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### **NOTE to the Reader**

Despite numerous requests from the author, this article was published (in December 2014) without him having been given any opportunity to check, or correct, or amend the typesetting proofs of his original manuscript.

As a consequence of these circumstances, the final published version of the article contains:

- (a) several unfortunate typographical errors, and
- (b) a number of rather misleading formatting mistakes (especially in relation to the presentation of the quoted passages taken directly from the works of others).

All of these unfortunate errors and mistakes have been rectified in what follows.

Otherwise, the original article's content (as published) remains unchanged.

[Also, please note that, for the reader's convenience, the article's original pagination is indicated throughout as **[19]**, etc.]



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[19]

## Hartland's Legacy (II): The Ego-Strengthening Monologue

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### *Abstract*

The nature, form, and content of the final (1971) version of Hartland's hypnotherapeutic monologue is examined. Originally the central feature of the (c.1965) "ego-strengthening procedure" developed by Hartland to facilitate symptom-removal by direct hypnotic suggestion, it later proved equally efficacious as a stand-alone intervention. Despite its linguistic negativity and equivocation, it was specifically designed to generate very positive outcomes. Criticisms of its expression, wording and application are addressed. An analysis of its suggestive sequence is presented which strongly suggests that, once equivocal expressions are rectified, and wording changed to match a therapist's natural language, it could significantly increase the efficacy of most hypnotherapeutic interventions, especially those addressing poorly defined or otherwise ambiguous clinical circumstances. Hints to assist recension of Hartland's transcript are supplied, which may also serve as a basic guide to the appraisal and conversion of other published hypnotherapeutic "scripts". The "poetic hypnograms" of Samuel Silber, M.D. are re-visited.

KEY WORDS: direct suggestion, ego-strengthening, hypnotherapy, hypnotherapy scripts, hypnotic suggestion, poetic hypnogram

[Continued from *Part I*]

### *Suggestion*

Suggestion is as old as hypnotism itself (Coffin, 1941). James Braid, the first to deliberately hypnotize another (on Monday, 22 November 1841), and the first to intentionally deliver structured, incremental directions to a hypnotized subject (Yeates, 2013), appropriated the name "suggestion" for the process (and the directions so-delivered) from his teacher, Thomas Brown (Janet, 1884, p.103), who had extensively studied how the sequences of "suggested ideas" in trains of thought

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were generated by antecedent “suggesting ideas” (see Brown, 1820, *passim*).

*Suggestion* is an explanatory (rather than descriptive) term. An idea is only *suggestive* if it actually suggests something; and, without responses, hypnotic directions are simply utterances; and, as Titchener observed (1910, p.450), without knowing a subject's subsequent idiosyncratic response, there is no [20] intrinsic, objective, discernable *a priori* difference “between [a] suggestive idea and any other idea”. Bernheim's oft-repeated (1897) accusation, *that Braid knew nothing of suggestion*, is entirely false: “[Braid] not only employed suggestion as intelligently as the members of the Nancy school ... but also ... his conception of its nature was clearer than theirs” (Bramwell, 1913, p.28).

By 1855, convinced that the real “cause” of the “altering or modifying physical action, or curing disease” was not the hypnotist – who “acts merely as the engineer, by various [methods], exciting, controlling, and directing the *vital forces within the patient's own body*, according to the laws which regulate the reciprocal action of mind and matter upon each other” – Braid was advocating replacing “hypnotism” as the “*generic term*” for “the whole of these phenomena which result from the reciprocal actions of mind and matter upon each other” with the far more “appropriate” term “*psycho-physiology*” (p.852).

