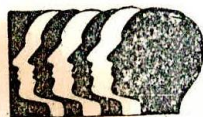

Advanced Course In Practical Hypnotism



INDIAN SOCIETY OF APPLIED HYPNOSIS

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ADVANCED COURSE IN PRACTICAL HYPNOTISM

BY

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HYPNOSIS CENTRE
BANGALORE - NEW DELHI

1986

INDIAN SOCIETY OF APPLIED HYPNOSIS

...THIS COURSE IS DEDICATED TO
THE REAL PIONEERS IN THE FIELD
OF HYPNOTISM - 'THE LAYMAN' WHO
LABOURED LONG AND HARD, BRAVING
AGE-OLD PREJUDICES, TO GAIN...
ACCEPTANCE OF HYPNOSIS BY THE
PUBLIC.....AND THE MEDICAL,
DENTAL, PSYCHOLOGICAL & ALLIED
PROFESSION...AND WHO NOW FACE
THE UNCERTAIN FUTURE.....



THIS IS NOT AN APOLOGY

This course is not intended to be a literary masterpiece -
and this note is not an apology for its literary imperfections.

The ADVANCED COURSE IN PRACTICAL HYPNOTISM is intended to
impart the hypnotic techniques in as effective a manner as
possible. Judging from the way the author's personal instruc-
tions has been received, it has been considered advisable to
transfer his oral instructions to the printed page with a
minimum of editing. The major portions of the instruction
material has therefore been transcribed directly from the
tape-recordings made at various of his seminars all over
the country. These parts of the course 'sound like Basant
Wadhi talking', in the words of one reviewer. This kind of
'talking' may detract from proper literary construction. It
is our hope, however, that the advantages of 'listening' to
'Basant Wadhi talking' before his classes will outweigh the
literary defects of the course

CONTENTS

	PAGE
PREFACE	5
INTRODUCTION	7
HISTORICAL OUTLINE	9
CHAPTER	
1. RECOGNITION AND CLASSIFICATION OF SUBJECTS	12
2. PRELIMINARY SUGGESTIBILITY TESTS	18
3. FAVORABLE AND UNFAVORABLE INFLUENCES	39
4. DANGERS OF HYPNOTISM	45
5. PSYCHOLOGY OF HYPNOTISM	52
6. INDUCTION TECHNIQUES - STANDARD AND BASIC	56
7. STAGES OF HYPNOSIS	78
8. PHENOMENA OF HYPNOSIS	83
9. ADVANCED METHODS	91
10. INSTANTANEOUS METHODS AND INDIRECT METHODS	106
11. BEST TECHNIQUES OF DEEPENING HYPNOSIS	114
12. PRACTICAL USES OF HYPNOSIS	125

ALSO AVAILABLE

BASIC COURSE IN PRACTICAL HYPNOTISM
HOW TO TRAIN OTHERS IN SELF HYPNOSIS
PRIZE WINNING METHODS OF HYPNOSIS
TECHNIQUES OF SPEED HYPNOSIS
BEST TECHNIQUES OF DEEPENING HYPNOSIS
INDIRECT METHODS OF HYPNOSIS
SELF HYPNOSIS AND SELF SUGGESTIONS
HYPNOSIS FOR MEMORY IMPROVEMENT
GET SLIM THROUGH HYPNOSIS
QUIT SMOKING THROUGH HYPNOSIS
PERSONALITY DEVELOPMENT THROUGH HYPNOSIS
ALL ABOUT HYPNOSIS
HYPNOSIS (QUARTERLY)

PREFACE

I started teaching hypnosis in 1978 on a small scale; my first class was a mixed group of professional people. During the three years prior to that I had obtained my own training in hypnosis, mainly via the meager supply of available books on the subject, since schools of instructions were unknown at that time. Indeed I had heard of only four professional hypnotists active in the country during this period. Three of them stage hypnotists and one a Lecturer of Biochemistry practicing hypnotherapy. I was not aware of any physicians, dentists, psychologists or psychiatrists openly employing hypnosis at that time, though it is probable that some unobtrusive application of hypnosis by professional (medical) operators were in progress.

In 1978 I published a 64-page booklet called 'Master Course in Hypnotism'. It was intended mainly for use as syllabus of my personal and postal courses. It has been thoroughly revised and published as BASIC COURSE IN PRACTICAL HYPNOTISM. However, upon urging by some of my students, who wanted to know more about hypnotism, I prepared this ADVANCED COURSE IN PRACTICAL HYPNOTISM in 1981 and since then it is being used to train those individuals who wish to become expert hypnosis practitioners. It is yet to be published and made available to the public through normal channels as a Text Book.

In more than eight years of teaching, my course of personal instructions was modified many times. I made special point of familiarising myself with other courses being offered to professionals and to laymen. I took special note of the inadequacies of these courses as well as their good points. I incorporated the important material and eliminated discussions of theories and other unnecessary verbiage. Gradually my course developed into a thoroughly organised and complete course in scientific ethical practical hypnosis.

Its superiority to other courses has been attested to by professional and lay students who have taken the best of others and are therefore deemed qualified to judge.

This book is my ADVANCED COURSE IN PRACTICAL HYPNOTISM in essence. The induction techniques and other important material have been transcribed from tape recording of actual class sessions, lacking only the practice sessions, the visual demonstrations on the student subjects and the question and answer period, the ADVANCED COURSE IN PRACTICAL HYPNOTISM is one of the first attempts to present a comprehensive hypnosis course. In this sense, it is a Text Book of Hypnotism.

