States of Consciousness and Ego States

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Abstract

A theory of consciousness is presented and linked to ego states. Different levels of consciousness are described and how states of consciousness (SoCs) contain within them different collections of experiential resources, leading to limitations on how individuals can access different resources when they are in specific states. Examples are given related to everyday life, followed by ideas on how practitioners can use empathy with clients so that the clients become able to change the contents of problematic SoCs.

Key Words

Introduction

Consciousness has been a popular matter of scientific investigation for contemporary psychology for years (Hilgard, 1980). Attempts to understand, inventory, or investigate consciousness from various frames of reference are numerous: structural states of consciousness (Tart, 1969, 1972); stimulus conditions (Pekala & Wenger (1983); neo-dissociation (Hilgard, 1986), phenomenologically (Pekala, 1991, 1995a, 1995b; Terhune & Cardeña,

2010); shamanic practices (Harner, 1990; Rock, Wilson, Johnston and Levesque, 2008); spiritual awakening (Bucke, 1991); altered higher consciousness (Lilly, 1972); mystical awareness (Assagioli, 1965); acts of fire-walking (Hillig & Holroyd, 1997/1998); and more. This article concentrates on the more common, down-to-earth states of day-to-day consciousness, and is concerned with those states which can conceivably be a part and parcel of most peoples' daily experience, It also considers how consciousness can be considered as an element of ego states.

Levels of Consciousness

In the science of consciousness, the notion of *levels of* consciousness is a common construct. It seems reasonable that we all intuitively understand that consciousness is different as we move from experiences of being comatose or vegetative, under anesthesia, deeply asleep, lightly asleep, feeling hypnogogic drowsiness, wakefulness, alert, having heightened concentration, and so on. Just like orbital shells of electrons around atomic nuclei, the observable and phenomenological difference between these colloquial experiences lends us to regard them as different states of consciousness. However, this apparent gradient does not convincingly suggest that each state is free from experiential components which may also be shared with other states. This paper in not concerned with nor does it discuss levels or stages of consciousness but rather states of consciousness. However, the point of the analogy is that some common experiential elements, such as physiological monitors for temperature, hunger, etc., are shared between otherwise discrete states.

Additionally, the colloquial idea of *levels* of consciousness brings a certain, almost spiritual, baggage with it. This term is sometimes associated with Eastern concepts of satori, sasmitanir bija, sanande, vicara, vitarka (Lilly, 1972); or, śūnyatā, turīya, kevalatva, sāyujyatva, braman, and svātantrya (Govinda, 1973). Each of these are altered states of consciousness denoting aspects such as of deep concentration, mental void, divine grace, and so on, within Sanskrit that do not translate easily to English. While these states may function in a similar manner or have similar composition to those being addressed here, they may differ greatly in function, and nevertheless are outside the scope of this paper. However, with the increasing interest in spirituality within the transactional analysis community, others might wish to further investigate that notion.

States of Consciousness

The foundations for understanding a state of consciousness (SoC) were well expressed by Charles Tart (1975). Tart described the contents or 'stuff' of the SoC as psychological structures with active subsystems. He writes, "Our ordinary or 'normal' state of consciousness is a tool, a structure, a coping mechanism for dealing with a certain agreed-upon social reality – a consensus reality" (Tart, 1975, p.vii). He further explains that a discrete state is "…a unique, dynamic pattern or configuration of psychological structures, an active system of psychological subsystems" (Tart, 1975, p.5). The state is induced by the stimulation provided by sensory and chemical input and once induced, it is maintained or stabilised by feedback created by "mental monitoring". For Tart, the channels for induction and stabilisation of a SoC are the sounds, sights, feelings, smells, tastes, and reactions to internalise chemical substances for the duration of time during which the continuance of those stimuli prevail.

Using Tart's ideas of structures and sub-systems, the model presented in this article looks at sets of experiences and how they interact within and between SoCs. In this writing, the term SoC, always refers to an awareness within a grouping of experiences which are subtly monitored, usually without distracting consciousness, so as to ensure they remain within an acceptable range of variance. All of the individual's learned experiential resources are not included in any single SoC. In differing contexts, each person will have differing 'ordinary' SoC and each state will have its own unique (and perhaps sometimes overlapping) experiential resources.