### *Hypnotic Suggestion*

Successful interventions are those where all suggestions are accepted and all intended responses are invoked; so, it's imperative that suggestions are delivered in a logical sequence and understood precisely as intended. Whilst suggestion is efficacious *per se*, it is axiomatic that (a) hypnotism further amplifies that efficacy, and (b) that suggestion is the key to hypnotism – “the true therapeutic value of hypnosis lies in the *suggestions* made during it” (Freud, 1891/1966, p.111). Refined from extensive empirical experience, hypnotic suggestions direct physiological processes, emotions, behaviors, and cognitions in particular ways that harness subjects' biophysical and psychosomatic capacities to isolate, re-activate, re-align, and re-integrate their dormant/latent resources, and can be of four types:

- (a) *pre-hypnotic*, delivered prior to the formal induction,
- (b) *for within-hypnotic influence*, to elicit specific within-session outcomes,

(c) *for post-hypnotic influence*, to elicit specific post-session outcomes:

(i) *immediate influence* ("and, on leaving here today, you'll...");

(ii) *Shorter-term influence* ("and, each time you're...");

(iii) *longer-term influence* ("and, as time passes, you'll increasingly..."), or

(iv) *specific-moment influence* (Bernheim's *suggestions à longue échéance*, 'suggestions to be realized after a long interval'), which have no "immediate effect", are intended "to produce a particular effect at a designated later [21] hour" (e.g., 'precisely one year from today'), have "no influence before the appointed hour", nor "after it had expired" (Barrows, 1896, pp.22-23), and, further, the suggested involuntary effects are carried out "with all the appearances of spontaneity and deliberate intention" (Brodie-Innes, 1891, p.52), or

(d) *post-hypnotic*, delivered to the now-dehypnotized-but-not-yet-completely-reoriented subject. There is a strong anecdotal tradition that suggestions delivered immediately after de-hypnotization are by far the most efficacious.

### *Ego-Strengthening*

For McNeal and Frederick, "ego strengthening [is] the bedrock upon which [most] other [hypno-analytical] techniques are structured" (1993, p.170). Stafrace's study of *self-esteem* (2004, pp.29-30) found that, from the "relative lack of prospective studies [examining the obvious] association between low self-esteem and a number of clinical and dysfunctional attitudes and behaviours", the issue of whether "self-esteem is a predisposing, precipitating, or maintaining factor" had never been satisfactorily determined. For Stafrace, whilst "ego strength" and "self-esteem" weren't *identical*, self-esteem was "[inescapably] a product of high ego strength". Characterizing Hartland's technique as "[applying] hypnosis to the enhancement of self-esteem" (p.24), Stafrace identified those requiring enhancement (p.18):

Low self-esteem is correlated with a number of personality characteristics including dependency, the need for approval, helplessness, apathy, feelings of powerlessness, isolation, withdrawal, submissiveness, and compliance. Masked hostility, passivity, and a tendency to downgrade or denigrate others or project one's failings onto others are also significantly correlated with low self-esteem. Poor self-regard predisposes the individual to reduced ability to choose jobs

suiting to one's needs and abilities, a diminished association between task performance and satisfaction, a tendency to accept unfavourable assessments as accurate, less likelihood of scholastic success, and vulnerability to interpersonal problems in adolescence. In the elderly, low self-esteem is associated with poorer health, more daily pain, greater disability, and increased somatisation, together with anxiety and depression.

### *Direct Suggestion*

As a registered medical practitioner Hartland was routinely in total control of clinical situations, working in an era when "doctor knew best", devoid of [22] any notion of informed consent ('We'll just get rid of that little lump for you', etc.). Given his eminence as physician, psychiatrist, and medical hypnotist, patients seeking alleviation of their psychological distress/medical conditions trusted him implicitly to manipulate their psychophysical resources in ways beyond their conscious control, on their behalf, to achieve those ends. It was critical, for many reasons, that this trust was never challenged. Hartland's suggestions had to be direct (rather than indirect) to avoid giving even the slightest impression of being unsure of himself, "evasive or incompetent", and/or "unwilling or unable to deal directly with the problem" (Yapko, 1990, p.158).

By their first "ego-strengthening" session, Hartland had co-operative, well-trained, highly receptive patients, who had undergone at least three intense sessions of pre-treatment conditioning (1971b, p.xiv), had their hypnotic talent and propensity to respond to suggestion appraised, had a suitable hypnotic induction determined (Hartland had no 'standard' induction), experienced hypnotizing, deepening and de-hypnotizing processes several times (plus suggestions for future responsiveness), and been convinced, by trance ratification, that they were good hypnotic subjects. These sessions addressed concerns about hypnotism (1971b, p.202), and also increased confidence in Hartland and familiarity with his clinical approach (especially, his manner of speaking).

