

Preliminary Notes Concerning Ego States

Eric Berne, M.D.

i.

Clinical Considerations

These notes deal with the theoretical background of a method of psychotherapy which seems to find its most useful application in just those cases where psychoanalysis is generally considered to be the most difficult or the least effective (4,6): for example, in ambulatory schizophrenia, depressions, manic-depressive psychoses in remission, alcoholism, borderline intelligence, psychopathic personalities, and acting out personalities in general. It has been most gratifying to observe again and again the rapidity and effectiveness with which psychopathology and acting out can be circumscribed by the correct application of this method. Equally interesting is the relative ease with which it can be taught. In group therapy, after a variety of therapeutic experiments over a period of thirteen years, it has also proved to be the most productive approach. The purpose of this communication, however, is not to offer clinical examples of its usefulness and teachability, but to lay the theoretical background so that a subsequent discussion of its application can be understood within the framework of ego psychology.

The subject has already been approached from another point of view in a previous paper (1), which starts off with an anecdote.

An eight year old boy, vacationing at a ranch in his cowboy suit, helped the hired man unsaddle a horse. When they were

finished, the hired man said: "Thanks, cowpoke!" To which his assistant answered: "I'm not really a cowpoke, I'm just a little boy."

The patient who told this story remarked: "That's just the way I feel. I'm not really a lawyer, I'm just a little boy." Away from the couch, this 35 year old man was an effective and successful court-room lawyer of high repute, raised his family decently, did a lot of useful community work, and was popular socially. But in treatment, he often did have the attitude of a little boy. Sometimes during his hour he would ask: "Are you talking to the lawyer or to the little boy?" As we both became interested in this question, it became possible to ^{distinguish} ~~separate~~ more and more clearly the two attitudes, so that he was often able to say whether it was "the lawyer" or "the little boy" who was talking at any given moment. But sometimes he seemed to misperceive, so that it had to be pointed out to him that what he diagnosed as the lawyer's attitude really appeared to be more like that of a little boy.

Quite soon, we were speaking familiarly of these two attitudes as "the adult" and "the child." The therapeutic task then became to separate out more clearly the adult from the child. As this work proceeded, there were noteworthy changes in his mode of living, without any direct suggestion. His psychopathology receded almost completely from his daily life and was confined to week-end sprees. The whiskey bottle, the lewd pictures, and the morphine (which he was keeping for a projected "psychological

experiment") were moved out of his home and office and into the week-end hideout to which he retired every month or so for "fishing." The danger of complete ruin was now greatly diminished. His home life changed to such an extent that his wife, his children, and his friends all commented upon it. This improvement has been progressive for the past four years. The morphine has been thrown away, the whiskey bottle rarely appears, and his private perversion is under much better control.

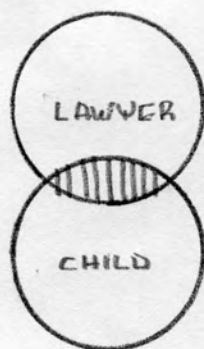
All this might hastily be labelled "transference improvement," but there are certain details which are to be considered here. The technical mechanism of this improvement was based on the patient's increasing ability to distinguish the "child" from the "adult." What he actually did, in this terminology, was to keep the "adult" in control all week, at the expense of the "child." The "child" was then allowed to express his mounting tension over the week-end, when it was relatively harmless. How this was accomplished was a technical matter of transference, metapsychology, and orientation. The pertinent point is that at this phase two different ego states had been distinguished.

An ego state, which Weiss calls "a coherently cathected span" (13), may be described phenomenologically as a coherent system of feelings, and operationally as a set of coherent behavior patterns; or, pragmatically, as a system of feelings which motivates a related set of behavior patterns. This patient had one ego state wherein he felt like a lawyer and acted like a lawyer, and another wherein he felt like a masochistic child of a certain age and acted like such a child. At the beginning,

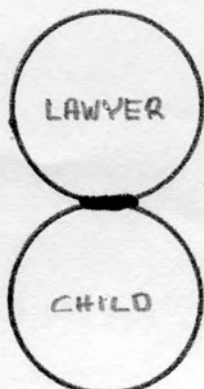
these two ego states were overlapped and interwoven, as in Figure 1A. At the end, they had been dissected apart, as in Figure 1B. The therapeutic operation consisted of defining and strengthening the boundary between them through the redistribution of cathexis and counter-cathexis.