Experiential Resources and Ego States

Before discussing the more complex mental frames of reference I am calling SoCs, I want to introduce a way to discuss parts of the composition of each. Tart proposed that each discrete SoC was a pattern of what he described as "energy / awareness flow interrelating various human potentials" (Tart, 1975, p.56). Emphasising the concept of a unique amalgam of "human potentials," he equates his concept of discrete States of Consciousness (d- SOC) with the more familiar term "ego state" (p.60-61). This is an appropriate definition for use here, but with one crucially important caveat: Certain so-called, higher states of consciousness identified by many authors, including Lilly, Govinda, Assagioli and others, do not have a sense of self or ego as part of their make-up. While many aspects of this discussion may apply to

those 'higher' states of consciousness, however, this writing is concerned with SoCs commonly associated with daily life and TA practice.

Berne (1961) stated "The term 'ego state' is intended merely to denote states of mind and their related patterns of behavior…" (p.30). And similarly, as "a coherent system of feelings, and operationally as a set of coherent behavior patterns" (Berne, 1964, p.23). Citing Penfield and Jasper (1954) and Penfield and Roberts (1959), Berne (1961) also clarified that an ego state is more than just the stimulated auditory and visual cortex that comprises the memory or speech and words; an ego state includes the potential re-experiencing of the complete memory.

In a collection of his materials published later, Berne (1977) defined ego states "*phenomenologically* as a coherent system of feelings, and *operationally* as a set of feelings which motivates a related set of behavior patterns; or *pragmatically*, as a system of feelings which motivates a related set of behavior patterns" (p. 123) (italics added). While that definition is vague regarding experiences which are outside of those classified as 'feelings,' it appears that Berne's view of an ego state is most compatible with the grouping of experience-sets which Tart and I are referring to as a SoC. This is further supported by James Allen's (2011) summary "Berne described ego states as coherent ways of thinking, feeling, and behaving that occur together. Today, we can also conceptualise them as the manifestations of specific neural networks in the brain" (p.12). A useful working model, then, is that the phenomena of ego states referred to by Berne are complex neural net bundles of perceiving, thinking, feeling, and behaving.

[Editor's note: This is similar to when Jenni Hine (1997, 2005) wrote of 'generalised representations' (GR) and referenced, among others, Stern (1985) who originated the concept of RIGs - Representations of Interactions that have been Generalised. Hine proposed that "… ego states form progressively out of the generalised representations that develop as the individual interacts with the environment and with his or her perceptions of self and others through the period of infancy and childhood." (p.278). Figure 2 below is somewhat similar to the diagram that Hine (1997, p. 281) provided. Great minds …. !]

Other non-TA theorists also use the term 'ego state' to embrace complex psychological phenomena which have operational characteristics or preferences. William James dealt with this concept of sub-personalities - which he called 'the various selves.' The functions of an individual, in whom various

psychological traits are not integrated, form what we consider to be sub-personalities. Assagioli (1965) suggested the word 'roles' instead of 'functions' to avoid semantic confusion, commenting that ordinary people shift from one to the other without clear awareness, and only a thin thread of memory connects them; but for all practical purposes they are different beings – they act differently, they show very different traits.

In his writing, Assagioli is not speaking about the rare cases of dissociative personality disorders but rather the day-to-day or minute-to-minute shifting of consciousness that Berne would call changing ego states. In some situations, these may be seen as mental programs of a defensive or survival nature as if the group of experiences are sub-personalities, and complex processes with various protective (even if maladaptive) motives (Frederick, 1996, 2005, 2016; Frederick and McNeal, 1999; Lowen, 1967; Watkins, 1978; Watkins and Watkins, 1979, 1984, 1988, 1997). To emphasise her position, for instance, Frederick states "Malevolent ego states (also known variously as destructive, perpetrator, demonic, and protector ego states or alters) are aspects of the personality that preside over a number of self-destructive behaviors such as suicide and homicide attempts, disturbances of mood and of cognition, somatic and somatoform illnesses, and disabling flashbacks" (p.332).

While the phenomenon behind those above characterisations provides a dramatic view of dynamic consciousness, they are only one focus of this discussion. Yet, they illustrate an observed repetitive pattern of complex behaviour and ego states or state of consciousness. Of course, not all ego states should be considered defensive or malevolent. Most ego states account for acts of daily living, creativity, and general survival in society.

