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Hypnotic Ego-strengthening: Where We've Been and the Road Ahead

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ABSTRACT

The use of hypnotic ego-strengthening techniques in psychological and medical treatment has been widespread in the fields of psychotherapy, nursing, dentistry, medicine, psychiatry, and related fields. The term “ego-strengthening” became part of the clinical hypnosis literature with the publication of John Hartland’s ego-strengthening script in the 1960’s. Since then numerous clinicians have utilized and modified Hartland’s script, and developed other ego-strengthening scripts as well. Research has demonstrated that ego-strengthening suggestions and scripts can enhance treatment effects. Early versions of ego-strengthening suggestions tended to be verbal and authoritarian in nature while later developments added imagery and emphasized projective/evocative scripts with the purpose of accessing internal resources. Currently, in most hypnosis case studies and research articles, some form of ego-strengthening is an important aspect of the treatment plan.

KEYWORDS

Ego enhancement; ego strengthening; treatment models

This article will review various theories of ego-strengthening and treatment models where ego-strengthening has been employed. Ego-strengthening has also been incorporated into related fields and combined with other treatment modalities such as mindfulness meditation and various other positive psychology concepts and treatment models. The road ahead involves more of this collaboration as well as continued research involving more rigor in defining and specifying the role of ego-strengthening in treatment.

Many articles on clinical hypnosis will mention the term ego-strengthening, or refer to ego-strengthening suggestions, without going into much detail, as to defining what ego-strengthening is and what it does. Definitions of the ego and of ego-strengthening vary widely and depend on the theoretical orientation that is involved. The following definitions of the ego and of ego-strengthening run the gamut from psychodynamic to cognitive-behavioral.

Ego-strengthening theories

The psychoanalytic definition of the ego, going back to Freud, (1961), defined the ego as “a coherent organization of mental processes to which consciousness is attached”. He believed that, “the ego controls the approaches to motility, that is, to the discharge of excitations into the external world; it is the mental agency which supervises all its own constituent processes ...” It brings the influence of the external world and substitutes the reality principle for the pleasure

principle of the id. Perception is to the ego as instinct is to the id, with the ego representing reason while the id contains the passions. The ego employs the defense mechanisms to ward off threatening affect. The ego functions, i.e. it perceives, thinks, acts, etc., and is the organizer of experience. The task of psychoanalysis is to increase the efficiency of the ego in internal mediation and to enhance its effectiveness in the world. So, ego-strengthening from a classical Freudian viewpoint extends the sphere and control of the ego over the id and superego (Freud, 1964a, 1964b).

The development of ego psychology expanded the concept of the ego. Heinz Hartmann (1961) emphasized the autonomy of the ego. Rather than the ego emerging from the id as Freud believed, Hartmann theorized that the ego is a group of functions that include defenses and healthy adaptive mechanisms. Because these ego functions exist apart from frustration and conflict, he called them the conflict-free ego sphere. Hartmann (1961, 1965) made a strong case for the importance of development that comes from the infant's interaction with the environment, and the adults in the environment. He was interested in the mechanisms that enabled human survival. From Hartmann's perspective (1961, 1965), ego-strengthening occurs as a natural developmental process. The ego was to have a central role in personality organization. The degree of health or pathology depended on the ability of the ego and its strength to handle conflicting demands of the id, superego, and reality.

Object relations theory (Summers, 1994), and in particular, Melanie Klein (Greenberg & Mitchell, 1983) introduced the ideas of patterns of anxieties and defenses, termed the paranoid-schizoid position and the depressive position. To simplify, the paranoid-schizoid position involves loving relations and hateful relations as separate from each other, and the external object as either good or bad. In the depressive position, loving and hating can occur together, and the object is a whole person who can be both good and bad. According to Klein, working through the depressive position strengthens the ego by growth and assimilation of good objects. According to object relations theory, the ego can't be experienced subjectively because it is "the observer within the observed" (Hamilton, 1988).

Self-psychology theorists such as Wolfe (1988) defined selfobjects as the subjective aspect of functioning performed by a relationship of self to objects who maintain the self and the experience of selfhood. The individual internalizes interpersonal experiences with others, and pathology results when the environment fails to be appropriately responsive which creates a structural deficit. The goal of treatment is to strengthen the self so that the person can "actively plunge into the rough and tumble of everyday life, not without fear, but nevertheless undeterred" (Wolfe, 1988, p. 102). Ego-strengthening from the vantage point of self-psychology would create healthy internal structure of the self.

According to Jungian psychology, the ego is the center of the field of consciousness, and subject of all personal acts of consciousness. The ego develops from a collision between the internal world and the external environment and is responsible for successful attempts at adaption (Jung, 1964). The ego must come to terms with the unconscious and allow the transcendent function which is the coming together of conscious and unconscious mental contents. From the Jungian viewpoint, ego-strengthening involves facilitating the ego to be stronger than the pressure of the unconscious so as not to be overwhelmed.