This operation resulted in a special kind of insight. At first, the patient thought that the boundary of the "adult" was represented by the heavy line in Figure 2A. He did not realize that because of overlapping, this boundary included part of the "child." This meant that certain irrational elements in his behavior were perceived by him as rational, and were ego-syntonic: in our language, "adult ego" syntonic. For example, the "child" wanted his secretary to find the morphine and the lewd pictures in his unlocked desk, in order that she might take the hint and share his perversions. The "adult" perceived this indiscretion as rational: if he locked his desk, she might get suspicious and break it open, and so forth. The initial insight may be represented by Figure 2B, where the area of overlapping between the "adult" and the "child" is now excluded from the boundary of the adult ego state, so that, for example, his rationalization for the unlocked desk was no longer acceptable to the "lawyer."

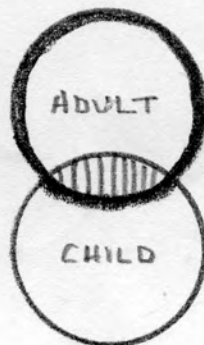
In other words, he learned to accept as adult only what was completely rational, in the sense of psychologically and materially realistic, in his judgment of his environment and the probable effect of his behavior upon it. The irrational attitudes, meanwhile, remained ego-syntonic also, but specifically "child ego" syntonic. Thus little was changed at this



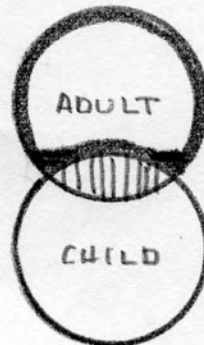
1A



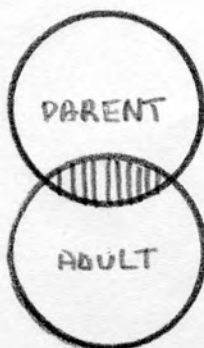
1B



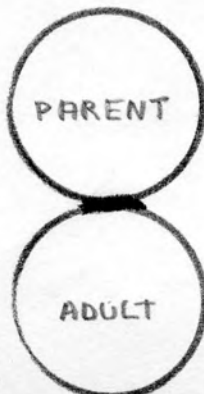
2A



2B



3A



3B



4A



4B



5



6

FIGURES 1-6

BERNE-EGO STATES

stage except the boundary between the two ego states. He could distinguish ~~recognize~~ clearly what was "adult" and what was "not adult." This was the first step in changing his behavior. He could now relegate the "child's" self-expression to a more appropriate time and place. Until he was aware of the distinction in its details he could not do this, since the "child's" influence could always creep into his behavior with^{out} him realizing what had happened, because part of the "child" (the shaded "contaminated" area in Figure 2A) was accepted as being within the "adult" ego boundary. This distinction must be differentiated from an "ego" vs "id" distinction. As will be explained shortly, the "child" is not synonymous with the id, but is a complete ego state in itself, with its own special psychic structure.

In nosological terms, an unstable schizoid personality (Figure 2A) had been transformed into a stable "week-end schizophrenic" (Figure 2B). There were two advantages to this: first, it probably saved him from the impending social calamity which had brought him to treatment; secondly, the "purified adult ego" was a much improved instrument for dealing therapeutically with the "child," who had now been corralled, so to speak, in the week-end hide-out.

This differentiation into two ego states is easily observed. Fenichel (4) cites the case of a man with a Cinderella fantasy. The "man" (adult) could play the role of "Cinderella" (child). But Fenichel treated the situation from the id point of view, in which the "poor child" unconsciously represented the man's own penis. The text suggests, however, that his patient was capable

of functioning facultatively with two different ego states, in one of which he operated like a child. This "child's" phallic significance is not pertinent to ^{the present discussion.} ~~what we are talking about at the moment.~~ Windholz (14) and others speak of "the child in the patient," but do not treat this systematically. Federn, however, explicitly recognizes the situation, as when he says (3): "a dream may, to some extent, be conceived of as a mental duologue between two parts of the ego, the adult and the infantile." In these terms, the present position is that not only dreams but all schizoid behavior, and perhaps all sorts of other behavior as well, are the result of a similar "mental duologue."