That is, each ego state or SoC is comprised of experiential resources. By way of definition, an experiential resource is a named (labelled, or symbolised) set of monitored experiences associated with one or more memories of historical events during which it occurred. As a point of reference, Bandura's (1969) research on learning and modelling illustrates that symbolised or coded image representations (auditory, visual, olfactory, etc.) or words function as mediators for subsequent response retrieval and reproduction. He writes, "If perceptual sequences are repeatedly elicited a constituent stimulus acquires the capacity to evoke images (i.e., centrally aroused perceptions) of the associated stimulus event…" (p.133). He further adds, "Concise labeling and

imaginal coding were equally effective in aiding immediate reproduction of modeled responses and both systems proved superior in this respect to the concrete verbal form" (p.134).

As with any experience, one's awareness of an experiential resource fluctuates over time. Memory of, and conscious access to, the experiences may have faded or been suppressed over time, rendering it an unconscious resource. That is, we experience more or less courage, hunger, confidence, tension, fatigue, etc., throughout time. The neurobiological mechanisms for monitoring these events and alerting one to attend to them are complex and beyond the scope of this paper. However, the pragmatic operation of monitoring experiences and alerting consciousness can be referred to as an experience monitoring process and will be designated only as "experience monitors." These experience monitors may be shared with, or isolated from, other ego states/SoCs.

The following should help clarify these smaller components which provide experience monitoring - but be reminded that these represent complex and expansive neural networks within the brain. Consider how most individuals monitor the high and low limits (represented as horizontal bars) of common physical experience - in this example, muscle relaxation or tonus shown here in the form of thermometers, as in Figure 1.
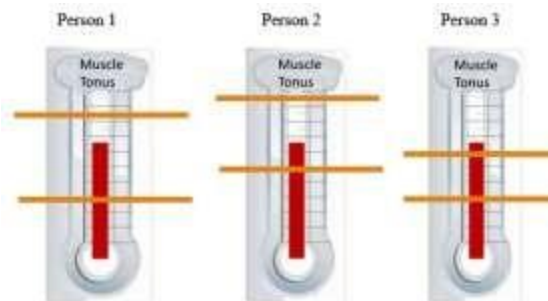

Figure 1

Figure 1: Differing Assessment for the same stimulus for three individuals

Assume these are monitoring the same physiological experience for 3 individuals. The same measurable level of muscle tonus (the vertical red 'temperature' bar) measuring relaxation or tension is judged differently by each person (the high and low thresholds indicated by the horizontal bars). That is, it is about mid-range for the left person's monitor, becoming low for the middle person's monitor, and beyond the highest comfort level

for the person alerted by the third monitor. Each person will have a unique tolerance for their experience. Such differences are created from genetics, social learning, modelling, trial and error, conditioning, and deliberate training, etc. When an experience rises above or drops below a learned threshold, experience monitoring brings it into consciousness.

Various experience monitors are the building blocks of each ego state – some ego states have access to shared experience monitors, and some do not. For instance, in TA language, a person who may be in any of the three major groupings of ego states - archeopsyche (Child), neopsyche (Adult), or exteropsyche (Parent) - may have access to the *set* of experience monitors that he or she labels 'daydreaming' (that is, non-deliberate or less intentional and directed frontal lobe cognition). As a result, the person could use the experience of daydreaming to shift from one ego state to another. The example for this would be that in one moment the person might chuckle at the content of the daydream (a connection to shift to a Child ego state), then in self-talk say "That's interesting and explains a lot." (a connection to shift to an Adult ego state), and the next moment emphasise "It's a damn shame more people don't realise this." (a connection to shift to a Parent ego state). Experience monitors, shared within other SoCs, provide avenues for switching states and recombining with other sets of experiences contained within them.

It is important to recognise that many, maybe most, monitored experiences are associated with still other monitored experiences and make up a *set* of experience monitors. It is convenient to refer to these *sets* of monitored experiences as 'experiential resources' (ERs). When, for instance, I witnessed Dr. Milton Erickson help a client elicit what he referred to as 'pride' or 'joy' or 'confidence' from childhood efforts learning to tie his shoes, he considered 'pride' or 'confidence' to be an experiential resource (personal communication, July 1977). But the client, as a child, would have had to monitor and execute several experiences to accomplish tying his shoes. For instance, a client, as a child, would have to have monitored gripping, hand position, balance, eye-focus, breathing, and so on, to accomplish the learning. In short, an experiential resource is a named (labelled) *set* of monitored experiences associated with one or more memories of historical events during which it occurred.