### *Preliminary Observations*

Not designed to be used 'stand-alone', or in its published form, any analysis of Hartland's monologue is clearly unfair. Hartland stressed that its 'secret' lay in its

logical sequence of incremental suggestions, not its words. Certain preliminary observations must be made.

- (A). Despite Braid's emphatic statement (1843, p.150) – confirmed by Bramwell (1913, p.149), Hull (1933, p.221), etc. – that the hypnotic condition *was as far removed from that of common sleep as it was removed from the normal waking condition*, Hartland held the obsolete '*hypnosis = sleep*' model. If hypnotism is represented as "sleep", how do patients reconcile directions that they'll hear every word the hypnotist says? "Sleep" also demands the incongruous and misleading "wide awake" (rather than, say, "fully alert") when de-hypnotizing. All references to "sleep" must be replaced with more appropriate terms (see (K)).
- (B). Hartland's theory-driven expressions "unconscious mind", "unconscious part of your mind", etc. – demanded by the questionable translation of Freud's term "*das Unbewusste*" ('that of which I am not aware') [23] as "*the unconscious*" – generate more '*hypnosis = sleep*' confusion, and must be replaced (perhaps "everything I say will reach into the very deepest parts of your mind, etc."?).
- (C). Continuously "putting" things "into" their "minds", Hartland clearly viewed the mind as a "*container*" (Lakoff and Johnson, 1980, p.61). Despite this, he constantly strove to increase hypnotist-patient communication, make his patients more receptive, and make his suggestions more polished (i.e., rather than simply trying to make a clumsy message more invasive).
- (D) Optimism is a powerful agent of change; thus, Hartland's persistent theme that today is better than yesterday, and that tomorrow will be better than today ('and that, as time passes...').
- (E). The "MORE TEST" determines whether an expression is productive or unsuitable (see Yeates, 2002). Each expression (anxious, calm, etc.) is modified with "*more*". Those representing better circumstances ("more calm", etc.) are retained; those that don't (anxious, etc.), are rejected and replaced by alternate, positive equivalents (e.g., "confident").
- (F). *Equivocation* is a critical issue for all suggestion. Words of multiple meaning (scale, sound, etc.) can easily be misinterpreted. Hypnotized subjects are far less able to process subtle nuances of meaning within ambiguous contexts; and, if

- they can't determine a meaning, they'll have no response at all (making it a *zero suggestion*). Of greater concern, however, is when they motivate an entirely different meaning from that intended – MacDougall's (1911/1912) "*contrary suggestion*" – and, consequently, actively and co-operatively respond to an entirely different directive. Never use the word "try", unless to specifically indicate certain failure ("the more you try to do X, the more..."). Ewin (1978) strongly warns against using "normal" in the treatment of scalds and burns. Also, most hope to change things that are "normally" part of their daily life (another reason for not speaking of "returning to normal" on de-hypnotizing).
- (G). Whilst Hartland stipulated "[to avoid] the slightest suspicion of domination of any kind ... *the word 'must' should never be employed*" (1966, p.38), he used "*will*" 35 times; and, "[*'will'*] can be just as authoritarian [as *'must'*], if not more" (Weitzenhoffer, 2000, p.76).
- (H). Hartland's "*you will become, and you will remain...*" can be suitably attenuated by leaving the temporal remoteness unspecified, and implicitly suggesting progressive development, transformation and change ("*you're becoming, and you're remaining...*"). Given that change-generating alterations (made in the depths of their mind) are working 24/7, even the slightest perceived difference will reinforce these suggestions of "becoming-ness".
- [24]**
- (I). Hartland's monologue, widely criticized for "*exactly*" and "*everything*", was probably intended to communicate something like: "Each and every suggestion being offered to you during this session is efficacious, faultless, unequivocal, appropriate, timely, and entirely consistent with your sought goals and desired outcomes. It's in your own best interests to accept them uncritically, and do all you can to co-operate with me, by continuing to be relaxed and receptive, and allowing me, an expert in hypnotism and suggestive therapeutics, to get on with my specialized work of activating and directing the appropriate change mechanisms deep down within the deepest hidden parts of your mind on your behalf...". Yet, we find "*everything that I tell you that is going to happen to you ... for your own good ... will happen ... exactly as I tell you*", with "*tell*" and "*for your own good*" equivocal; invoking memories of people in the past, knowing



what was “good” for them, interfering in their life, far too often, forcefully telling them lots of stuff, supposedly for their benefit (“When you grow up, you'll thank me for this!”).