Federn's (1952) concepts of the multiplicity of the ego, or ego states, formed the basis for Watkins and Watkins (1997) ego state theory and therapy. The ego state model views personality as involving a multiplicity of parts or energies with differing goals, cognitions,

affects, and behaviors. Ego states are adaptational, and may be formed in childhood, as introjects of parents or other significant adults, or created to deal with trauma. Ego states are separated from each other by boundaries that vary in degree of rigidity and permeability. At one end of the spectrum are ego states with thin boundaries that communicate with each other, while at the other end are the alters of Dissociate Identity Disorder. When ego states are not in harmony with each other, methods of individual, group, and family therapy can be used with the goal of integration where ego states are in communication and have harmonious relationships with each other (Phillips & Frederick, 1995; Watkins & Watkins, 1997). Watkins and Watkins (1997) saw ego-strengthening as increasing the influence of positive, healthy ego states over more child-like, immature, and less constructive ego states. Also, the maturation of ego states strengthens the ego.

Milton Erickson (Erickson & Rossi, 1976) believed that the unconscious mind contained all the resources an individual needed for resolution of conflicts. So, in his view, successful ego-strengthening would involve evoking naturalistic unconscious resources. It is important to emphasize the strong influence that Erickson has had on the concepts of hypnotic ego-strengthening. These influences include his beliefs that every human is unique and needs to be treated individually, and that every human has internal resources that can be accessed and utilized. Erickson believed that the unconscious mind is on the side of progress and healing. He felt the conscious mind was too limiting, and that trance allows those limitations to fall away (Erickson & Rossi, 1976). The conscious mind can then integrate those resources into one's life resulting in new responses. Erickson also emphasized the therapist's joining the frame of reference through the cooperation principle where the therapist adapts to the patient through pacing and leading (Gilligan, 1987). Perhaps one of the most important Ericksonian influences is that of utilization, i.e. the therapist working with all of the verbal and nonverbal expressions that the patient presents (Erickson & Rossi, 1979; Yapko, 1986).

More recently attachment theory has gained wide acceptance. John Bolby (1969) described the nature of attachments between infants and children and their caregivers, and believed that disruptions in the maternal bonds could lead to psychopathology. He described patterns of attachment which others, such as Ainsworth (Ainsworth, Blehar, Waters, & Wall, 1978) refined into categories of secure attachment versus ambivalent, avoidant or disorganized attachment. Alan Schore (1994, 2003) believes that the attachment relationships determine the maturation of the developing brain. He has stated that attachment theory is a regulation theory involving attunement between the right brains of the infant and caregiver (Schore, 1994). During treatment, the attunement between therapist and patient is thought to be healing, and that the capacity to regulate affective arousal promotes a sense of self-efficacy (Granit, 2006). Establishing a secure attachment enables an individual to strengthen self-functioning, increase resilience, and decrease vulnerability to pathology (Becker-Phelps, 2014). From an attachment theory perspective, ego-strengthening would involve increasing the individual's ability to self-regulate, to self-soothe, and to develop self-compassion (Neff & McGehee, 2010).

A more cognitive-behavioral view of ego-strengthening (Hammond, 1990a) involves direct and indirect suggestions that are geared toward enhancing self-esteem and increasing self-confidence and self-efficacy. Hammond (1990a) has mentioned the socio-cognitive concept of self-efficacy (Bandura, 1977) which is the confidence to be able to feel in control and to be able to cope successfully with life's situations.

So, in summary, we can conceive of the ego as the part of the mind responsible for agency, action, and executive control. The ego functions, observes, perceives, acts, and organizes experience. Ego-strengthening has to do with extending the influence of the ego and increasing the effectiveness of ego functions. Interventions that are ego-strengthening enhance the person's ability to access resources from within one's inner world. When these interventions are presented during a hypnotic trance, there is increased access to imagery, fantasy, emotion, and memories with decreased defensiveness and increased receptiveness (Brown & Fromm, 1986; Frederick & McNeal, 1999; McNeal & Frederick, 1994). Successful ego-strengthening bridges the gap between insight and the actualization of change (McNeal & Frederick, 1993). When ego-strengthening has occurred, the self is experienced as stronger, more adequate, and more effective in coping with both the internal and external world (Frederick & McNeal, 1999).

Hypnotic ego-strengthening in treatment

How ego-strengthening occurs in treatment has to do with the relationship between patient and therapist, and requires the development of empathy, safety, trust, and a secure therapeutic alliance. Ego-strengthening is usually considered to be an adjunct to treatment interventions and can be incorporated into treatment in all fields that utilize clinical hypnosis including but not limited to psychiatry, psychology, social work, counseling, medicine, dentistry, nursing and all other health services.