Each person learns labels for these combined sets of experience monitors and those labelled sets remain fairly constant throughout life. Even though ERs are

comprised of complex sets of experience monitors for affects, cognitions, perceptions, etc., on a daily basis people only refer to them by names such as 'confident,' 'weary,' 'happy,' frightened,' 'affectionate,' 'angry,' and 'focused.' It is easy to refer to such a label and yet the vast set of mixed component experiences that comprise each are often indistinct. That is, they are indistinct until awareness is directed to it by means of a sensory-based memory, interpersonally offered suggestions, or a monitored process goes beyond the limits of the learned thresholds and involuntarily intrudes on awareness.

If some external or internal stimulus triggers an ER beyond the customary limits, it may involuntarily and suddenly provide a signal that it is out of bounds and the person may shift ego states. For instance, when a person is happily running on a beach and becomes aware that they stepped on something that cut their foot, the person suddenly shifts from a state of carefree exercising SoC to a concerned and cautious set of experiences triggered by pain. If those experiences are not among the components of their exercising SoC, they will suddenly shift to another SoC. In so doing, the previous ERs may no longer be available. Thus, the avenue back to the carefree jogging in the previous SoC is temporarily impossible. These concepts illustrate what is meant by SoCs. They consist of shared experience monitors and limits of recombining experience.

In summary, SoCs are identifiably different collections of *sets* of perceptions, thoughts, feelings, behaviours, monitoring processes, and the capacity for consciousness. It is important to note four factors in defining a SoC:

1. There must be consciousness or sensory awareness at some level;

2. The SoC will contain sets of experience monitors for motor skills, perceptions, cognitions, bodily function monitors, affects, etc.;

3. Many or most of the sets of experience monitors will have labels (that is, they are ERs);

4. There are limits or rules for connectivity that delimit traversing from one ER to another.

Phenomenological observation indicates that within a given customary (or normal) waking state, some experiences can be accessed immediately with little willful effort, and some cannot be so easily brought into awareness. For instance, in their customary waking state, the behaviour of chuckling at something

humorous may come more easily for some individuals than for others. Furthermore, there is varying difficulty for the same individual to chuckle at different times and in different circumstances. This example is an indication of what can be called the person's 'rules-of-connectivity' that govern switching from one set of experience to another.

Rules may be, in most cases, biologically based but, in many cases, they are learned. The learnings are, of course, a reflection of each individual's unique history. This, basically, gives rise to the problems that bring people to psychotherapy. That is, therapeutic or developmental opportunities exist when people cannot acquire the experiences needed in the context in which they are required.

As Erickson explained it, "psychological problems exist precisely because the conscious mind does not know how to initiate psychological experience and behavior change to the degree that one would like" (Erickson and Rossi, 1979, p.18). As previously explained, people recognise *sets* (i.e., grouping, or patterns) of experience monitoring processes and give them labels and thus they become ERs.

Simplified examples of four SoCs with ERs are illustrated in Figure 2. Each egg-shaped ellipse represents a different SoC and for the purpose of simplified discussion, there are only a few circled numbers within each. The numbered circles within the SoCs represent an experiential resource. Each of these ERs will have a label that is familiar to the individual.

Some of the experiential resources are connected to one another, and some are not. The highly connected ones share some commonality, usually established by a unique learning history. Or they may be related by containing a common experience monitor, etc. Hence, moving between those is easy. Each SoC has several ERs that are similar or even shared with another SoC. But for the sake of simplicity Figure 2 does not show any overlapping geometry to illustrate that. Table 1, which is based on several hypothetical illustrative examples of various experiential resources, shows how:

1.   Each SoC is represented as an enclosure with a dotted line as its boundary.

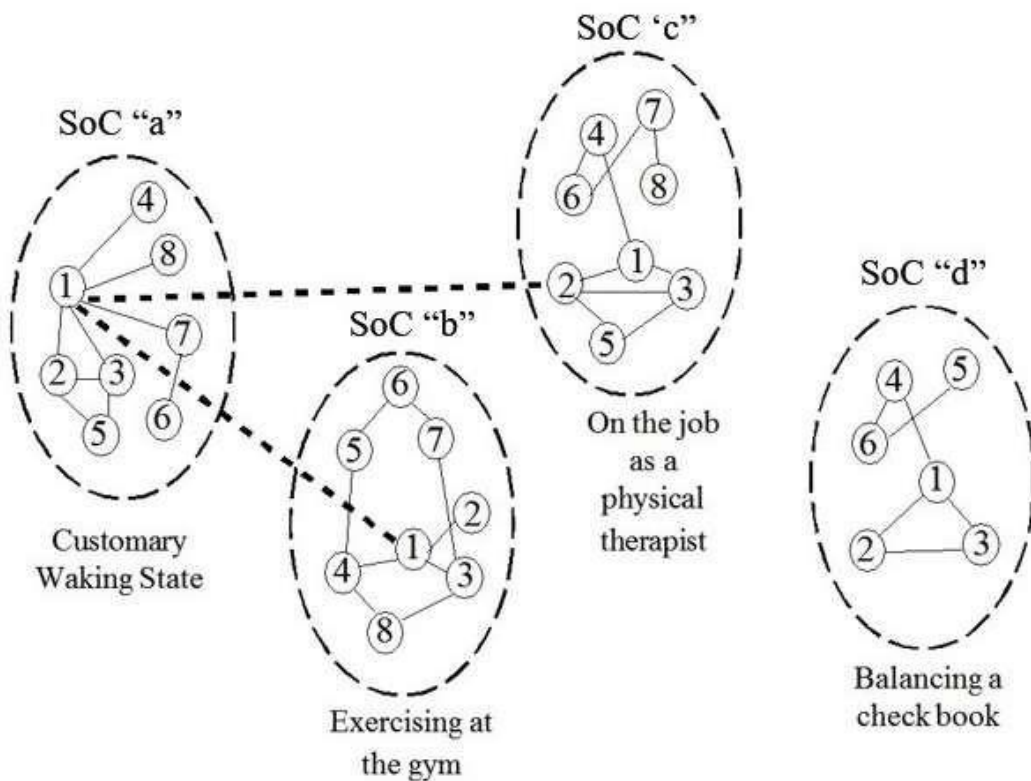2.   Within each SoC there are many experience monitors.

Figure 2: Various Sets of Experiential Resources Distributed within States of Consciousness

Description of the contents of SoC "a:" This is the individual's hypothetical SoC that we'll call her customary waking state.

a1 is "feeling alert and awake."

a2 is "withdrawn and thinking."

a3 is "ignoring stimuli - dissociating."

a4 is "being able to explain".

a5 is "scanning surroundings."

a6 is "seeking attention."

a7 is "fatigued."

a8 is "evaluating."

Description of the contents of SoC "b:" This is the individual's hypothetical SoC that exists when she is exercising at the gym.

b1 is "determination."

b2 is "self pep-talk."

b3 is "relaxing."

b4 is "hopeful."

b5 is "exhausted."

b6 is "feeling in the zone."

b7 is "feeling rushed."

b8 is "comparing self to others."

Description of the contents of SoC "c:" This is the individual's hypothetical SoC that exists when on the job as a physical therapist.

c1 is "observing" - subject's motion.

c2 is "planning" – for a prescribed therapy.

c3 is "explaining" –giving assignments.

c4 is "confidence" – delivering plan to a subject.

c5 is "ignoring" – sounds of activity.

c6 is "worrying" – checking paperwork.

c7 is "satisfaction" –seeing subject's progress.

c8 is "being firm" – insisting on assignments.

Description of the contents of SoC "d:" In this illustration "d" is shown to represent any other distinct SoC, but it could possibly be named the SoC used when balancing a check book.

d1 is "committed, determined."

d2 is "curiosity."

d3 is "focussed."

d4 is "forgetting."

d5 is "confusion."

d6 is "frustration."

d7 is "distracted."

d8 is "angry."

Table 1: Experiential Resources in the SoCs of Figure 2

3.   Eventually, sets of experience monitors will be labelled in the process of socialisation (e.g., strong, confident, helpless, brave, cautious, competent, smart, etc.).

4.   The set of experience monitors constitute experiential resources.

5.   Some experiential resources cannot be reached from other experiential resources.

6.   Some experiential resources will be pathways to other experiential resources, and some may be potential pathways to other SoCs.

An important reminder is that these representations of SoCs are meant to help explain the concepts of discrete states of consciousness, experiential resources, stabilised boundaries, and connectivity between them.   As illustrations, they are not representative of complete states: a SoC would have hundreds more ERs. They should, however, help convey and clarify the major components needed for using psychotherapeutic transactions for co-creating a therapeutic state and the relationship between those components.