BANGALORE

1986

BASANT WADHI

INTRODUCTION

TO MY KNOWLEDGE, THE ADVANCED COURSE IN PRACTICAL HYPNOTISM is the first organised text book on the subject. It differs from others in that it contains detailed instructions for inducing hypnosis as well as a large number of methods. The course in its present form includes the best methods of the old masters, the results of the investigations of prominent European and American psychologists, the fruits of the author's own active practice and experimentations and a number of important advances in the methodology made in the past three decades. It is the main text of the course in Scientific Hypnosis of HYPNOSIS CENTRE sponsored by INDIAN SOCIETY OF APPLIED HYPNOSIS.

This course differs in another respect. It is scientific and strictly true to fact. Hypnotism is presented stripped of its heritage of hokum and mysticism. Such things as animal magnetism, magnetic healing and similar bugaboos are pointedly ignored. Most statements made represent the consenses of opinion. In those cases, where the author's opinion is given, the fact is clearly stated. The methods explained have been tried and proven and sensationalism and exaggeration have been studiously avoided. Hypnotism is presented truly as a science. In short, here the wheat is separated from the chaff.

This course is for beginners as well as for advanced students. To the beginners especially, the author desires to address a few pertinent remarks... 'It is easy to learn to hypnotise, but only by dint of persistent practice and application may one become an expert hypnotist. The author suggests that these chapters be studied - not just read - in the order and sequence in which they appear. The Preliminary Tests which form a practical screening procedure should be thoroughly mastered. The Psychology of Suggestion must be well understood. The student should, in particular, be quite familiar

with the attendant conditions and the possible dangers and have at his fingertips the means for meeting any emergencies which might arise. The course should be completed and begun a second time before any attempts at actual induction are to be made. Perseverance and assiduous practice will do the rest. The author earnestly hope that once the student has mastered the hypnotic art, he be conscientious about its application and refrain from using it for the furtherance of questionable ends. Finally, hypnosis should be used for therapeutic purposes only by those who are qualified to do so by virtue of formal training in the healing arts, or under the supervision or direction of licenced physicians, dentists, psychiatrists or clinical psychologists.

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HISTORICAL OUTLINE

Since time immemorial, man has believed that it is possible to create a state of mind in which thought and behaviour can be controlled by others. Lacking scientific understanding, he attributed this power to magic or the supernatural. He thought himself bewitched, entranced, mesmerised or, more recently as we call it, hypnotised. Nobody knows for certain when the phenomena which can be produced by the application of hypnotism were first observed.

This strange force which lies latent within mankind has been evoked time and again by various means; sometimes by design, sometimes by accident and has been responsible for countless 'miracles'.

In India and the East, holy men and fakirs have used it for centuries to induce trance like states and develop apparently super-normal powers.

The shamans of Korea made religion around it; Abyssinian fakirs made slaves with it; and Chinese magicians in Borneo healed with it. And probably long before them, tribal medicine-men were using it as proof of their awesome powers. Stretching back into the mist of time, we find countless instances which tell us that the ancients were well aware of this power, although they attributed it to fanciful or superstitious origin.

The Egyptians built sleep temples where priest-physicians healed the sick by 'putting them to sleep' and telling them that they would be cured - the classic induction and suggestion of hypnosis. A stone pillar, carved with details of a hypnotic session, survives from three thousand years ago.

From Egypt the sleep temples spread to Greece, and by 400 B.C. there were hundreds of them across the country dedicated to the Greek god of medicine 'Asclepius'. A century later the cult had spread to Rome where the plaques outside each temple were impressive testimony to the efficiency of the priests and their treatment.

If hypnosis - although it would not be called this for another two thousand years - had been allowed to develop logically, the whole concept of medicine might have taken a different course. It is hardly imaginable that we would have had to wait for almost until the twenty-first century from that time for the theory of psychosomatic medicine to be taken seriously. But the advent of Christianity tolled the death knell for the sleep temples and hypnosis. It was branded as supernatural, the work of the devil and it was swept aside along with every thing else that resembled faith healing.

MODERN HYPNOTISM BEGINS with Friedrich (Franz) Anton Mesmer (1734 - 1815). It was he who expounded the principles of Animal Magnetism, more commonly known as Mesmerism, a system of healing based on the belief that a disturbance of equilibrium of a 'universal fluid' causes disease in human beings, and that a magnetic adjustment of this 'all-pervading, invisible fluid' serves to cure diseases. Although Mesmer produced the hypnotic state innumerable times, he was quite unaware of the fact, it remained for his pupil, the Marquis Armand de Puysegur, to actually discover the hypnotic trance, which he called the ARTIFICIAL SOMNAMBULISM by analogy with spontaneous somnambulism as occurring during natural sleep.

The followers of Mesmer and Puysegur adhered to erroneous principles of Animal Magnetism for a long time. But in 1841, Dr. James Braid, a Manchester (England) physician, coined the word 'HYPNOSIS' from the Greek of 'HYPNOS', meaning 'sleep', and the scientific era began. He put no stock in magnetism,

believing rather in 'fascination' (fixation or concentration) and verbal suggestion. Braid, Elliotson and Esdail also instituted the use of hypnosis as anesthesia for both minor and major operations.

In the 70's of the nineteenth century the famous dispute broke out between the two rival schools of thought in France, the Salpetriere School of Paris, headed by Dr. Jean Martin Charcot, and the Nancy School, led by Professor Hypolyte Bernheim of the University of Nancy. Dr. Charcot believed 'major hypnotism' as he called it, to comprise three well defined stages which could be produced only by physical or neurological stimulation. Professor Bernheim and his followers claimed that hypnosis was caused by, and consisted of, pure suggestion, thus making their interpretation somewhat too broad. Eventually Dr. Charcot's claims were proven to be based on the false theories, and strange enough, indirect, inadvertent suggestion.