The literature on hypnotic ego strengthening is somewhat sparse. We could begin with the famous words of the Frenchman Emil Coué (1922) is famous for his recommendation of repeating the conscious autosuggestion, "Everyday in every way, I'm getting better and better." The medical literature traces the beginnings of research on ego-strengthening to Hartland (1965, 1971). Hartland was a physician in Wales who advocated ego-strengthening to be done prior to symptom removal, believing that no one would give up symptoms until he or she felt strong enough to do so. His approach was direct and authoritarian. After an induction involving breathing, sequential muscle relaxation, and deepening, he added eight minutes of ego-strengthening suggestions covering a wide variety of areas: mental and physical strengthening, safety and security, increased confidence, happiness, and well-being. He admitted that developing the content of the suggestions was a trial and error effort. After Hartland became a psychiatrist, he found that when he preceded hypnoanalytic work with the same suggestions he had used in his general practice, the length of treatment was shortened. He felt ego-strengthening should be used before and after uncovering hypnotic work. He believed that ego-strengthening reduced anxiety and increased the patient's confidence in his or her coping abilities.

Calnan (1977), an Australian working in a community mental health center, utilized Hartland's suggestions and found that the patients he evaluated used the same words to describe their experiences as occurred in the Hartland suggestions without awareness of their origins.

Stanton (1977), also an Australian, performed a controlled study where he found that his patients preferred Hartland's suggestions to the positive suggestions derived from Albert Ellis's rational-emotive therapy, although both groups reported improvement in their ability to cope. When Stanton (1979, 1990b) did a study combining suggestions from Coué, Ellis, and Hartland, the subjects showed increased internal control as shown by the

Rotter Internal-External locus of control scale. These studies all dealt with direct verbal suggestions, and could still be relevant today, especially with patients who are very auditory and respond well to the influence of authority figures. However, a new area of ego-strengthening emerged with the addition of imagery.

Addition of imagery

The fields of mind-body healing produced many new treatment methods involving guided imagery in the 1970s and 1980s (Achterberg, 1985; Achterberg et al., 2005; Rossman, 1987, 2000; Sheikh, 1983; Simonton, Matthews-Simonton, & Creighton, 1978). Jung's (1956) use of "active imagination" was an early influence. Imagery is usually thought of as an important feature of trance states (Brown & Fromm, 1986; Frederick & McNeal, 1999). Individuals in trance experience more intense imagery than they do in the waking state (Assagioli, 1965; Brown & Fromm, 1986; Frederick & McNeal, 1999). Sensory channels such as touch, smell, taste, and sound are also part of visualizing (Brown & Fromm, 1986; Frederick & McNeal, 1999). In trance visualization is often accompanied by affect, for example, the Safe Place imagery that is often used for calming and soothing (Brown & Fromm, 1986; Frederick & McNeal, 1999; McNeal & Frederick, 1994). The advantages of adding imagery to ego-strengthening include: Symbolic or archetypal imagery that bypasses the critical faculty, the interaction of conscious and unconscious processes, and imagery as a source of information about internal resources and processes (Frederick & McNeal, 1999).

Stanton (1989, 1990a) added imagery to suggestion in his five-step ego-enhancement procedures. His suggestions were less authoritarian and encouraged the patient to add his or her own images that related to the problems involved. Stanton also emphasized self-hypnosis and "homework" for ongoing ego-strengthening. His approach allowed for more utilization of the patient's images and more interaction between patient and therapist.

Ego-strengthening goals and targets

Other ego-strengthening approaches focused on specific goals. Gardner (1976) focused on the sense of mastery through producing imagery of mastery which she believed facilitated induction of hypnosis, deepening, and preserving gains from hypnosis, especially with those patients who were reluctant to use hypnosis because of fear of losing control. Gardner believed that achieving the sense of mastery was ego-strengthening and allowed the patient to utilize hypnosis more effectively. Another focus has been that of raising self-esteem. T. X. Barber (1990) developed suggestions based on affirming the patient's positive aspects and overcoming parental criticism. He believed audio recordings would also reinforce the suggestions. Helen Watkins (1990) also created a script for raising self-esteem. Her suggestions emphasized getting in touch with one's positive "life energy," which is protective, nurturing, healing, and loving.

Cory Hammond (1990a) has a section on ego-strengthening in his "Big Red Book." Hammond's chapter on ego-strengthening includes numerous scripts with ego-strengthening suggestions often including imagery and covering a variety of topics. The first section of the chapter begins with Moshe Torem (1990) who emphasized that ego-

strengthening should be a part of all medical treatment with all patients. He has created suggestions that involve a positive center core within the unconscious mind.

Projective/evocative techniques

Projective/evocative ego-strengthening techniques are intended to activate internal resources and provide information about the patient's inner world. They can be diagnostic, prognostic, and provide information about the patient's defenses, internal boundaries, capacity for self-soothing, internal healing powers, and the ability to experience one's own strength and reservoir of inner love (Frederick & McNeal, 1999).