The SoC model illustrates that some ERs cannot be directly reached within a SoC and that some needed resources may be even more difficult to elicit due to their relationship to more unfamiliar or lesser used SoCs. This has to do with the learned channels or pathways that connect them. These learned channels are what I referred to already as 'rules-of-connectivity.' Many rules of connectivity are learned and can be changed. In Figure 2, for example, it is possible to move from experience a1 to several other experiences - a2, a3, a4, a7, or a8. But, as the diagram shows, it's not possible to move directly from a1 to a6 or to move from a6 to a8 or to a4, etc. That is, the person in this example cannot directly move from feeling awake and alert to daydreaming or falling asleep. This is, of course, not a big revelation in the real world, but it illustrates the concept that movement between experiences is governed by certain learned rules of connection.

More interestingly, if the person in this example is in a therapy office and having the experience of a1 (feeling awake and alert) they cannot directly move to b6 (dissociation). The experience b6 (dissociation) is part of an entirely different SoC. But it can be most easily achieved by the association of a1 shifting to b1 (preparing) – a key part of a different SoC. Then from b1 (preparing) to b3 (relaxing), to b7 (determination), and finally to b6 (dissociation). When these shifts happen in everyday life to our hypothetical subject,

that person is unaware of the complexity that is involved – it just happens. But movements to other ERs which the combining rules will not allow – do not 'just happen'.

Changing circumstances to a real person outside of this hypothetical set of SoCs - what happens when the subject needs a feeling of confidence to ask for a promotion while at their place of employment and in the associated SoC? If that confidence is not a part of that SoC and they do not have experience getting from point A to point B, so to speak, the person cannot consciously evoke the needed confidence. Therein lies the simple analogy that brings people to therapy or maybe coaching - one cannot get the resources that one needs in their customary waking state from some other particular state of consciousness. The rules of connectivity are often inadvertently learned and can be relearned. Some of that learning may be simple socialisation, and in other cases that learning may be the result of trauma or inappropriate psychosocial development.   One effect of trauma is to create *pervasive* oversensitive experience monitors, or several experiences being over-monitored from multiple SoCs.

This short example includes a reminder to not generalise the specifics it contains. For instance, debilitating anxiety related to test taking can be due to a variety of individual circumstances. However, to illustrate this point of hyper-sensitive monitoring, consider a student who, as a child was verbally berated and physically assaulted (e.g., struck in the face with a parent's hand) when making a mistake on a homework assignment or when reciting the multiplication table. Such an event, especially if repeated, would sensitise the child to increase his/her level of hesitancy to answer a question or his/her inability to formulate a mental image of an answer. While these types of learning might not be an ordinary component of a person's customary waking state, they nonetheless may remain as hyper-sensitive monitoring process in other SoCs.

Consequently, the context of taking an exam on material about which he/she has some doubt could be a context in which the over-sensitive monitoring triggers anticipated pain (even when that is irrational, of course). And, as those mechanisms flood consciousness with that irrational anticipation (fear or anxiety), his/her ability to deliberately evoke the resource of confidence would be increasingly blocked. Since the fear or anxiety would not likely be a component of his/her customary waking state, the monitoring mechanisms that led to it would be

considered a connecting route into a different SoC. And, once in that SoC, he/she would not be able to quickly shift out of it and back to a relaxed and confident frame of reference for continuing the exam.

These experience monitors which are meant to protect the person from the reoccurrence of an unpleasant or painful situation may be easily triggered by environmental cues which approximate the trauma that created them. As such, they are common examples of why the conscious mind may be unable to retrieve needed experiences from other states of consciousness due to trauma.

Apropos to the concept of pervasive experience monitoring, two research studies using fMRI (functional Magnetic Resonance Imaging) to compare the neuroimaging of hypnotically induced and physically induced pain responses, illustrate the point. Derbyshire, Whalley, Stenger, and Oakley (2004) studied several highly suggestive subjects with findings replicated in subsequent research by Raij, Numminen, Narvarnen, Hiltunen, and Hari (2005).

Oakley cited these studies, sharing that they found "widespread activation throughout the brain circuitry associated with the mediation of pain" [that is, in the thalamus, anterior cingulate, insula, prefrontal and parietal cortices]. Adding, "with the additional observation that source monitoring by medial prefrontal cortex may contribute to the subjective reality of pain in both cases" (Oakley, 2008, p.369). Such widespread brain excitement is not confirmation that multiple SoCs learn pervasive hyper-sensitive monitoring of critical experiences. However, to the extent that the pain in these studies can be compared to physical or emotional pain from life's traumas, the feasibility of such a phenomenon does exist.