- (J). Hartland's “you will experience every feeling”, “will happen exactly as I tell you”, etc. present an unnecessary challenge. No hypnotist can make any subject imagine any thing in precisely the way they want – stage-hypnotists' subjects “being washing-machines” clearly demonstrate that each has quite a different understanding. Gorman's patients felt Hartland's demand for precise replication “set too high a standard” (1974, p.211).
- (K). Following Barber (1969, pp.72-4), Hartland continuously stressed (a) that the interaction is hypnotic, and (b) that it is easy to respond to suggestion.
- (L). Hartland's monologue is directed at “the three fundamental psychological processes”: viz., “*thinking*”, “*feeling*”, and “*acting*” (1971b, p.199).
- (M). The sequence proceeds at a moderate pace, with each suggestion increasing co-operation and reducing scrutiny of later suggestions: “a suggestion once accepted lessens resistance to additional suggestions and the reasoning processes become more passive because of its acceptance” (Teitelbaum, 1965, p.17).
- (N). Hartland uses redundancy (see Campbell, 1984, pp.67-74), repeating words, phrases, and ideas in different forms (1971b, p.198-200), stressing expressions (with upper case), using pauses (for emphasis, or simply to catch one's breath), and *filler words*, like “just” (to emphasize ideas). The slower progression of outcomes provides time to absorb and respond to the suggestions. Regardless of time pressures, Hartland advocated this [25] approach: “when we give the patient a drug we [G.P's] are quite content to allow sufficient time for it to take effect, and if only we [medical hypnotists] adopted the same attitude of mind when working with a patient in a hypnotic trance” (p.200).

### *The Suggestive Sequence*

I always begin treatment with this particular sequence of suggestions as soon as the induction and deepening of hypnosis has been completed. The suggestions are given slowly and deliberately, and *those specifically directed towards lessening of symptoms should be left to the*

*end*, since this seems to render them more effective. (1966, p.192, emphasis added)

The monologue's entire final version (1971c) is broken into segments to assist scrutiny of its structure and language.

(1). You have now become SO deeply relaxed ... SO deeply asleep ... that your mind has become SO sensitive ... SO receptive to what I say ... that EVERYTHING that I put into your mind ... will sink SO deeply into the unconscious part of your mind ... and will make SO deep and lasting an impression there ... that NOTHING will eradicate it.

Coupling (post-induction) relaxation with increased receptivity to suggestion (and acceptance of things suggested). SO "adds force to the ideas presented" and "emphasizes the rhythmic quality of the delivery" (1971b, p.199). The "MORE TEST" rejects "asleep", etc. and "unconscious mind", etc. throughout the entire monologue ((1), (4), (7); and (1), (2), (3), respectively). It also rejects the equivocal "sensitive"; which could mean "co-operatively responsive", "unnaturally exaggerated propensity to give in to emotional blackmail", or "susceptible to allergy". "Nothing will eradicate it", seems wrong, with its implication that naturally evolving things will remain fixedly unchanged. Its replacement needs to reflect the promotion and activation of gentle, gradual, and permanent change.

(2). Consequently ... these things that I put into your unconscious mind ... WILL begin to exercise a greater and greater influence over the way you THINK ... over the way you FEEL ... over the way you BEHAVE.

Having reached the deepest parts of the mind, the suggestions easily generate immediate changes. These in-session changes will gather momentum and increase in magnitude post-session, and will manifest in all their life's circumstances. Incremental change is suggested with "will begin to exercise a greater and greater influence over...".

[26]

(3). And ... because these things WILL remain ... firmly imbedded in the unconscious part of your mind ... after you have left here ... when you are no longer with me ... they will continue to exercise that same great influence ... over your THOUGHTS ... your FEELINGS ... and your ACTIONS ... JUST as strongly ... JUST as surely ... JUST as powerfully ... when you are back home ... or at work ... as when you are actually with me in this room.