With suggestion firmly established, it but remained for Myers to introduce the hypothesis of SUBLIMINAL SELF - a sort of dual personality dwelling beneath the threshold of consciousness. This hypothesis was clarified and improved by several American psychologists, including Professor William James and Dr. Boris Sidis, and became known as the theory of 'Subconscious mind'. Its adherents are spoken of as following the New Nancy School. Such famous men as 'Charles Richer, Pierre Janet, Emil Coue, Paul Dubois, Ochorowich, Mobius, Myers, Gurney, Stanley Hall and Forel belonged to this School.

Although hypnotists do not generally class themselves in any of these Schools, they are, with but a very few exceptions, are adherents to the principles of the New Nancy School.

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CHAPTER ONE

RECOGNITION AND CLASSIFICATION OF SUBJECTS

QUALIFICATIONS OF A SUBJECT:

Psychology will teach you that a person's traits, temperament, characteristics, intelligence and many other factors, give indications of his susceptibility to hypnosis. Generally, it may be said that every normal person is hypnotisable. The principal exceptions are the infants, the insane, and the mentally deficient. However, there are exceptions to the exceptions.

By an infant we mean a child under six or seven. It has been found, however, that precocious child of four or five may be hypnotisable, while a child of subnormal development at the age of eight or nine may not be.

The insane cannot be hypnotised while they are actively disturbed. However, in comparatively lucid periods, they may be inducted into hypnosis quite easily.

A person with a schizophrenic trend cannot be hypnotised if he is too withdrawn. However, in the early stages, he may be quite a good subject.

Persons of paranoid trend are most difficult to hypnotise. They are much too suspicious. Suspicion, distrust and delusions of persecution are characteristics of their disorder.

Among maniac depressives, hypnosis is possible during the maniac or excitable phase but is rarely possible in the depressed phase. It is fairly certain that the feeble minded, or mentally deficient, cannot be hypnotised at all. They do have sufficient mental development; It is fairly safe to say that a person with an I.Q. of less than 70 is not hypnotisable.

90% HYPNOTISABLE:

An expert hypnotist should be able to hypnotise 80% of susceptible subjects in three or four attempts. Another 10% may be inducted into hypnosis with additional attempts and different methods.

The remaining 10% cannot be hypnotised at all. There are numerous reasons, such as unconscious resistance, lack of faith in the operator, or perhaps a natural antagonism to him or his type. There are, however, instances where these conditions do not exist and yet some people simply cannot be hypnotised. Until we find more about the nature of hypnosis, we will probably never know exactly why a small percentage remains refractory.

The above refers to expert hypnotists. However a beginner should be able to influence 40% or 50% of pre-tested subjects. As he gains skill, he should steadily develop to the point where he can hypnotise at least 80% of his subjects.

AGE AND SEX:

A child of 7 to 8 is considered to be in the most suggestible period of life. However suggestibility is not necessarily synonymous with hypnotisability, although it is an important ingredient. A child of 7 or 8, therefore, can appear to be easily hypnotised but when tested for the depth will be in a very shallow state of hypnosis. A child that young does not seem capable of deep hypnotic trance.

From 8 to about 14, the mind rapidly develops. The period from 14 to 21 is by far the best period for both, ease of induction as well as depth of hypnosis. From 21 upwards, there is gradual decline in hypnotisability. This does not mean that an 80 year old person cannot be good subject. It

simply means that there are fewer good subjects in the older groups.

Sex seems to be factor also. We have more female subjects than male subjects. This may be due to the fact that most operators are males. I dare say that if we had an equal proportion of male and female operators, we would probably have an equal proportion of male and female subjects. At this point, however, it seems that a male operator is more successful with a female subject and vice versa.

COMMON FALLACIES:

Whether a person is brunette, blond or red haired has no bearing on his suggestibility to hypnosis. And the same is with the colour of his eyes. A subject does not have to be weak minded and the operator does not have to be strong willed. In fact, if we take an operator with just an average will and a subject with a strong one, and if the subject simply sets his will aside temporarily, hypnosis can result. It is more important for a subject to have a good mind than the operator, because the 'power' or the capability for hypnosis is actually in the subject.

OCCUPATION:

People engaged in occupations of monotonous or strictly routine character seem to become unusually susceptible to hypnosis. Factory workers, for example, who perform the same motion or series of motions at a machine throughout the day, tend to become peculiarly susceptible. Their minds seem to get into a static mental cycle which is conducive to the induction of hypnosis.

People who are accustomed to implicate obedience are good subjects. The best example is soldiers. For this reason, we

always see soldiers picked out of an audience where a stage hypnotist is performing because the hypnotist knows that these subjects are best. Soldiers become accustomed to obeying verbal commands without question. They are also obedient to symbolic commands. For example, the sight of a uniform or an insignia causes them to salute almost automatically. It is almost as if the salute had become a conditioned reflex.

Very religious people are good subjects for pretty much the same reasons. Religious people, those who are fanatically religious, are unquestioningly obedient to the dictates of tradition especially.

Leisurely workers, especially those with a scientific bent, tend to be refractory with the usual methods. Engineers, for example, and other scientific workers who require that every thing confirm to definite physical laws, who require that two and two make four, are not generally susceptible. With hypnosis, the sum of two and two is not always four. The subject has to be capable of accepting statements even though they may not be scientifically factual. However, scientists can be hypnotised by other than standard methods. People who are accustomed to analysing every thing are, for the same reason, refractory under usual conditions.