The duologue becomes clearer when the boundaries between two ego-states become well-defined and both are in an active state. The sexually confused lawyer used to make remarks in his social life like the following: "Us girls have got to be careful not to drink too much." After the boundary between his "adult" and his "child" became well-defined, he reported that he had had the following thoughts at a party: "If I were a girl (but I'm not a girl) I wouldn't drink too much (but I don't intend to make remarks about it aloud in any case)." The phrases in parentheses are the "adult's" gloss on the "child's" wisdom. He understood what this meant. In the old days, the contaminated "adult" (Shaded area of Figure 1A) would say: "Us girls....." etc.; in Federn's terms, a monologue. Now the masculine sensible "adult" distinguished himself from the bisexual impulsive "child." When the "child" thought: "Us girls....." etc., the "adult" replied with two ^{realistic objections} ~~remarks~~: "I'm not

a girl," and "I don't intend to make remarks about it aloud."
(Federn's duologue).

Meanwhile a new complication arose. After about a year it became evident that certain of his attitudes did not belong to either the "child" or the "adult," as we increased our understanding of those components. The anomalous attitudes were collected and crystallized into a third ego state which came to be called the "parent," since they were evidently a reflection of parental prejudices. His parents were pious people, and throughout his childhood had exhorted him to "do good and never have a mean thought." At such times as the patient adopted the outlook of one of his parents, he exhibited the complete ego state of that parent, or at least his version of it. He not only rebuked himself (i.e., his "child") for having "mean thoughts," but he talked about handling money the way his father had, rather than the way he himself, as an adult lawyer, was accustomed to do. [In fact each component had its own way of handling money. The "child" was penurious to the penny and had magical ways of ensuring pennywise prosperity; the "adult" handled thousands of dollars with a banker's shrewdness, foresight and success, and was willing to spend money to make money; the "parent" had fantasies of giving it all away for the good of the community, and the patient actually was philanthropically generous in imitation of his parents, which caused the "child" to squirm resentfully and the "adult" to wonder. Thus in matters of money, for example, the duologue became a triologue. The patient would slip from one to another of these attitudes,

and we soon learned to recognize which was which.

The next phase of the patient's therapy was to decontaminate the "adult" from the parental influence. He had to learn, for example, that his policy of using enemas in bowel training was familial and not necessarily rational as he had previously maintained. The boundary between the "parent" and the "adult" had to be redefined, in exactly the same way as the boundary between the ^{"lawyer"}~~"adult"~~ and the "child", as illustrated in Figures 3A and 3B. The final result, as far as ego states are concerned, is illustrated in Figure 4B, where the "parent," "adult," and "child" each have well-defined boundaries, as contrasted with the initial state, represented in Figure 4A, where the "adult" is contaminated from both sides, so that in certain areas "child" and "parent" attitudes are "adult ego syntonic." The net effect of all this was that now the doubly "purified adult ego state" could stand aside, as it were, and watch the continuing battle between the "child" and the "parent" with greatly increased objectivity and clarity: an advantageous therapeutic position.

Again, Federn explicitly recognized the duality expressed here as the relationship between the "adult" and the "parent." "One must assume that the ego and the superego actually correspond to two ego feelings, that is, to two unities of ego libido, each homogeneous in itself, but not with the other..... a separation ensued between that ego which left the parents outside of its ego feeling and that ego which had absorbed the parents in itself. The latter became the superego." (3)

This slow-moving case will introduce the subject. Two kinematic illustrations may help to clarify it. A young woman was referred by her family physician for a diagnostic interview because she was acting in a peculiar way which suggested psychosis. She was invited into the office and offered a chair. She sat tensely for a minute or two with eyes downcast and then began to laugh. After this, she looked stealthily at the doctor, averted her eyes from his gaze once more, and soon started to laugh again. This was repeated three or four times. Then rather suddenly she stopped ~~laughing~~ ^{tittering}, sat up straight in her chair, pulled down her skirt, and turned her ~~eyes~~ ^{head} to the right. The doctor observed this intent new attitude for a few moments, and then asked:

"Are you hearing voices?"

The patient nodded without turning her head, and continued to listen. After a few minutes of silence, the doctor asked ~~her~~ gently but ~~firmly~~ ^{firmly}:

"How old are you?"