Imbedded is equivocal: almost all would mis-hear Hartland's "*IMbedding*" (as with seedlings in a garden which, once planted, continue to grow and develop) as "*EMbedding*" (permanently fixed, like marble chips in terrazzo). The in-session suggestions, placed in the deepest parts of the mind, continue to operate and generate changes post-session. Note the redundancy: three different words (strongly, surely, powerfully) conveying the same idea, and "JUST as ..." adding emphasis and rhythm. "With me in this room", counter-productively directs awareness away from the therapist's voice, emphasizing the patient-room link, rather than the patient-hypnotist link.

(4). You are now so VERY DEEPLY ASLEEP ... that EVERYTHING that I tell you that is going to happen to you ... FOR YOUR OWN GOOD ... WILL happen ... EXACTLY as I tell you.

They'll begin to experience what has been suggested, within-session *and* post-session. The change-producing processes started within-session will continue generating transformation in all aspects of their life. The expressions "deeply asleep", "for your own good", "everything that I tell you", and "exactly as I tell you" must all be replaced.

(5). And EVERY FEELING ... that I tell you that you will experience ... you WILL experience ... EXACTLY as I tell you.

They'll begin experiencing what has been suggested. The within-session changes will increase in magnitude once the session is over. Perhaps Hartland meant something like "and all of these thoughts, and sensations, and feelings, and experiences will continue to influence your deep, inner mind for transformation and change"?

(6). And these same things WILL CONTINUE TO HAPPEN to you ... EVERY DAY ... and you WILL CONTINUE TO EXPERIENCE these same feelings ... EVERY DAY ... JUST as strongly ... JUST as surely ... JUST as powerfully ... when you are back home ... or at work ... as when you are with me in this room.

Note the redundancy: essentially a variant of (3), with “these things” now becoming “these same things”. A major therapeutic goal is stopping [27] patients having the same feelings, over and over, every day, and initiating a continuous progression of productive, positive change, development and transformation; perhaps, “all of these feelings” is better than “these same feelings”.

(7). As a result of this deep sleep ... YOU are going to feel physically STRONGER and FITTER in every way.

Hartland notes (1971b, p.201) that this is the first of the “actual ‘ego-strengthening’ suggestions” to improve the “general condition”, “strengthen weaknesses”, “increase confidence”, and “allay anxieties”, as well “alleviate” the circumstances complained of, and “improve and mitigate most of those defects which have contributed largely to [their presenting] illness”.

(8). You will feel MORE alert ... MORE wide-awake ... MORE energetic.

Equivocation: because of the “deep sleep” in (7), feeling “more wide-awake” in (8)?

(9). You will become MUCH less easily tired ... MUCH less easily fatigued ... MUCH less easily discouraged ... MUCH less easily depressed.

Suggests an increase in power, absence of gloom, and reduced self-centred criticism. How can an expression, in (10), (11), (13), and (17), containing “much” and “less” be understood? The “MORE TEST” rejects “tired”, “fatigued”, “discouraged”, and “depressed”.

(10). EVERY DAY ... you will become SO DEEPLY INTERESTED in whatever you are doing ... in whatever is going on around you ... that your mind will become COMPLETELY DISTRACTED AWAY FROM YOURSELF.



Given the literalness of “trance logic”, how can directions to be “deeply interested” in “whatever you are doing” and “whatever is going on around you” be reconciled with the equivocal “*become completely distracted away from yourself*”? Also, if completely distracted away from themselves, they would not be able to “think more clearly”, “concentrate more easily”, or “give up their whole undivided attention to whatever they were doing” in (15).

(11). You will no longer THINK NEARLY SO MUCH ABOUT YOURSELF ... you will no longer DWELL NEARLY SO MUCH UPON YOURSELF AND YOUR DIFFICULTIES ... and you will become MUCH LESS CONSCIOUS OF YOURSELF ... MUCH LESS PRE-OCCUPIED WITH YOURSELF ... AND WITH YOUR OWN FEELINGS.