CLIMATE AND NATIONALITY:

Climate and nationality seem to be factors in susceptibility to hypnosis.

People who are born or bred in the torrid zones are better subjects, probably because of their becoming accustomed to relaxing. They are conditioned to assume a state of complete lassitude which is conducive to the attainment of hypnosis. As we go towards the colder climates, susceptibility seems to decrease.

In considering nationalities, we find substantiation for the above. We find, for example, that the Indian, the French, the Spanish, and the Italians are especially good subjects. These are the so called 'hot-blooded races'. These people are sensitive, impressionable, expressive, emotional, passionate -- all qualifications of good subjects. Among the Germans, the English, and the Americans, we have a wide range of subjects, from the very best, to the very worst. They vary in their suggestibility according to their individual personality differences.

The inhabitants of India are particularly good subjects, probably because they are prone to believe in the mystical and the occult, as evidenced by the Voodoo rights and ceremonies and similar activities all over the land.

The Chinese, The Japanese, the Russians were not experimented with sufficiently for anything definite to be said regarding their hypnotisability, but they are probably susceptible with operators of their own race and nationality.

PERSONALITY AND TEMPERAMENT:

Persons of artistic temperament make excellent subjects. They are usually very imaginative, which is the chief requirement and more or less sensitive. These characteristics make them very impressionable and suggestible.

People who are neurotic generally make good subjects, unless the nature of their neurosis militates against their being cooperative. If we can assume that a person with neurotic complaints has been influenced by negative suggestions, we can logically conclude from the fact that he has basic suggestibility which has been directed in the wrong channels.

The most important personal qualifications of a good subject

are imagination, sensitivity and impressionability. If a person has these characteristics, he will usually compensate for other factors which are not favourable to the induction of hypnosis.

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CHAPTER TWO

PRELIMINARY SUGGESTIBILITY TESTS

3.

WHAT TO DO BEFORE HYPNOTISING:

One of the principal objections to the use of hypnosis, especially in the professions, is the belief that it is too time consuming. This would be true if the operator tried to hypnotise every person who came to him. Some people can be hypnotised quickly, with some it takes a few minutes, with some it takes quite a long, and occasionally you find a person who is not suitable for hypnosis at all or who requires special conditions which do not prevail at the moment. In order to make the use of hypnosis practical, one must be able to evaluate his subjects and determine who should be hypnotised immediately and who should be left alone. For this purpose a screening procedure is absolutely necessary. The tests which follow comprise a practical screening procedure.

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THREE PURPOSES:

There are three purposes of preliminary suggestibility tests:

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1. The first purpose is classification. Through these tests, the operator is able to determine whether a person is good, fair, difficult or indifferent subject.
2. The second purpose involves a 'warm-up' or conditioning of the subject. Through these tests, the subject is gradually readied to go into hypnosis. He is warmed up, he is conditioned to accept the hypnotic state. If you try to hypnotise a person 'cold', without taking him through any kind of a preparation period, the chances of success are greatly diminished.

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3. The third purpose of the tests is possibly even more important than the first two. As you watch your subject's responses, you will get clues from his reactions as to which of the various methods of induction is more likely to be effective. No one method, no matter how skillful one may be with it, is effective with every one. Therefore, your skill in determining which method to use will go a long way to minimise the chances of failure.

CHEVREUL'S PENDULUM:

I choose Chevreul's Pendulum as the first and one of the most important of these preliminaries because I have used it with good results in still another way to help in the students training. Although it was designed by M. Chevreul, a Frenchman, primarily for the purpose of testing a subject's susceptibility to hypnosis, I have used it besides as an aid in increasing the student's concentration power. It can be described as follows:

1. A strong thread or thin cord, or better still, a thin watch or key chain between 25 to 35 cms. long is attached at one end to a heavy ring, key or similar object, preferably something bright and shiny. Crystal or plastic balls, with chain attached, are available from Hypnosis Centre. The other end of the cord or chain should be fastened or hung on the eraser end of a long pencil. This is the pendulum proper. Next a heavy circle between 15 to 20 cms. in diameter is drawn on a white background (white paper, unlined may be used, but I have found a square of white cardboard to be more practical). Inside the circle are drawn two heavy lines crossing each other at the centre. We may designate the horizontal line as A - B, the vertical line as C - D, and the centre as X.

The chart is placed on a chair or low table, and the person holding the pendulum sits or stands alongside the chair,

locking down at the chart. The pendulum should be held by the pointed end of the pencil, with the thumbs and fore-fingers of both hands, so that the pencil is held horizontle and the weight on the end of the cord hangs free over the centre of the chart, the point X. Now tell the person...

"You must stand upright, feet together, the body relaxed as much as possible. Your elbows must not touch your sides as your hands hold the end of the pencil, while the pendulum hangs straight down over the chart...

"Now fix your eyes on the point X. The ring (key or ball or whatever you are using as a pendulum) should be about on a straight line between your eyes and point X. Now if you concentrate hard on point X, keeping your eyes fixed there steadily, the pendulum will hang still over it, perhaps moving ever so slightly. Now move your eyes to point A of the horizontle line A - B; then move your gaze across to B, then back to A, and so on, continuing to move your eyes back and forth along the line and concentrating on it as you do so." Keep this up steadily and without interruption - "back and forth, back and forth - and in a short while you will find the pendulum following the line of your thoughts and your gaze, gradually swinging further and further; the harder you concentrate the more steadily the pendulum will swing back and forth along the line.

After this has proceeded for several minutes, suddenly change from the line A - B to line C - D, continuing as before, but this time making your gaze travel up and down along the line C - D. In a short while the course of the pendulum's swing will gradually change, until it is again obeying your thoughts and gaze, this time swinging up and down.