The excitability of hyper-sensitive experience monitoring can be seen in the way phobic avoidance can generalise in a person. Imagine the person who feels excessive fear during a car accident on a stormy night and subsequently finds that fear has become nearly debilitating. As time progresses the fear may inhibit the person from driving in a storm. Then the fear may further generalise to hearing or seeing any storm, and over time, generalises to a fear of wind - and even a fear of hearing weather forecasts. In such a case, the person becomes increasingly unable to feel safe in their home, at work, or even watching a movie that involves a windy day. This is to say, the person has fewer and fewer routes to connect to a feeling of safety despite any SoC they can achieve.

Expectancy and Empathy

The next questions concern how it is possible to move experiences from within SoCs that have rules for transiting from one experience to another and assemble a state that contains several of them. The best answer, as it pertains to professional interaction, is empathy and empathic rapport.

To understand the role of empathy we need to define it. Empathy refers to a *felt* understanding of another person's situation, feelings, thoughts, and desires (Rogers, 1961). Empathy does not refer to merely having a cognitive understanding of the other person's situation and feelings. Empathic rapport refers to the situation in which the subject or client also believes that the practitioner has a shared sense of his or her situation. It should go without saying that a client may incorrectly believe that an understanding exists. Rogers makes the poignant observation that "When the therapist is sensing the feelings and personal meanings which the client is experiencing in each moment, when he [sic] can perceive these from "inside," as they seem to the client, and when he can successfully communicate something of that understanding to his client, then this third condition [empathic understanding] is fulfilled" (p. 62). Successful empathic blending has an effect on clients that is nearly essential for creating new states of consciousness in treatment, such as an impartial Adult ego state with connection to several empowering ERs.

To a new client, the practitioner is a stranger, an outsider. As the two converse, the practitioner's communicated empathic sensings have an effect on the client's perception of the other as *other.* The more the practitioner's contributions to the "conversation capture essential elements of, and resonates with, the client's experience, the more the client finds the differences between themself and the practitioner to be irrelevant — undifferentiated. The borders of the client's self are able, for the time being, to become unremarkable, making it possible for the practitioner to become accepted as an insider" (Flemons, 2020, p.349).

Perhaps Gregory Bateson (1979) best identified those factors that explain how people blend their sense of identity with another. He explains "perception operates only upon difference. … all perception of difference is limited by threshold. Differences that are too slight or too slowly presented are not perceivable" (p.29). He goes on to say, "information consists of differences that make a difference" (p.99).

The important question becomes what creates such sufficient empathic rapport that the distinction between which individual has initiated a thought becomes blurred. The subtle nuance of interpersonal communication has been elusive and difficult to measure. Thus, it seems to have often been brushed aside in psychology. Notable exceptions, whose work to codify communication greatly influenced me, include the operant interpersonal communication research by Richard Stuart (1969), the work from the Mental Research Institute of Palo Alto (Bateson, Jackson, Haley and Weakland, 1974), the unique approach to hypnosis by Milton Erickson (1948, 1958, 1970, etc.), and the advanced theories that developed from TA (Berne, 1961, 1964, 1967). Yet, these works still fall short of codifying an acknowledged, but more subtle, feature of communication often summarised by phrases synonymous with the word 'intuition' which may play an even more important role.

A perceptive observation came from Kempt (1921) who may have correctly observed that intuition is reflex imitation through similar brief muscle tensions. That imitation was derived partially through subliminal cues according to Jung (1946) who later posited that intuition "is that psychological function which transmits perceptions in an unconscious way" (p.567-569). Two years later, Reik (1948) wrote that intuition is listening with the third ear. But, despite that being a poetic definition, it fell on deaf ears, as it left little for science to measure. Kempt and Jung introduced what we now suspect to be the transactional aspect of conscious and unconsciously perceiving muscle (and other subtle) activity driven by mirror neurons. In my estimation, mirror neuron driven behaviour and its transactional detection and response most certainly account for a large part of what is experienced as empathy.

Berne (1961) addressed this when writing of communications that stimulate an ulterior involvement by appealing to a vulnerability or 'gimmick' in the listener. Later, (Berne, 1964) identified this type of communication and labelled it an 'angular transaction'. Angular transactions involve multiple ego states. They are communications that stimulate activity in a SoC outside of the ostensible state being used by the respondent. This category of transactions may subsume empathic communication but also includes a great number of other seductive communications. For example, "Drivers look younger in that car. " "When you open your eyes, you'll be like the strongest man anyone has ever met." "In trance you are going to know how it feels to never be wrong." The defining aspect is that

they result in stimulating or evoking expectancy outside of immediate awareness and encourage its emergence.