One of the first projective/evocative hypnotic ego-strengthening techniques involved age progression (Phillips & Frederick, 1992). They emphasized that when a patient can visualize a time in the future when current problems have been resolved, the patient's ego has been strengthened. McNeal and Frederick (1993) described ego-strengthening techniques that involve accessing resources from the past, present, and future. Age regression was used to access past resources such as a memory of a nurturing figure from the past. The script developed for Meeting Inner Strength is based on the survival instinct, the notion that everyone has within themselves resources that have allowed them to survive and overcome many obstacles in the past, and that their inner strength is within them and will be there to guide them in the present and future.

Ego-strengthening with ego states involves activating ego states as internal resources. McNeal and Frederick (1993) have defined "Inner Strength" as being "something like an ego state" that is a conflict-free aspect of personality. Inner Strength, when activated hypnotically and utilized by the greater personality, can promote growth in immature ego states, and further the integration process (Frederick & McNeal, 1993; Phillips & Frederick, 1995).

Considering the wide variety of ego-strengthening suggestions, we can posit a spectrum of hypnotic ego-strengthening. At one end are the direct structured suggestions, such as those by Hartland. Guided imagery and mastery techniques are somewhere in the middle, where the practitioner offers structure, but the patient supplies his or her own imagery. At the other end are the projective/evocative techniques which are intended to activate ego-strengthening internal resources. Some of these techniques such as Torem's (1992) "Back to the Future" technique or McNeal's "Inner Strength" (McNeal & Frederick, 1993) technique are structured in such a way as to guide the patient to the place where projective/evocative material can emerge. Others can be more unstructured such as unstructured age progressions (Frederick & Phillips, 1992; Phillips & Frederick, 1992). The patient's ego can be strengthened through its working relationship with the unconscious mind, which has been termed conscious-unconscious complementarily (Frederick & McNeal, 1999).

There have been research studies in the area of medicine employing various projective/evocative ego-strengthening techniques. Catherine Guse (2002) studied the effect of hypnotic techniques including the Inner Strength script (McNeal & Frederick, 1993), the Inner Advisor script (Rossman, 1987, 2000), the Inner Love script (Frederick & McNeal, 1999) and an Age Progression Script (Frederick & Phillips, 1992) on mothers experiencing their first pregnancy. She concluded that her study showed, "Compelling evidence that a hypnotherapeutic intervention, focusing on the enhancement of strengths and inner resources could alleviate depression and psychological distress during the perinatal period, as well as prevent the

exacerbation of symptoms.” The hypnotherapeutic program was effective in enhancing the psychological well-being of mothers’ experiencing a first pregnancy.

De Klerk and his associates (De Klerk, Du Plessis, Steyn, & Botha, 2004) performed a study where a group of fifty patients needing coronary artery bypass surgery were assigned to either an experimental group where they received pre- and post-operative ego-strengthening suggestions or a nonintervention control group. They found significant reductions in anxiety and depression in the experimental group which were maintained at a six-week follow-up. In the control group there were trends toward increased depression. In 2006, the same group published a study of the spouses of the males having the bypass surgery. Spouses were assigned to the same groups as their husbands and received the same ego-strengthening techniques. The postoperative assessment showed that the wives receiving the ego-strengthening suggestions also showed reduced anxiety and depression while the wives of husbands in the control group showed no change (De Klerk, Du Plessis, & Steyn, 2006).

In the above studies, ego-strengthening has been defined somewhat differently and utilized differently as well. However, certain consistencies do appear, for example, the ego viewed as the conscious agent of action and control. Most of the studies mentioned focused on the effects of ego-strengthening as the increased ability to access resources and cope more effectively with both internal and external experiences. Results of the increased effectiveness of ego functioning have been reported as decreased symptomatology; increased mastery, self-esteem, and self-confidence; maturity; improved personality integration; and heightened sense of empowerment and internal control. The ego-strengthening employed is basically viewed as the agent of change.

Neurophysiology of ego-strengthening

Studies have looked at the neural correlates of ego-strengthening. Stevens and his colleagues (Stevens et al., 2004) measured EEG activity in the mid frontal area of sixty college students at baseline and during an eye roll hypnotic induction, arm levitation, progressive relaxation, and ego-enhancement suggestions including imagery. Their results showed that ego-strengthening produced greater activation of theta and beta than the other hypnotic interventions, and that hypnotizability made a difference. Results were most dramatic with the most highly hypnotizable participants. Moss and Willmarth (2017) mention that gamma activation, often higher during meditation and with highly hypnotizable subjects, was not measured.