[28]

The “MORE TEST” rejects “difficulties”. Given Hartland’s “unconscious mind”, how might “much less conscious of” be interpreted? Even in the context of deliberating, pondering and brooding about oneself, one’s circumstances, and one’s real and imagined difficulties, “you will no longer think nearly so much about yourself” is confusing and equivocal. Our therapeutic goal is to encourage them to have a much higher regard for themselves, stop putting themselves down so much, and curb their overall negativity, self-deprecation, monitoring and criticism. We don’t want them to stop “thinking about themselves”; in fact, we want them to “think about themselves” a lot more, and *actively think about themselves in a very different way*.

(12). EVERY DAY ... your nerves will become STRONGER AND STEADIER ... your mind CALMER AND CLEARER ... MORE COMPOSED ... MORE PLACID ... MORE TRANQUIL.

The “MORE TEST” rejects the equivocal term “placid”, which can also denote (a) totally non-active (in a victim sense) and (b) beaten into submission. Perhaps “more serene” might deliver Hartland’s intended meaning.

(13). You will become MUCH LESS EASILY WORRIED ... MUCH LESS EASILY AGITATED ... MUCH LESS EASILY FEARFUL AND APPREHENSIVE ... MUCH LESS EASILY UPSET.

The "MORE TEST" rejects "worried", "agitated", "fearful", "apprehensive", and "upset".

(14). You will be able to THINK MORE CLEARLY ... you will be able to CONCENTRATE MORE EASILY.

The monologue is proceeding with increasingly "positive and definitive suggestions" (1971b, p.202).

(15). You will be able to GIVE UP YOUR WHOLE UNDIVIDED ATTENTION TO WHATEVER YOU ARE DOING ... TO THE COMPLETE EXCLUSION OF EVERYTHING ELSE.

This equivocal directive could significantly reduce vigilance, and invite damage/injury through accidents with machinery. If the vague term "undivided attention" means something like "total attention", why ask them to release it? "Give up" is equivocal.

(16). Consequently ... YOUR MEMORY WILL RAPIDLY IMPROVE ... and you will be able to SEE THINGS IN THEIR TRUE PERSPECTIVE ... WITHOUT MAGNIFYING THEM ... WITHOUT EVER ALLOWING THEM TO GET OUT OF PROPORTION.

[29]

Intended to communicate "you'll have a far more realistic, rational, and objective understanding of things, and you'll be able to see things as they really are, and enjoy the interesting daily challenge of applying your ever-increasing personal resources to effectively deal with things", this suggestion can't pass the "MORE TEST".

(17). EVERY DAY ... you will become EMOTIONALLY MUCH CALMER ... MUCH MORE SETTLED ... MUCH LESS EASILY DISTURBED.

The "MORE TEST" rejects "disturbed".

(18). EVERY DAY ... YOU will become ... and YOU will remain ... MORE AND MORE COMPLETELY RELAXED ... and LESS TENSE each day ... both MENTALLY AND PHYSICALLY ... even when you are no longer with me.

The "MORE TEST" rejects "tense".

(19). And AS you become ... and AS you remain ... MORE AND MORE RELAXED ... AND LESS TENSE each day ... SO ... you will develop MUCH MORE CONFIDENCE IN YOURSELF ... more confidence in your ability to DO ... not only what you HAVE to do each day ... but more confidence in your ability to do whatever you OUGHT to be able to do ... WITHOUT FEAR OF FAILURE ... WITHOUT FEAR OF CONSEQUENCES ... WITHOUT UNNECESSARY ANXIETY ... WITHOUT UNEASINESS.

The "MORE TEST" rejects "tense", "fear", "failure", "fear of consequences", "unnecessary", "anxiety", "uneasiness".

(20). Because of this ... EVERY DAY ... you will feel MORE AND MORE INDEPENDENT [...] MORE ABLE TO "STICK UP FOR YOURSELF" ... TO "STAND UPON YOUR OWN FEET" ... TO "HOLD YOUR OWN" ... no matter how difficult or trying things may be.

The "MORE TEST" rejects "difficult" and "trying" (perhaps "challenging" might suffice).

(21). EVERY DAY ... you will feel a GREATER FEELING OF PERSONAL WELL-BEING ... [a] GREATER FEELING OF PERSONAL SAFETY ... AND SECURITY ... than you have felt for a long, long time.

Reinforcing (18) and (20).