His tone successfully captured her attention. She stopped listening, turned her head to face him, and answered his question. Following this, she answered a series of other pertinent questions concisely and to the point, demonstrating that her understanding, her memory, and her ability to think logically were all intact. Within a short time, enough information was obtained to warrant a tentative diagnosis of acute schizophrenia, and to enable the doctor to piece together some of the precipitating factors and some of the gross features in the early background. After this, no further questions were put for a while, whereupon she repeated the cycle:

flirtatious tittering followed by listening, and then again facing the doctor to answer coherently a few more questions.

This time she was asked ~~what the voices~~ ^{whose voices they} were and what they were saying to her. She said that it seemed to be a man's voice and that he was calling her awful names, words she never heard before. The discussion was directed to her family. Her father was a wonderful man, and so forth. But sometimes he used to drink, and then he was different. He used bad language. In fact, come to think of it, he used some of the very epithets that the voices were using.

The most obvious phenomenon observed here was the cycle of three different ego states which manifested themselves in tittering, ~~listening~~ ^{scolding}, and answering, respectively. She behaved differently and there was good reason to suppose from her facial expression and posture that she felt differently during each phase. There was a certain amount of flinging herself about during the tittering, so that this might be characterized as an archaic exhibitionistic method of seduction. This was terminated by pulling down her skirt as the voices, perceived as coming from outside herself, began to rebuke her. In the third state, she was able to answer questions like the grown-up woman that she was. This interview can be readily understood in the present terminology as a shift from one ego state to another in the cycle Child-Parent-Adult. The Child appeared spontaneously, and retreated when the externalized parental influence was activated. The Adult only came to the fore when outside reality in the person of the doctor intervened. In Federn's terms, ego cathexis flowed from one ego state to the other. (For the sake of convenience, the terms Adult, Parent and Child, when they are used

to refer to ego states, will now be capitalized instead of being put in quotation marks).

The second example concerns the analysis along these lines of a certain woman's interest in clothes, which resulted in the following scheme. Clothes are syntonetic with all three ego states. The Adult wears them for climatic and health reasons. The Parent wears them for moral reasons. The Child wears them because they offer an excellent medium for self-expression. This topic may be used to illustrate the fact that these three aspects of the personality may be either co-operative, oscillatory, or exclusive. In a woman who dresses at all times healthfully, modestly, and decoratively, the three aspects are ^{evidently} well-integrated. Some women oscillate between practical clothes (the Adult), modest clothes (the Parent), and showy clothes (the Child), ^{with the corresponding mental attitudes.} Certain special types, such as ~~nurses~~ ^{may devote themselves almost exclusively to one aspect} ~~nuns, and actresses, consistently emphasize one aspect, and~~ ~~and one attitude.~~ ~~acting or specializing the others.~~ The same considerations apply to social personae. In a group, some people are uniformly moralistic, some are uniformly practical, and some are uniformly childlike ("dependent," exhibitionistic). Others oscillate, and still others maintain an adaptable dignity. Between those who behave uniformly as Parent, Adult, or Child, intense feelings often develop. Exhibitionistic Children may detest practical Adults, practical Adults may detest moralistic Parents, and "dependent" Children may become deeply attached to protective Parents.

ii.

Structural Considerations

At this point it is advisable to proceed cautiously. It might be tempting to jump to the conclusion that Parent, Adult, and Child are merely neologisms for superego, ego, and id. I believe that this statement is not quite exact.

Freud characterizes the functions of the superego thus:

"It observes the ego, gives it orders, corrects it and threatens it with punishment, exactly like the parents whose place it has taken." (7) It is a special agency within the ego in which the parental influence is prolonged. It constitutes a third force, so that the ego has to satisfy simultaneously the demands of the id, of the superego, and of reality. "A portion of the external world has, at least partially, been given up as an object and instead, by means of identification, taken into the ego." (7)