What is referred to in some therapies as 'expectancy' or a placebo effect is evoked by angular transactions. This is because they include, in addition to language, alluring social factors such as perceived prestige of the practitioner, symbolic iconography, the popularity of the approach being used, peer pressure, and demand characteristics of the environment. Specifically, expectancy is the result of a cognitive and unconscious transderivational search for previous perceptions, experiences, imagination, or memories that might help frame an event and give it meaning (Goffman, 1969). The search process has a similar mental (possibly, yet to be discovered, neurological) activation effect on clients. It requires relaxing the boundaries of the customary waking state (or the current SoC) and increasing receptivity for experiences customarily residing in the associational patterns of other SoCs.

This is the situation at play whether the stimulus is presented legitimately or fraudulently and, when received, it stimulates a type of broad mental search (or fuzzy search) across possible favourable meanings. The phenomenological affect of this search can be named as 'enchantment' (Lankton and Lankton, 1986, 1989). This phenomenon and what theorists and researchers refer to as expectancy should be conceptualised as transactional events stimulating searches for favourable past experiences including those residing and monitored in various different states of consciousness. Thinking of it in this way means that expectancy is not a trait but it is a transactional event.

Working with SOCs

While the specific content of a state cannot be delineated, the process can be. It begins with the steps to establish an empathic relationship. That is primarily done to help the practitioner gain as accurate an understanding of the client's situation as possible. Figure 3 uses a wavey line to highlight the 2-way communication that occurs at both the conscious and the mirror neuron level of exchange.

Fortunately, the outcome of such a relationship is creating a lack of 'difference' and therefore a lack of boundary. As discussed, this allows for more easy movement of experiences within the SoC as well as the elicitation of experiences found outside of the current SoC.

Figure 4 illustrates how the practitioner might prompt the client to recall ERs that will help them move into a

positive SoC. These might be curiosity or hopefulness, or others that are relevant to whatever the client wishes to achieve.

Figure 5 shows the practitioner increasing the elicitation by the client of appropriate ERs through a process where the client recognises that the practitioner really understands them, again via communication at conscious and psychological levels.

Figure 6 illustrates how the practitioner invites the client to associate ERs in new ways, and Figure 7 shows how the client finishes up with a newly created SOC comprising a new set of ERs. This final temporary therapeutic state can be a hybid Adult state containing the needed resources for the contracted therapy goals such as overcoming a traumatic and limiting childhood experience, stop substituting an adapted feeling and empower the self to own a previously abandoned feeling, or envision and embrace a successful and desired life script.
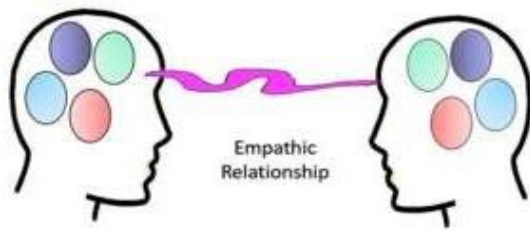

Figure 3: Conscious and Unconscious Communication Establish Empathic Rapport (Lankton, 2023, presentation)

Figure 4: Experiences Desired Usually Reside in Differing SoCs (Lankton, 2023, presentation)
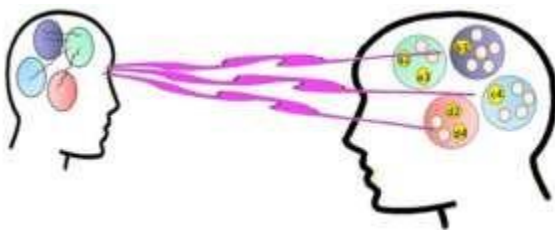

Figure 5: Eliciting Experience within Other SoCs with Relaxed Boundaries (Lankton, 2023, presentation)

Figure 6: Assembled Experiences Begin to Connect by Repeated Association (Lankton, 2023, presentation)

Figure 7: The Set of Experiences becomes an Independent SOC (Lankton, 2023, presentation)

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Similar material, with less focus on TA, can be seen when a new book is published – the reference is Lankton, Stephen. (2024). States of Consciousness Model and Ericksonian Approaches to Therapy. In J. H. Linden, G. De Benedittis, L. I. Sugarman, K. Varga. (Eds). *Routledge International Handbook of Clinical Hypnosis*. Chapter 8. Routledge.

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