[30]

(22). And because all these things WILL begin to happen ... EXACTLY as I tell you they will happen ... MORE AND MORE RAPIDLY ... POWERFULLY ... and COMPLETELY ... with every treatment I give you ... you will feel MUCH HAPPIER ... MUCH MORE CONTENTED ... MUCH MORE OPTIMISTIC in every way.

Suggesting an overall elevation in mood, increase in optimism, and various subtle changes and transformations; with each noticed change producing even greater (deep internal) motivation for even further change. Also suggesting even greater responses to future hypnotic interventions.

(23). You will consequently become much more able to RELY UPON and DEPEND UPON ... YOURSELF ... YOUR OWN EFFORTS ... YOUR OWN JUDGEMENT ... YOUR OWN OPINIONS.

Reinforcing (22), and setting up for (24).

(24). You will feel ... MUCH LESS NEED ... to have to RELY UPON ... or to DEPEND UPON ... OTHER PEOPLE.

From earlier suggestions of replacing weakness, stasis, gloom and depression with (a) resilience, movement, living in the present moment, and optimistic anticipation of a brighter future, and (b) increased vitality, alertness, and robust health, this suggests a significant boost in self-confidence, persistence, self-direction, motivation, self-efficacy, and personal power (making them far more independent and self-responsible)

They were then de-hypnotized.

### *Criticisms of "Ego-Strengthening"*

Apart from concerns over Hartland's authoritarian approach or his negative and equivocal language, those advocating analytical (vs. suggestive) hypnotherapy criticize the entire "ego-strengthening" approach because it suggests outcomes, rather than addressing "causes". Heap, whose work centred on "imagery", argued that, in the total absence of "imagery-invoking instructions", Hartland's monologue was far "too general" (Gibson & Heap, 1991, p.66). This entirely unsubstantiated claim reminds one of the push to have children's books illustrated, when "a great deal of empirical evidence shows that pictures interfere in a damaging way with all aspects of learning to read" (Protheroe, 1993). Their objections are based on four theory-driven errors:

(1) Failing to apply Hartland's approach correctly: four preparatory sessions; hypnotizing and deepening to Hartland's required level; converting [31] Hartland's "script" into their own language; and identifying and transforming Hartland's equivocal expressions.

(2) Rejecting the core principle of Baudouin's "Law of Subconscious Teleology" (once a suggestion is accepted, the mind engages in *goal-directed behaviour* to realize the goals set); viz., that the physical, physiological, or biochemical ways or means through which the designated goals might be reached *must never be specified* (Baudouin, 1920, pp.117, 269-70, etc.).

(3) Claiming that, without "[precise and detailed descriptions of] the behavioural,



cognitive and physiological responses which are presumed to mediate the desired feelings of strength, optimism, self-confidence, and calmness", Hartland's monologue was a "magic incantation" (Gibson & Heap, p.66).

(4) Claiming that because Hartland's monologue actively exploited patients' "confidence, trust, and hopeful expectation concerning the therapy", positive outcomes were no more than irrelevant (technically unexplained) *spontaneous remissions* which eventuated *in spite of* Hartland's procedure, not *because of it* (Gibson & Heap, p.66).

### *Alternate Versions of Hartland's Monologue*

Several 'improved' versions of Hartland's monologue were published, including Gorman (1974), Stanton (1975), Stanton (1977), Gibbons (1979a), Pratt, Wood, and Alman (1988, p.122-123), Gregg (1990), and Heap (Heap and Aravind, 2001, pp.129-130). Others, far more like 'improvisations on a theme suggested by Hartland', include Jabush (1976), Susskind (1976), Gibbons (1979b), Stanton (1979), Stanton (1989), Barber (1990), Carich (1990), Torem (1990), McNeal and Frederick (1993), and Stanton (1997).

### *Conclusion*

Hartland's goal was to transform patients such that, once they had acquired a "strong ego" of the desired magnitude, range, and permanence, they would be calm, relaxed, and clear minded during their hypnotic interactions, and would productively respond to suggestion. They would experience immediate and noticeable behavioural, emotional and attitudinal changes, which, in turn, would generate further demonstrable positive changes. These new, positive, far more appropriate behaviours, emotions and attitudes would, in their turn, generate a better, more confident, more motivated, and far healthier life.