The Parent differs from the superego, as thus described, because it is not manifested as a special agency within the ego, but is a complete ego state in itself. The patient whose (mother) Parent predominates habitually or at a given moment is not acting as though her mother were observing her, giving her orders, correcting her and threatening her, but instead is acting just like her mother did, perhaps even with the same gestures and intonations. She is not acting with one eye on her mother, so to speak; she is reproducing her mother's total behavior, including her inhibitions, her reasoning, and her impulses. The decisive point is this: since her mother also had Parent, Adult, and Child components in her

personality, the patient in the parental state is not merely critically controlling (mother's Parent, representing grandmother), but also perceives reality the way her mother did, with the same distortions and emphases (mother's Adult), and furthermore, permits herself the same kinds of instinctual gratifications that her mother strove for (mother's Child). This observation, which is not difficult to verify, is nicely illustrated by Kolb and Johnson's material concerning the etiology of overt homosexuality (9). Such lapses are due to more than "superego lacunae," in the sense of something missing. They are related to positive forces representing "mother's Child." Many adolescents are influenced by both mother's morality (mother's Parent) and mother's latent or overt "delinquency" (mother's Child), as well as by the interplays which give rise to mother's defences.

Thus the superego may be roughly described as "a third force" derived from the integrated standards (as perceived) of parental figures. The Parent in pure culture (and it can be isolated by appropriate measures) is an identification with the whole personality of a single parental figure. The superego is an agency within the ego whose chief function is "limitation." The Parent is a complete ego state, and includes its own Parent, Adult, and Child. This is shown in Figure 5, where the patient's Parent is subdivided into its own components. The P of the patient's parent is then grandmother with all her complexities; the A is mother's normally or abnormally distorting ego; and the C comprises fixated archaic ego states, including strivings, of the mother. If the "father" Parent is activated and can be isolated for study, it is found to have an analogous structure.

In order to clarify this further, let us go back for a moment to distinguish between the patient who acts like mother and the one who acts as mother would have liked, as though a normative mother (Freud's "superego") were observing her, threatening her, etc. The first has an active parental ego state; the second has an active child ego state: she behaves as she once behaved while mother was watching her, but she does not behave like mother.

The Adult differs from the ego in a less categorical way. Both may be regarded as "cortical layers" (7) which have the task of self-preservation, and attempt to deal simultaneously with internal and external forces. Both include the functions of a modern calculating machine: sorting, storing, and processing input; and both are seen in their most easily observed manifestations when the individual is attempting to deal objectively with external reality. ^a ~~The~~ formal differentiation between them is not necessary for the present preliminary discussion. It need only be mentioned that the ego is an instrument which is supposed to do something, while the Adult is an attitude of doing something, employing the faculties of the ego as an instrument. Teachers and other people accustomed to handling groups will easily recognize the Parent and the Adult, since they will have had experience with individuals who constantly present themselves as Parents in almost pure culture, always knowing how things should be and how people ought to behave; while the Adult in almost pure culture, the dull encyclopedic calculator and sorter, is also

a familiar figure in various kinds of groups.

It is in the case of the Child that the comparison of the Parent-Adult-Child trichotomy with the superego-ego-id trichotomy shows the greatest discrepancies. The Child, archaic as it is, is still an organized ego state, while it is common knowledge that the id is "a chaos, a cauldron of seething excitement...it has no organization and no unified will." (8) Not so an archaic ego state. The Child has a highly developed organization, just as highly developed as it was at the age of three, two, one, or whatever age the individual was when the traumatic fixation occurred. It includes a primitive superego, appropriate to its age level, as Federn (3) noticed in connection with ego states in dreams; a primitive ego; and a set of already ego dystonic, outgrown attitudes^{viewpoints,} and impulses popularly and inaccurately referred to as the id. More precisely, the Child includes an archaic Parent, an archaic Adult, and a still more archaic Child, as shown in Figure 6.

Some examples will make this clearer. When the lawyer retired to his week-end hideout and decommissioned the Parent and the Adult by large doses of whiskey and sedatives, so that the Child could have his day, at a certain point he always removed his watch. The Child was pharmacologically freed of his mature moral standards and his adult good sense, but still felt that more primitive restricting influences, symbolically represented by his watch, were operative. This ^{became animistically a parent whom} ~~was a kind of archaic superego~~ ~~and that~~ he had to get rid of before he felt sufficiently unfettered. In his everyday life, he was capable of dishonest

actions even when he had his watch on; the watch took on a parental meaning only in the Child's mind, and functioned as an archaic ~~parent~~^{father}, appropriate to the Child's anal level of development. The Child also showed a special kind of shrewdness in devising masochistic tortures and anal pleasures, exhibiting an archaic intelligence in handling reality; this was the Adult in the Child.