"Now if you start concentrating on the circumference of the circle, with your eyes going around and around the circumference, the pendulum will again change its course and follow your minds' directions, swinging in a circle or ellipse. If you

suddenly stop and concentrate anew on point X, the pendulum will come to a complete halt over the centre.

This is a permissive end of the Chevreul's Pendulum Test.

A variation of the test's end is in this way. After the pendulum is swinging around and around in a circle, then say... " The pendulum is moving all by itself. You cannot stop it, even if you try. You cannot stop it ... it moves all by itself and you cannot stop it ... you try to stop it ... but you can not ... you try to stop it ... but you cannot ... stop trying and relax

This is a authoritarian approach. If the person is submissive, and can be dominated, he will not be able to stop it, but if the person is authoritarian and resent being commanded, he may stop the movements of the pendulum. This gives you the clue how to proceed further with the subject.

In some cases, the pendulum test may not work initially, then you say...

"This may not, of course, work with you at the first trial. But keep it up for a while, resting your mind occasionally if necessary, and making certain that the cord is long enough, the pendulum object of sufficient weight, although not so heavy as to prevent its swinging freely and especially that you are standing properly, relaxed, not leaning against anything, your arms slightly away from your sides and concentrating - that is the chief requirement.

When testing the subject with Chevreul's Pendulum you follow the same general rules that I have outlined, making certain that you instruct him fully and correctly, It is best, when telling him to gaze back and forth along the line, that you help him along at first with your finger, which you hold under

the pendulum and move back and forth as desired, at about one second intervals, at the same time repeating in monotonous tones - "back and forth ... along the line ..." This should be repeated rhythmically, monotonously. The other formulae, of course, are similar: "up and down ... along the line ... concentrate ... up and down ..." etc. And - "Around and 'round ... just keep it up ... 'round and around ..." etc. These verbal suggestions go a long way to stimulate the pendulum's gyrations.

This exercise may be varied in a rather interesting and amusing manner, but in this you must be careful to choose the right type of subject. A person of perspicacity is likely to feel insulted, or at best consider you a simpleton, when you purpose him trying the following test: Explain that your pendulum has been chemically treated, or endowed with magnetic properties, so that it reacts to sex - in fact, that it acts as a 'Sex Indicator'. State that, if held over the arm of a male, it will move along the arm, back and forth; if over a female's arm it will go around in a circle. Demonstrate it over your own arm, indulging in a little faking, of course, and then hand it to him to try over his his own arm, over yours, and over the arm of any other person who may be present.

Strangely enough, this works quite often with, as I have pointed out, the right subjects, who are usually very suggestible, gullible, and also perhaps somewhat naive - a fact you should not admit to them.

This variation is an indirect approach to test a person's suggestibility and it works very well with children.

AUTOSUGGESTION THE BASIC PRINCIPLE:

Already in this first test we are employing one of the fundamental psychological principles on which hypnosis is

based - the principle that we call in everyday language "Mind over Matter"; in this particular case it is "Mind over Body". But you must realise that by this we do not mean the control by the mind of one person of the body of another but rather the power of the same person's mind over his body. In this way you can honestly explain to a prospective subject that it is not your intention to hypnotise him with Chevreul's Pendulum, but rather that you are interested in testing his concentration power, the power of his mind (not yours). This attitude on your part will make him anxious to do well, and success with this and other preliminary experiments will give him a feeling of importance, confidence in you and desire to continue with you in your experimentation.

There is nothing magical or supernatural about the Pendulum's implicit obedience to the subject's thoughts. The principle involved is a natural and scientific one, called "Auto-Suggestion". What actually happens is this.

You as the subject, are holding the pendulum and concentrating on, say, the horizontle line guided by the movements of your eyes, your thoughts go back and forth along that line while you stand relaxed and apparently motionless. But you are not really motionless. Your mind reacts on your body, on your nerves, and causes you to make slight, imperceptible movements of which you are usually unaware and which are therefore unconscious, and then you are astonished when the pendulum starts to swing along with your thoughts - apparently without any help from you!

So far I have only hinted at the importance of suggestion and auto-suggestion and that is all that I intend to do now, beyond adding that auto-suggestion principle is the foundation of all the priliminary exercises and experiments.

In the use of Chevreul's Pendulum in your own concentration-training, remember that concentration is a condition of all absorption in a particular task

absorption in a particular task. Distractions must be ignored to the point where you are completely oblivious of every thing but the job in hand - in this case concentration on a line or a circle. Similarly in hypnotisation it helps if you become absorbed in the task of putting your subjects into hypnosis, concentrating your attention on your task and paying no heed to any distractions that might exist. Therefore, you will find that a few minutes a day with Chevreul's Pendulum will increase your concentration power very noticeably, so that by the time you are ready for the methods of induction you will be able to proceed in this work without any difficulty.

PRELIMINARY SUGGESTIBILITY TESTS - A SCREENING PROCEDURE

TWO TYPES OF PRELIMINARY TESTS:

In discussing the Preliminary Tests as well as the Methods of Induction which will follow, I shall be referring to two types of techniques - the Authoritarian Types and the Permissive Types.

The Authoritarian Techniques are some times referred to as the "Paternal Techniques" pertaining to the paternal authority in the family constellation. These techniques involve a strong, commanding, dominating approach.