Generally speaking, "ego-strengthening" promotes intra-psychic growth, personal development, mental strength, resilience, and life satisfaction – by encouraging patients to take control, live in the present moment, stop clinging [32] unnecessarily to the past and its circumstances, and get on with the business of confidently pursuing a better future with well-founded optimism.

Once the language issues of Hartland's monologue have been addressed, and once its wording has been appropriately modified to conform with the therapist's own language, it offers a very valuable and powerful hypnotherapeutic intervention – especially in poorly defined or ambiguous clinical circumstances – for those dedicated professionals who seek to harness their patients' resources, skills and life experiences, and have a deep interest in strengthening their patients, rather than just reducing the magnitude of the complaints and distresses that their patients manifest, regardless of whether they are one of Kroger's "port-of-last-call" patients (1977, p.344), or not.

### *Appendix*

No account of Hartland-style monologues would be complete without paying homage to Samuel Silber, M.D. (1900-1988), "Poet Laureate of the American Society of Psychosomatic Dentistry and Medicine". Rather than prescribing inspiring literary works to read (i.e., Crother's (1916) "*bibliotherapy*") or poems to read which reflected "hope and optimism" (i.e., "*Poetry Therapy*"), with the aim of having patients understand "that they are not alone in their [distress], that others are also [distressed, and] that others have been [distressed in the same way] and recovered" (Leedy, 1969, pp.67-8) and, rather than observing the hypnotic effect of certain literary passages (Snyder, 1930; Snyder and Shor, 1983), Silber created a wide range of rhyming monologues, which he called *hypnograms*. He successfully used them as inductions and monologues, session after session, in his own practice, for more than two decades. Fourteen of his *hypnograms* have been published (see Silber, 1968, 1971, 1980).

Silber delivered the following Hartland-inspired "ego-augmenting" *hypnogram* (1980, p.213) – an amended, expanded version of his earlier "hypnopoetic induction" (1968) – at the metronomic rate of 90 beats a minute (or at the patient's pulse rate) and, then, gradually slowing the pace down to 60 beats (p.215), in the hope that the hypnotherapeutic intervention would be significantly enhanced by "linking [the hypnotic experience] with the ... deep-seated security feelings associated with ... the individual's long history of inner physiological rhythmic

experiences ... [such as] the rocking, the crooning and the rhyming verbalization in lullabies" (p.213):

[33]

Rest and relax in most peaceful repose  
 That begins in your head and spreads down to your toes;  
 From your neck muscles down through your arms, legs and back,  
 You'll feel soothed, smooth and soft like a feather filled sack.  
 The sound of my voice will maintain your attention,  
 And rout out all anxiety and apprehension.  
 Your lids will get heavy and close when they please  
 To put mind and body completely at ease;  
 You'll shut out the world as your eyes gently close,  
 And you'll shed aches and pains, doubts, worries and woes.  
 As your confidence grows you'll get blessed relief,  
 With increased self-esteem, from depression and grief.  
 Continuous calm relaxation is spreading,  
 The goal is in-sight now to which you are heading.  
 You're thankful because you've been offered the chance  
 To help play your part in attaining this trance.  
 You're proud of your warm willful co-operation  
 That helps you achieve blissful true relaxation.  
 As love's sweet low lullabies can't leave you tense,  
 So slumber now softly soothes your every sense.  
 Rewards on awaking await your new learning  
 New vigor and hope with all old strengths returning.  
 Henceforth you will know you're safe, sound, and secure  
 With your mind keen and clear, self-reliant and sure.  
 With the power and precision you always admire,  
 Your considered decision will gain your desire.  
 With zest, zeal and enterprise in all you do,  
 Your efforts will make dreams and plans all come true.  
 Your disordered rhythms of Life will now start  
 Regaining a normal beat like a good heart.  
 You'll do what you choose, what you will, what you must,  
 And plant in yourself what you have in me — Trust.  
 One part of your brain becomes hyper-alert,  
 While the other's asleep, but on call, not inert  
 Each breath makes your sleep become deeper and deeper  
 Producing a partly alert en-tranced sleeper.  
 With every breath now you'll sleep deeper and deeper  
 And deeper and deeper etc.

[34]

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