It is easily observed that the younger generation, at a very tender age, already have all three components, at appropriate stages of development, in their personalities. The Adult and the Parent in the child are exactly what Piaget is principally interested in: his construction of reality and his moral judgment; he is even interested in the Child in the child, his play and dreams. The more archaic Child in the small boy is manifested when he sucks his thumb, and revives a previously abandoned pleasure in it, in imitation of his younger baby brother. This is only saying that a small boy can regress just as a grownup can, but when he does, he may be aware of his regression and also of what his mother might think about it; thus the mind of such a small boy includes a Parent, an Adult, and a younger Child. If after he is grown up this situation is revived as an ego state in a dream, in psychoanalysis, in psychosis, in hypnosis, or sometimes even in memory or everyday behavior, all three components may be included; e.g.: "I dreamed that I was a little boy sucking my thumb although I felt I was too old to do it and worried about what my mother would say if she saw me. I've always deceived her." In this dream, the patient's Child is

active as an organized ego state, which includes in itself Parent (what mother would say), Adult (I felt I was too old), and still younger Child (regressive thumbsucking). Meanwhile, it is his contemporary Adult who relates the dream, and his contemporary Parent who is concerned ⁱⁿ ~~with~~ his later deceptions.

Thus superego-ego-id and Parent-Adult-Child are not synonymous or redundant, but represent different approaches. An enlightening conceptual link between them is provided by generalizing them both into psychic aspects. Both superego and Parent are, to use Freud's words, special agencies "in which (the) parental influence is prolonged." Although the superego is chiefly normative and the Parent is more inclusive, the one functions as an organ and the other is a state of mind, each of them signifies that "a portion of the external world has become an integral part of the internal world." (7) Hence both are in origin extero psychic, and this aspect of the mind may therefore be called the extero psyche. Both the ego and the Adult develop partly autonomously through the organization of archaic potentialities into new faculties, such as syllogistic thinking, which is both phylogenetically and ontogenetically a relatively late acquisition. This neoteric organization may be termed the neo-psyche.

The id, which according to Freud "contains everything that is inherited, that is present at birth, that is fixed in the constitution," is an archaic layer, just as the fixated early ego states which constitute the Child are archaic residues. Hence

both the id and the Child may be labelled archaeopsyche.

Thus both psychic organs and ego states may be characterized as extero-psychic (normative, parental), neo-psychic (secondary process, adult-like), or archaopsychic (primary process, child-like), respectively. There are certain neuroanatomical (12) and neuro-physiological implications. Linn (10), for example, speaks specifically of "2 ego states functioning side by side" in his cataract patients. The properties of these two ego states correspond very closely to the properties of the Child and the Adult, respectively, and can be understood, according to him, in relation to two activating systems, one the extraordinary "ascending reticular system," and the other mediating ordinary sensory impulses from the periphery. The first functions diffusely, the second in a more discriminating way. The work of Olds with permanent intracranial electrode implants (11) is also provocative.

Perhaps the simplest way to distinguish between Parent, Adult, and Child is through the voice, which can often be detected fluctuating along with the ego state. One can speak only figuratively of the "voice of the superego," the "voice of the ego," or the "voice of the id," but it is possible to hear quite literally the voice of the Parent, the voice of the Adult, or the voice of the Child. An interview with the actual parent is often dramatically revealing.

iii.

Developmental Considerations

In a well-organized personality, the boundaries between Parent, Adult, and Child are clear cut, and the contaminated areas small. Such an individual is able to suspend normative judgments, or allow them to proceed, according to the dictates of the Adult. Similarly, he knows when to be playful or to allow himself some "neurotic indulgences," and when to maintain a watchful equanimity. The Adult who mediates these decisions has a reasonably ^{reliable} ~~adequate~~ perception of the reality situation, can sort stimuli well and come up with a clear cut behavioral decision.