Neuroimaging technology has brought about advances in knowledge of the neurophysiology of hypnosis. Because of the complexity of hypnotic phenomena no one neurophysiological model has emerged (Landry & Raz, 2015). Three major factors according to Landry and Raz (2017) are differences in hypnotizability, the induction procedure, and the type and content of hypnotic suggestions. The authors report that suggestions can selectively engage relevant brain regions (Landry & Raz, 2017, p. 19). This is particularly relevant to ego-strengthening suggestions as it emphasizes that precise suggestions can influence specific perceptual, cognitive, or motor processes (Landry & Raz, 2017).

Ego-strengthening suggestions

Considering the broad area of hypnotic suggestions, Cory Hammond (1990b) in his “Big Red Book” details fourteen different kinds of suggestions initially described by Erickson and Rossi (1979). A valuable chapter on formulating suggestions by David Godot is included in Gary Elkins “Big Green Book” (Godot, 2017). Suggestions can be direct or indirect, immediate or posthypnotic, oriented toward the past, present, and future, and directed toward behaviors, emotions, sensations, perceptions, cognitions, imagery, and relationships (Hammond, 1990b). In regard to ego-strengthening suggestions in particular, hypnosis studies often mention that ego-strengthening suggestions were included with other hypnotic interventions, but fail to specify the wording of the suggestions or what the suggestions were targeting. Hartland (1971) stated that ego-strengthening is best used to reinforce progress and help build self-confidence and self-reliance. His ego-strengthening suggestions also were aimed at general coping abilities and reducing anxiety and worries. Developing a positive self-image was also addressed. (Hammond, 1990a; Moss & Willmarth, 2017). When you look at Hartland’s actual suggestions, you see that they target physical strength, alertness, reduced self-consciousness, mental clarity, emotional stability and security, optimism and cheerfulness. Other goals of ego-strengthening have been the following: feelings of mastery (Gardner, 1976), self-enhancement (Stanton, 1977, 1979, 1989), self-efficacy (Hammond, 1990a), self-esteem (Hammond, 1990a; Barber, 1990; Watkins, 1990; McNeal, 2008), modifying perfectionism (Hammond, 1990a), increasing problem-solving skills (Shenefelt, 2018), self-soothing (Frederick & McNeal, 1999), self-nurturance and self-care, accepting change, instilling hope, increasing feelings of self-worth, increasing resilience, and promoting many other feelings, cognitions, behaviors, etc. (Hammond, 1990a; Frederick & McNeal, 1999).

With so many different targets and goals, it is important to focus on the wording of ego strengthening suggestions. The specific wording of suggestions can be very important (Barabasz et al., 1999). For example, Arreed Barabasz and David Spiegel (Spiegel & Barabasz, 1988) conducted similar studies which produced opposite results. When these studies were examined closely, the differences in results were explained by the differences in the wording of the suggestions. So, one aspect of the road ahead would be to perform studies where the wording of suggestions is carefully studied. Hammond (1990b) reviewed studies showing that indirect suggestions show no superiority over direct suggestions. The neuroscience research suggests that it is important for the desired response to be specified. For clinicians, tailoring ego-strengthening suggestions to the individual patient is definitely important. Evocative/projective ego-strengthening suggestions can circumvent the direct versus indirect issue by directing the patient to discover their own internal resources through use of guided imagery suggestions (Frederick & McNeal, 1999).

Uses of ego-strengthening

As mentioned previously, ego-strengthening techniques can be utilized in many varied forms of treatment. One has only to look through the “Big Green Book” (Elkins, 2017) to see the many kinds of medical and psychological treatments where hypnosis can be utilized. Ego-strengthening can be used in almost all of these areas. In psychotherapy, hypnotic ego-strengthening techniques have been used in the treatment of complex

clinical syndromes including anxiety disorders (Daitch, 2018), mood disorders (Newey, 1986) and dissociative disorders (Frederick & McNeal, 1999). The SARI model created by Phillips and Frederick (1995) has four stages: (1) Safety and Stability, (2) Accessing Traumatic Material, (3) Resolving Traumatic Experiences, and (4) Integration and New Identity. Ego-strengthening in stage One is essential, and projective/evocative ego-strengthening that activates internal resources can aid in insuring safety and stability before accessing traumatic memories. Uncovering sessions can be alternated with ego-strengthening so that retraumatizing the patient can be avoided. Ego-strengthening with the goals of mastery and empowerment are especially important in stages Three and Four.

Many medical treatments utilize ego-strengthening suggestions for preparation for procedures to reduce anxiety, to enhance relaxation during procedures, and to promote healing and follow-up care after treatment. For example, Philip Shenefelt (Shenefelt, 2017) utilizes ego-strengthening suggestions for relaxation and relief of discomfort during surgical procedures for skin disorders. While the patient is in trance, he includes positive suggestions for effectiveness and self-worth. He also provides posthypnotic suggestions to target further strengthening of the effects and makes recordings to reinforce direct suggestions for patients to use for self-hypnosis. There are numerous applications of ego-strengthening techniques for dealing with anticipatory anxiety that can occur with the anticipation of medical and dental procedures as well as experiences such as test-taking, air flights, public speaking, and performance anxiety in general (Frederick & McNeal, 1999).