The Permissive Techniques are some times referred to as the "Maternal or Mother Techniques". These are soft spoken, easy going, persuasive but they minimise the authoritarian element. It is important to discover what kind of approach is more likely to work on a given subject. A person who is submissive is likely to respond better to an authoritarian approach. On the other hand, a person who is himself accustomed to being in a position of authority, will tend to resent the authoritarian approach. For him a permissive technique is better. Naturally a knowledge of psychological types of human nature will help you to evaluate your subject correctly and determine what

approach is likely to be more effective with him. The tests, however, will give you a good idea of the best procedure to use. Therefore, in applying to tests, we must always be watchful for clues which will help us determine the appropriate approach.

ARMS RISING AND FALLING TEST:

This test is by far the best of all preliminary suggestibility tests. It gives you a clear picture of the subject before you, providing several clues as to how he will respond to the procedure of hypnotic induction. The Arms Rising and Falling Test can be used individually or with groups of any size.

You begin by asking every one willing to cooperate to stand up. Make certain that they have enough room in front of them so that if they stretch their arms out, they will not touch any one. If possible, have them stand in a straight line facing you. If there are too many, they can stand up right in front of their seats, wherever they may happen to be. Proceed as follows:

"Please stand erect but relaxed, with your feet together and your arms loosely at your sides. Now close your eyes and keep them closed until I tell you to open them. Listen easily and effortlessly to my voice.

"This test will show how well you can use your imagination. In a manner of speaking, it is a test of the power of your own mind over your own body. With your eyes closed, raise your arms forward and upward until they are at your shoulder level, with palms facing down to the floor.

"Now here is where your imagination comes in. Imagine - pretend - visualise a heavy shopping bag hanging on your left wrist. Imagine also that a bunch of balloons filled with helium gas are tied on your right wrist. Imagine ... think ... that the balloons are rising.

balloons are pulling your right arm up and the shopping bag is pulling the left arm down. Imagine your right arm is getting lighter and rising - your left arm is getting heavier and falling. Right arm going up - that's it - left arm going down - that's fine. Right arm rising - higher ... higher - left arm falling - lower ... lower. Right arm going ... up ... up ... up - left arm going ... down ... down ... down. Right arm rising, left arm falling. Right arm getting lighter, left arm getting heavier".

Continue in this vein for several minutes, occasionally varying the technique by raising the pitch of your voice on "rising" and lowering it on "falling". In other words, it is not the suggestions, but the manner in which the suggestions are given which helps the person to respond - helps to stimulate his imagination. You can use the words and expressions similar to these:

"Keep on thinking that your right arm is rising and your left arm is falling - right arm rising higher - that's it - left arm falling lower - that's fine. Right arm still higher and higher, left arm still lower and lower" ... and so on ...

Then, tell your subject to open their eyes and look at their hands and watch the way they react. Some of them may show surprise at the fact that their arms have changed their positions. They may not even have been aware of the reaction that they had. These are the best subjects - those who are unconscious or unaware of the movements of their arms. The average good subject, however, will know that his arms have separated; he felt it. The reactions were involuntary nevertheless. Of course a few will not respond at all. These are the subjects who possibly are not suitable for hypnosis or perhaps not suitable for this kind of technique. This does not mean they cannot be hypnotised. You have to test them further to see if a response can be elicited.

Occasionally, a person's arms will change very rapidly with the right arm right up and the left arm going down. This usually indicates that the person is faking, because true, authentic hypnotic reactions are slow and sluggish. If the reactions are too rapid, you have to regard them with suspicion.

Occasionally, a person will have reverse response, that is when his eyes open, his left arm is slightly above his right - exactly the opposite to the intention. This may indicate two things. First of all, it indicates that he is deliberately resisting. He feels a slight reaction but intentionally reverse it. But since his eyes are closed and he cannot see how his arms are responding, he tends to over compensate his reaction, thereby causing the left arm to end up above the right. This would therefore also indicate that the person is basically suggestible but that some thing is causing him to resist. Often a little discussion with him will help to dispel whatever fears or misconceptions he may have, with the result that he may become a good subject.

This test is a permissive test. The subjects are not commanded to do anything. They are only asked to use their imagination. If they do so, the reaction follows. Therefore, they are simply 'permitted' to exhibit reactions which are within themselves. No commanding or domination is involved.

It should be pointed out that the suggestions are given in a pattern or rhythm, with the same number of syllables on 'rising' and the same number on 'falling'. For example: "Right arm is going up - up - up; left arm is going down - down - down. Right arm rising 'higher and higher', left arm 'falling lower and lower'. The pattern and rhythm of the suggestions are helpful in lulling a person into a responsive state.

THE FALLING BACKWARD TEST:

This test can be done individually only. Select a subject and

instruct him to stand erect but relaxed, feet together, arms at side. Take your position behind him and tell him that that you are going to test him to make certain that he is relaxed by pulling him backwards. He must allow himself to fall, but assure him that you will stop him when he has fallen only a few centimeters. In falling backwards, his body must remain erect with feet flat on the floor, hinging only at the ankles. Test him by pulling him gently back by the shoulders. Stop him by placing your hands on the shoulder blades before he has fallen more than a few centimeters. He must be assured that he will not be allowed to fall and hurt himself. If he falls straight back as desired, it indicates that he is relaxed and ready for the test proper.