The happy personality is different. The well-organized person may have powerful conflicts between the Parent, Adult, and Child, but because he knows which is which in some idiosyncratic sense, he can make decisions in spite of these conflicts, keep out of trouble, and deal with his anguish and anxiety privately. The happy personality is one in whom the motivations of Parent, Adult, and Child are in relative concord, even if the boundaries are not clear cut. Thus a surgeon may be happy, even if by some standards he is not a good doctor because his objectivity is impaired by moral prejudices or neurotic work indulgences, that is, by encroachments of Parent and Child on his Adult ego state: a sincere belief that illegitimate pregnancies are wicked and the mother should be punished, and a strongly rationalized and equally sincere bias toward removing the uteri of young women. His happiness depends not primarily

on the clarity of the boundaries between his ego states, but on the concord between them: if, for example, a. his beloved missionary parents told him that he should do good to suffering humanity but punish the wicked; b. he likes the advantages of being an operating surgeon and can do it well; and c. at the same time his Child gets the maximum of partial or fused instinctual satisfactions from his profession.

The healthy personality may be defined as one which is both well-organized and happy. This may be disillusioning and even frightening, since it means that not only good people are healthy. It endangers the sentimental or reassuring attitude that evil people are necessarily poor miserable suffering creatures, counterphobic all day and ridden by nightmares at night. If, as some authors claim, certain cruel people knew they were being cruel and knew when to stop, and they enjoyed it, did it well, and felt that in doing it they were morally correct, then they were well-organized, happy, and hence healthy in spite of being criminals. ~~Concealed in another way, they had identifications and perhaps even some well-developed tastes in music.~~

The problem of normal psychological growth is a problem of continuity, closely related perhaps to the inner continuity which in Erikson's view (2) is connected with the sense of ego identity. Fixated ego states are an interruption of that continuity.

"Normal" development would mean a smooth passage from one ego state to the next, say the assimilation during the night of the anxieties of the previous day, so that the developments of the new day could be handled smoothly. The growth of the normal in-

dividual would then consist of successive ego states smoothly superimposed on all the previous ego states of previous days, like a stable pile of flat and well-rounded coins which fitted well one over the other although each had its own history and idiosyncrasies of structure. Abnormal development would be determined by one or more traumatic or other (I am thinking here of elated states) special experiences or patterns of experiences which would result in the fixation of certain ego states. These special ego states would remain active and disturb the smooth progress of growth as though some coins in the stack were deformed. No matter how much the upper coins were readjusted, the whole pile would be unstable because of the deformed coins. Such fixated ego states are what give rise to the over-cathected Child who disturbs the equilibrium of the Adult.

In practise, every individual experiences traumatic events which disturb the smooth continuity of his growth. Clinically, the more severe and the earlier the traumata, the more the continuity is disturbed. It is then observed that in certain situations the individual feels secure, as in the case of the lawyer patient when he was in the court-room. At such time the Adult was in command throughout and Parental and Child influences were co-ordinated in a well-organized way that increased his efficiency in spite of his underlying conflicts. But social situations mildly reactivated an archaic ego state which had been traumatically fixated, so that the Adult's behavior became contaminated and certain foolish ideas and impulses became "adult ego" syntonic. When he was alone with his apparatus of self-indulgence,

the Adult was decommissioned almost completely and the Child took over the executive power, so that he was in a sense psychotic. The important point is this: that in such cases there is a very limited number of archaic ego states which can ordinarily be reactivated: one, or two, or three.

For example, there are individuals who always perceive their social situation in a paranoid way, and behave accordingly. Then there are individuals who exhibit a paranoid Child in the presence of older men in authority, and a euphoric Child in other social situations; or they exhibit one archaic ego state with older men, another with nubile women, a third with children, and an Adult in other situations. But the number of functioning fixated ego states is always limited, except perhaps in the case of ^{some} active schizophrenics, when an orderly or disorderly succession of a large number of child-like behavior and feeling patterns may be exhibited. [In analysis, the resolution of one fixation may uncover an underlying more archaic fixated ego state whose existence has never directly manifested itself, but whose symptoms have always been filtered through the later Child. ^{Such} ~~That~~ regression means not only the replacement of one libidinal striving, mode, zone, aim, and object by others, but the replacement of one whole ego state by another, including not only the kind of manifestations studied by Freud, but also the kind studied by Piaget; not only different aspects of primary process, but also corresponding aspects of secondary process. This shows in the patient's behavior as the emergence of a new complete Child, including together with

a new ~~set of~~ libidinal ^{organization} ~~relationships~~ also a related set of extero-psychic and neopsychic manifestations. Meanwhile the patient may retain his mature Adult and his mature Parent in his everyday living.