The ego-strengthening interventions described above have been incorporated into treatment in varying ways. Within hypnotic treatment, ego-strengthening suggestions and scripts have been employed before, during, and after treatment. Ego-strengthening has been utilized: (1) To prepare the person to strengthen one's ability to face internal or external difficulties, i.e. to cope, to feel empowered, to feel in control, and to increase the ability to let go of symptoms. When treating traumatic experiences, ego-strengthening can prepare the patient to face painful memories with ego-strengthening suggestions and techniques involving imagery for promoting comfort and safety. (2) Ego-strengthening employed during medical or dental procedures can facilitate relaxation, a sense of control, dissociation from the immediate experience, and pain relief. (3) Ego-strengthening following treatment interventions can enhance treatment effects, reinforce practice and ongoing self-hypnosis, and create positive expectancy for continued healing.

The road ahead

Turning now to more about the road ahead, it is interesting to consider the overlap of hypnotic ego-strengthening with other areas of treatment and self-care. The field of EMDR (Eye Movement Desensitization and Reprocessing) has incorporated ego-strengthening suggestions during the phase of resource installations in Shapiro's adaption information processing model (Shapiro, 2017), for example, installation of the positive cognition. Maggie Phillips (2001) proposed using ego-strengthening to help the patient build strengths while processing traumatic material with EMDR. She suggested using Safe Place imagery and age progression techniques where the patient is asked to picture future progress. The utilization of ego state therapy techniques has also been integrated into EMDR procedures. Parnell (2008) who has adapted EMDR specifically for clinical practice, has listed Core Inner Strength as a resource for empowerment, and describes the

Inner Strength script in detail. In general, when EMDR is employed, ego-strengthening suggestions are utilized for establishing safety, accessing both conscious and unconscious resources, empowerment, and creating and enhancing strengths.

Peter Levine's (2008) model of Somatic Experiencing involves focusing on body sensations to restore the individual's sense of connection to his body, to others, and to the environment. His twelve-phase program for healing trauma includes a phase for building resources, both internal and external, that support and nurture physical, emotional, mental, and spiritual well-being. Levine helps his clients identify consciously the inner strengths that they have used in the past to survive, and teaches techniques for embodying those resources.

Another "parts" model of psychotherapy, very similar to ego state therapy, is the model of Richard Schwartz's Internal Family Systems Therapy (Schwartz & Sweezy, 2020). The model is informed by systems theory and family therapy, and views emotional suffering as conflict among internal parts. Healing involves a concept of the Self which is defined as the seat of consciousness and source of inner leadership. In Schwartz's model the Self is considered to be innate, one's essence, and the "me" that is present in everyone. The therapist helps to introduce the parts to the Self, and the Self knows what to say or do. The Self in the IFS model is similar to Hartmann's (1961, 1965) concept of the conflict-free sphere of the ego, the Inner Strength concept, and other center core concepts in ego state therapy. In the IFS model however, the Self does not need to be strengthened, but rather liberated from being blended with protector parts that have constrained the vulnerable injured child parts. When Self-leadership is established, the person is healed and experiences inner peace and the ability to relate to life's challenges. These results are similar to the results we expect when the ego has been strengthened.

In recent years, much has been published about the relationship between hypnosis and mindfulness practices. Yapko has advocated for integrating hypnosis with mindfulness techniques (Yapko, 2011). Lynn and his colleagues reviewed research on mindfulness-based practices and proposed that these approaches could be used in tandem with hypnosis to create adaptive response sets (Lynn, Das, Hallquist, & Williams, 2006). Assen Alladin (2014) described an integrated approach that he entitled Mindfulness-based Cognitive Hypnotherapy (MBCH). Initially he had developed this approach for the adjunctive treatment of depression, but later expanded the use to be integrated with other procedures and employed for a variety of conditions. Alladin described four components of MBCH: Intention, awareness cultivation, acceptance, gratitude, and heart and mind integration. Intention refers to the conscious effort to practice mindfulness and self-regulate symptoms. Hypnotherapy is used for ego-strengthening at the stage of intention, and he believed that the ego-strengthening would be necessary for the determination, persistence, and motivation required for sustaining daily practice of mindfulness. The acceptance exercise that Alladin mentions contains ideas that could also easily become ego-strengthening suggestions. Elkins, Roberts, and Simicich (2018) have described mindful self-hypnosis for self-care. Their model includes hypnotic suggestions for the mindfulness concepts of acceptance and present awareness. Ego-strengthening suggestions could be an addition to this model to enhance the development of these concepts and reinforce practice. Carolyn Daitch (2018) has combined mindfulness, hypnosis, and cognitive behavior therapy in the treatment of generalized anxiety disorder. She described the use of ego-strengthening techniques including age regression to a time when

there was a “wise self” and age progression to a future self with positive expectations. There are many other different approaches to mindfulness of which Acceptance and Commitment therapy, Mindfulness-based Stress Reduction approaches, and Dialectical Behavior Therapy (DBT) are only a few examples. It is possible that ego-strengthening suggestions could be used to enhance tolerance of material that might emerge during meditation as well as to emphasize and reinforce the necessity for ongoing practice required to achieve the best results.