Now instruct him to bend his way back so that he can see the ceiling directly above him and tell him to close his eyes, remaining in that position. Take your own position directly behind him, keeping one foot slightly in front of the other for good balance. Place your hands on his shoulder blades and stand fairly close so that your arms are slightly bent. In this position, you can support an individual of more than twice your weight without danger of his falling. Make suggestions as follows:

"Imagine yourself standing next to a haystack with your back to it. Think that you are falling backwards. Picture yourself standing at the edge of a haystack, falling backward. When I take my hands away, you will fall right back. Think you are falling backwards - falling backwards - falling backwards". Repeat these phrases four or five times, then move your hands from his shoulder blades while you are talking. If he is responsive, he will fall right back and you must immediately stop him by grasping him by the shoulders or by pushing him back at the shoulder blades. Only a few centimeters are necessary; do not allow him to fall back too far. If you watch closely, you may notice that when you begin to make your

suggestions of falling, the subject will often lean slightly forward instead and after a while begin to sway slightly backwards. This is a natural reaction and does not necessarily mean that he is antagonistic or resisting. Occasionally a person will actually fall forward or continue swaying forward. This may indicate that he has a fear of falling or is actually resisting in some way.

This is a authoritarian test. It is very widely known and used. It is favorite of stage hypnotists. A person who resents authority is likely to fail to respond to the Falling Backward Test.

PERMISSIVE BODY BALANCE TEST:

The Permissive Body Balance Test is a very good test for those who do not respond to the Authoritarian Falling Backward Test. This test can be done individually or with groups.

You begin as in the Arms Rising and Falling Test asking them to stand up, making sure that they have enough room or space around them and proceed as follows:

"... Stand erect but relaxed, with your feet together and your arms loosely at your sides. Now close your eyes and listen to me.

"This test will show you how your mind effects your body. With your eyes closed, imagine - visualise - picture yourself standing in a small boat which is in water (say a lake or river or sea). There are big waves in water that are hitting the boat and the boat is shaking. As the boat is shaking you see yourself swaying left or right to keep your balance. Everytime a wave hits the boat, the boat shakes more and more and you also sway more either to the left or right to keep your equilibrium. Think that the boat is shaking more and more - tilting more and more - and you are swaying more and more to keep your

balance. As the boat is shaking more and more - it is getting more and more difficult to keep your balance ..." etc. Keep repeating these and similar suggestions for a couple of minutes.

If they are responsive they will start swaying left and right on their heels immediately and will continue doing so until you tell them to open their eyes and watch their reactions. Their swaying movements were involuntary nevertheless.

THE COUE'S HANDS-CLASP TEST:

This test, employed originally by the famous French auto-suggestionist Emile Coue, is a rather difficult one and had better not be used on any but suggestible subjects. It is in reality a very temporary and fleeting hypnotic trance, and the subjects who fail it should not be considered refractory for that reason, so long as they have reacted positively to the previous tests.

In working Coue's test, the subject should stand before you looking into your eyes. You instruct him to stretch out his arms in front of him and clasp his hands tightly together, fingers interwined. Direct him as follows in a commanding fashion:

"Make your arms stiff and rigid and squeeze your hands tighter and tighter together - tighter and tighter. At the same time concentrate on the idea that you cannot open your hands. Think that you cannot unclasp your hands. Squeeze them still tighter and tighter and think you cannot open them. When I count 'three' you will try to open your hands, but you will be unable to do so. On the count of 'three' you will try but will be powerless to open them. You cannot open them! Now - one! - two! - three! - you cannot open them! Try - but you cannot! Now stop trying!"

Beware the person who struggles very hard to unclasp his hands, gets red in the face with effort, or perhaps tries to break

them apart over his knee. In cases of this sort, the chances are that he is faking.

To sum up, we can say that persons who show positive reactions to all these tests will make excellent and very easy subjects for hypnosis proper. Those who do well with the first three and fail only with the Hands-Clasp Test may also be considered quite good subjects.

PERMISSIVE HANDS-CLASP TEST:

A far superior test is the Permissive Hands-Clasp Test. Often, a person who will not respond to the authoritarian test because he resents authority, will respond quite readily to the Permissive Hands-Clasp Test if he is sufficiently suggestible. Tell him to raise his arms in a comfortable position, bent at the elbows, and to hold them over his lap with fingers intertwined and the hands loosely clasped. Continue in this vein:

"As you sit there, look down at your hands as they are loosely clasped before you. Imagine that your hands are the jaws of a vise. This is a kind of an instrument where you turn a handle or screw on one side and cause the jaws to come closer and closer together. If you are unable to imagine a vise, think of the action of a vise. You know what happens when a vise is gradually closed up - the jaws come closer and closer together. If your hands are the jaws of a vise, your hands will gradually come closer together also. Now as you keep thinking of that, as you keep imagining of that, you may notice certain little reactions in your hands. One of the first reactions might be a twitch of a finger as it seems to close down against the hand. You might notice a certain amount of pulsing of the blood in your hands and fingers. This is due undoubtedly to a gradual although possibly imperceptible tension developing. Now as the inner tension gradually increases, you may begin to 'feel' the tension because the pulsing of the blood will increase and you may also notice a slight blanching or whitening in your fingers where

they touch one another. You may also notice a slight whitening of the knuckles and, as you see your fingers gradually close down against the backs of your hands, you may also notice that your fingertips gradually become white because the pressure of your fingertips against the backs of your hands pushes the blood out of that region, causing the whiteness. As you watch you notice how your fingers are gradually tightening up. Every once in a while there is a twitch, a little movement, and the tightness gradually increases. You can see it now. You can see the whiteness of the knuckles. You can see the whiteness of the fingers where they cross, touch one another. You can see the whiteness of the fingertips. You can feel the tension steadily increasing. Your hands are gradually getting tighter and tighter. You can see it now; you can feel it as well. Now your hands are so tight - They are tight as a vise which has been locked! Your hands are clasped tightly together, locked like a vise, and you cannot open them! When I say 'three' you will try to open them and you will not be able to do so. One! - your hands are getting tighter and tighter, they are tightly clasped and you cannot open them. Two! - they are glued together, tightly stuck and you cannot open them - locked tightly like a vise! Three! - you cannot open them! Try but you cannot! Now stop trying! As you relax your hands, they open up easily now. That is fine."

