds” (Frederick, 2016, p. 342).

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