A Harvard Medical School special health report edited by Ron Siegel was entitled “Positive Psychology: Harnessing the power of happiness, mindfulness, and inner strength”. The report states that “Positive psychology is an umbrella term that encompasses the study of positive emotions, full engagement in activities, virtuous personal characteristics, and paths to fulfillment and meaning in life” (Siegel, 2016, p. 2.). The report contains sections surveying studies on gratitude and self-compassion as well. It would be interesting for research studies to look at how hypnotic ego-strengthening interventions could enhance these concepts in more detail. While hypnotic scripts are available for enhancing self-esteem, scripts for self-compassion and gratitude could be created as well. One of the founders of Positive Psychology is Martin Seligman who has written extensively on happiness (Seligman, 2002, 2011). His book also contains an assessment tool for identifying what he calls “signature strengths”. He found that simply identifying signature strengths had no impact on happiness unless they were used, in which cases they increased happiness and decreased depression. The strengths found to be most closely linked to happiness included gratitude, hope, vitality, curiosity, and love. His research could definitely be a resource for creating future ego-strengthening suggestions and scripts, as well as underscoring the importance of the intention to establish disciplined practice.

Nicole Ruysschaert (2014) has reviewed studies on happiness and described a recipe for happiness with seven goals. For each goal she provides a hypnotic intervention, many of which could be considered to be ego-strengthening. A technique for planting the seed for happiness involves hypnotic suggestions for revisiting experiences of pleasure, of a “good life”, and of meaningful activities. She mentions hypnotic suggestions for generating positive emotions in the present and shifting self-hypnosis from negative to positive self-hypnosis. Ego-strengthening is mentioned in terms of developing inner strength and a positive self-image. She has developed hypnotic interventions for expressing gratitude and counting one’s blessings, along with age progression techniques for orienting oneself to a positive future. Her article could supply ideas for numerous other ingredients of happiness where further ego-strengthening suggestions could be produced. Seligman’s (Seligman, Parks, & Steen, 2004) descriptions of three routes to happiness could also be fruitful sources of suggestions. Those routes include (1) the hedonic route aimed at increasing positive emotions as a result of stimulating the senses, (2) pursuit of gratification by mobilizing competencies or character strengths, and (3) belonging to something larger than oneself. Ego-strengthening involving these concepts could focus on the introduction and reinforcement of positive mood states along with the intention and discipline to do so.

Resilience is such an important concept that the American Psychological Association once named it as the object of study for the year. Resilience has to do with the ability to continue functioning after loss, grief, tragedy, or trauma. Resilience is not thought to be an inborn trait, but rather can be learned. There are many different paths to the development

of resilience, and many involve ego-strengthening such that the person becomes capable of coping, of accepting what has happened, and can take steps toward accomplishing goals. Rick Hanson and Forrest Hanson (Hanson & Hanson, 2018) report a skill they call “positive neuroplasticity”. Their program involves identifying a challenge, either external or internal and considering the needs at stake in terms of safety, satisfaction, and connection. They have identified twelve different inner strengths which could be matched with a specific need. They then suggest that one can have a beneficial experience, enrich it, absorb it, and link it (the HEAL approach). To link the experience, one can bring to mind some negative material, but then let it go and focus only on the positive experience. The idea is that as you repeat these steps, you reinforce them in the nervous system. As these strengths grow, more resilience results. These are some interesting developments which could definitely be combined with hypnotic ego-strengthening interventions.

All the different treatment interventions and models described above incorporate ego-strengthening in some manner. Just as it has become a part of almost all hypnotic interventions, ego-strengthening with or without hypnosis has been incorporated in some form in many contemporary treatment approaches, and will continue to do so going forward.

Summary and conclusions

The concepts of the ego and ego-strengthening have been reviewed in terms of differing theoretical definitions. Ego-strengthening has been defined by this writer as the process of extending the influence of the ego and increasing the effectiveness of ego functions. The ego is defined as the part of the mind responsible for agency, action, and executive control. The ego functions, observes, perceives, acts, and organizes experience. It is the sense of “I”. Ego-strengthening enhances the ability to access inner resources and move from insight to actualization of change (McNeal & Frederick, 1993). Hypnotic ego-strengthening interventions enhance the person’s ability to feel empowered, in control, and able to cope with one’s challenges in life. When ego-strengthening has occurred, the self, the sense of “Me” is experienced as stronger, more adequate, and more effective in dealing with both the internal and external world (Frederick & McNeal, 1999).