It is as though the patient were saying: "Under stress I have no choice but to show this Child;" or in a less traumatized individual: "Under this kind of stress I will show this Child and under that kind of stress I will show that Child." Or he may go about it differently and say: "Under stress I dare not show my Child, therefore I will show my Parent." This corresponds to the ~~well-known~~ defensive identification, which some patients manifest in every social situation. The fixation or parental ego states has its own special mechanism, and can be studied in relation to the ^{problems of} ~~incorporation, identification, and defence.~~ incorporation, identification, and defence.

Thus generally speaking there is no such dichotomy as mature people and immature people; everyone is both. The ^{question} ~~problem~~ is how much the Child is ^{contaminating} ~~contaminating~~ the Adult, or how much of the time the Adult is decommissioned so that control is in the power of an archaic ego state. But in nearly every case, underneath there is a more or less well developed Adult, so that if the Child can be peeled off, so to speak, in the contaminated case, or pushed off in the decommissioned case, the complete Adult emerges. This was demonstrated by the schizophrenic girl who, when her psychosis could be set aside, acted like a sensible person in full possession of all her adult faculties. Some of this is familiar, but here it can be emphasized from a new point of view with increased precision.

iv.

Economic Considerations

The economics of all this are perhaps slightly clearer than they are in many other connections, which is not necessarily very promising. They can be explained in principle as follows: cathexis can shift from one ego state to another. Under the influence of anxiety, it tends to flow from the Adult into the Child, or in cases of defensive identification, into the Parent; that is, from the neopsyche into the archaeopsyche or the exteropsyche. The neopsyche is decathected and hence decommissioned. Therapy consists first in bringing about a recathexis of the neopsyche. How this is done is a technical problem which will have to be discussed elsewhere. Cathexis flows back into the Adult, and now the Child, being relatively decathected, is subordinate to the Adult. The next step is to clarify and strengthen the boundaries between the three ego states, so that each can maintain its cathexis and counter-cathexis with less danger of rupture and pathological shifting. When this containment operation is accomplished, a strongly cathected, well-defined Adult is available as a therapeutic assistant. This corresponds to Fenichel's step (5) of isolating what is to be interpreted (the archaeopsyche) from the experiencing part of the ego, only here this is done over the broadest possible front.

In this way, demarcation and recathexis of ego states, which may be called "structural analysis," is a preparation for psychoanalysis in certain difficult cases. In special instances, such

as active schizophrenia or manic-depressive psychosis, continued structural analysis may be the therapy of choice.

It should not be expected that these preliminary notes will give a clear idea of all the implications and possibilities concerning ego states, or even that they will sound convincing, any more than the first chapter of a book on psychodynamics would. When I said that the application of this kind of ego psychology was relatively easy to teach, I did not mean that it could be understood in an hour, but that it required only one year of supervision, rather than three or four, for properly prepared therapists to acquire a sound basis.

1. Berne, E. Intuition V. The Ego Image. Psychiat. Quart. In Press.
2. Erikson, E. The Problem of Ego Identity. This Journal, 4:56-121, 1956.
3. Federn, P. Ego Psychology and the Psychoses. New York: Basic Books, 1952.
4. Fenichel, O. The Psychoanalytic Theory of Neurosis. New York: W.W.Norton, 1945.
5. Fenichel, O. Problems of Psychoanalytic Technique. New York: Psychoanalytic Quarterly, Inc., 1941.
6. Glover, E. The Technique of Psychoanalysis. New York: International Universities Press, 1955.
7. Freud, S. An Outline of Psychoanalysis. New York: W.W.Norton, 1949.
8. Freud, S. New Introductory Lectures on Psychoanalysis. New York: W.W.Norton, 1933.
9. Kolb, L.C., and Johnson, A.M. Etiology and Therapy of Overt Homosexuality. Psychoanal. Quart., 24: 506-515, 1955.
10. Linn, L. Psychological Implications of the "Activating System." Am.J.Psychiat., 110: 61-65, 1953.
11. Olds, J. Pleasure Centers in the Brain. Scientific American, 195: 105-116, 1956.
12. Tilney, F. and Riley, H.A. The Form and Functions of the Central Nervous System. New York: Hoeber, 1928.
13. Weiss, Edoardo. Principles of Psychodynamics. New York: Grune & Stratton, 1950.
14. Windholz, E. Problems of Termination of the Training Analysis. This Journal, 3: 641-650, 1955.