The studies reviewed above have demonstrated the use of hypnotic ego-strengthening, employed in various ways for many different purposes. Results consistently have shown enhancement of positive treatment effects. Ego-strengthening has been successfully incorporated into related fields of treatment as well and included in numerous treatment models.

In psychotherapy, as well as in other forms of clinical treatment, the therapeutic alliance involves ego-strengthening (Frederick & McNeal, 1999). When the therapist can communicate respect and interest, interpersonal safety, consistency, empathy, and positive regard, the client’s inner resources can be mobilized and the client can experience greater inner strength, mastery, self-esteem, and self-confidence. Hypnotic interventions involving utilization of the client’s imagery along with suggestions of safety and comfort, can deepen and extend the client’s experience, increasing the possibility of positive change (Frederick & McNeal, 1999; Moss & Willmarth, 2017).

Michael Yapko (2019) in a presentation on ego-strengthening, criticized the term. He cited statistics indicating the decline in use and popularity of psychodynamic concepts such as ego, id, and superego. He suggested that ego-strengthening is an outdated term that needs to be “revised and modernized.” He also mentioned the importance of the

language of hypnosis and how hypnotic language has evolved. It certainly is possible that the term “ego-strengthening” will evolve as well and be replaced by a different term. The term “empowerment” is currently popular in contemporary therapeutic language, and Bandura’s (1977) term “self-efficacy” might be an enduring candidate. Many terms do evolve and change with the passage of time. However, for the time being, the term ego-strengthening is well-known, frequently utilized in the hypnosis literature, and will continue to be used until its replacement evolves.

The similar and related treatment models described in this article all either contain elements of ego-strengthening or possibilities for the development of ego-strengthening interventions. All of these models have certain characteristics in common. In contrast to treatment models that focus on pathology and symptom relief; EMDR, Somatic Experiencing, IFS, mindfulness models, and positive psychology models all focus much more on emphasizing the desired healthy responses and movement in the direction of improved physical, mental, emotional and spiritual health and well-being. These treatment models also contain the concept of an internal part, central core, self, observing ego, or ego state that is innately healthy and can be discovered, expanded, and utilized to benefit unhealthy parts and eventually the whole person. It seems unlikely that any contemporary treatment model could exist without including a concept similar to that of the “ego” or the “self”. Treatment models almost always include a part of the mind that does the organizing, along with organizing principles, an organizing process and a resulting organization or reorganization. Ego-strengthening is a term that currently fits that description.

There are a number of “self” terms that have been suggested as related to or the product of ego-strengthening. The term “self-efficacy” is similar to the concept of “empowerment” in terms of the confidence to feel in control and to be able to cope successfully. These terms combine both positive internal feelings and cognitions and the implication of external action. The terms “self-esteem” and “self-compassion” (Neff, 2011; Neff et. al., 2010) are suggestive of internal thoughts and feelings about the self which may or may not guide external action. The term “self-confidence” suggests positive internal feelings and attitudes that could lead to external action, but also can increase as a result of having successful experiences from actions in the environment. So whatever term is to replace the term ego-strengthening, it would need to address accessing internal resources and utilizing those resources in the internal and external world. It is very likely that the term ego-strengthening will fade and change over time. However, the suggestions, techniques, and interventions for increasing an individual’s ability to access inner resources, feel more in control, and strengthen coping skills will remain and continue to be important.

The road ahead will involve more research where ego-strengthening is defined more precisely and the expected responses are defined as well. The wording and content of ego-strengthening suggestions needs to be more carefully specified. The neurophysiological research provides some guidelines. Researchers could include the study of gamma activation in EEG studies, look at other regions of the cortex, and isolate the effects of the different waveforms (Moss & Willmarth, 2017). More functional MRI research could tease out and study the wording and content of ego-strengthening suggestions interacting with specific induction procedures and differences in hypnotizability (Landry & Raz, 2017). Research needs to address not only how ego-strengthening suggestions increase positive mood states but also what specific behavior change is expected to occur.

Many of the studies of ego-strengthening reported in the clinical hypnosis literature have been case studies, based on various theoretical models of treatment. As difficult as it is to do, more randomized, controlled studies need to be done. Some of the best studies so far have been those focusing on specific physical issues which are much easier to isolate and define. Often several different ego-strengthening techniques have been employed in the same study, making it difficult to determine which specific techniques are producing which results. While most would agree that treatment, especially psychotherapy, is an interaction between therapist and patient, perhaps studies could look more closely at therapist variables and patient variables in hypnotic ego-strengthening research.

In terms of the future of ego-strengthening hypnotic interventions, we could probably agree that the road ahead is long and wide and we can't see around the next curve. Future developments are limited only by the boundaries of our imagination.

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