There is a gradual buildup in the way you make these suggestions. You start out very permissively, softly, easily, slowly. As you see the reactions that you are describing, you point them out so it seems to the subject that his reactions precede the suggestions that you made and thus you gradually lead him along. You point out each thing that you see occurring - the whiteness of the fingers, the blanching of the knuckles, the gradual closing up of the fingertips against the backs of the hands, the steadily increasing tension. As you proceed in this manner, he becomes more and more convinced that it is working because 'he can see' it working. He gets the impression that it is

working from within himself rather than because you are causing it. He is not being commanded to do anything. Towards the end of the test, of course, when you challenge him to open the hands, you become firmer and more commanding for greater emphasis and effectiveness.

It is important to be able to differentiate between the Authoritarian and the Permissive Hands-Clasp tests and to be able to judge which type is more likely to succeed on a given subject.

LAW OF WILL VERSUS IMAGINATION:

It is appropriate at this time to explain briefly the law governing auto-suggestion. We can advantageously cite Coue's illustration of a wooden plank placed across the floor. You will without hesitation step onto it, walk back and forth on it, even balance yourself on one foot without the slightest danger of falling off. But suppose the same board is used as a bridge between the roofs of two ten-story buildings - would you dare to step on to it? And if you did, what chance would you have of maintaining your balance? Very little - you will grant, unless perhaps you were a circus performer accustomed to heights and therefore unafraid.

Much as you may desire to live, and as much WILL as you may exercise to keep your equilibrium, the fear that you will fall - imagining that you are falling! - may actually make you fall. It does not matter how much WILL you use, the IMAGINATION will win. The law, therefore, is stated as follows:

"When the WILL and the IMAGINATION come in conflict, the IMAGINATION INVARIABLY WINS".

Of course, there are people, such as circus performers, who are perfectly at ease at dizzy heights. Why? Merely because their imaginations and wills are not conflicting, but rather working

in cooperation. They do not 'imagine' themselves as falling, they entertain no 'fear' of the 'possibility', and therefore the all-powerful imagination, instead of working against the will, is allied with it, thus producing perfect confidence. For the same reason you are perfectly safe on the plank on the floor. It would be ridiculous for you to imagine that you are losing your balance, that you are falling to your death from a board on the floor. So here your imagination and will are in agreement, resulting in self-confidence.

You should now understand why, in the preliminary tests, I so often use the expressions 'imagine', 'visualise', 'picture', 'think', etc. You should understand that imagination is the most potent factor in auto-suggestion; if you do, you will have better results with the Preliminary Tests, and later with hypnosis proper.

PROGRESSIVE RELAXATION TEST:

The next test, if successful, actually puts a person into hypnosis, although he may not be aware of this fact.

To prepare for this test, have the subject seated comfortably or lying supine. Make sure that his back is supported and that if he is seated, his feet are flat on the floor. Do not allow him to cross his knees or even his ankles. When he is all set, tell him to close his eyes, and proceed as follows:

"The relaxation procedure is really quite a simple one, as you are about to learn. After you have closed your eyes, the first thing to do is to make sure that your teeth and jaws are not clenched and tense - the area of the jaws and throat plays an important part in relaxing or the failure to do so. So open your mouth slightly, separate your jaws just a bit - make sure your teeth are not clenched. Fine. Now your throat muscles will have a better chance to relax.

"We will now proceed to relax every part of your body progressively. While we are doing this you will hear my voice clearly and distinctly even though it may go down to a whisper from time to time. You will be aware of your surroundings, although you may care less and less about what goes on around you.

"As you sit there quietly, direct your thoughts to the general area of your throat ... and think - imagine ... that your throat muscles are becoming relaxed. Do this easily - effortlessly - that's important - as effort tends to defeat its own purpose.

"Now direct your thoughts to the top of your head - your scalp - and think that whatever tension exists there is rapidly vanishing. Your scalp is becoming less and less taut and the top of your head is becoming completely relaxed. Now think of your forehead and your eyes and all the small muscle groups in that region and permit these muscles to become relaxed. Just let yourself go - and relaxation in this area will naturally follow. Now return for a moment to the throat area. You should be able to actually feel how much more relaxed this region is now than it was before we started. Relaxed - fully and completely relaxed.

"Simply by thinking of certain parts of your body - by dwelling on the idea of those parts becoming relaxed - you are able to throw off all tension like a mentle and with it all fatigue and irritation, That is what relaxation can do for you. Now visualise your neck and your shoulders - and permit your neck and shoulder muscles to relax. Now think of your chest - all the muscles and organs within your chest - and let these relax completely. Place your attention upon the region of your diaphragm - and relax ... relax. Your abdomen - all the muscles and organs within that area - allow them to become flaccid and relaxed. The pelvic region - and relax, fully, completely relaxed. Think of your thighs - relax all your muscles there.

Your knees ... the calves of your legs - relax - relax - relax. Your ankles ... feet ... your very toes - relax - fully relaxed. Just let yourself go completely ... just go limp all over - permit every organ, every fiber of your being to become completely, profoundly relaxed. It feels so restful, so pleasant, to be fully relaxed. You are now completely relaxed."

With experience, you will learn signs and indications of your progress with individual subjects. As a general rule, if the subject is restless, keeps clearing his throat or swallowing unduly, moving his hands and feet, it is not likely that he is being favorably influenced. In this case you may have to repeat the procedure, perhaps several times, before you test him for hypnosis. When he is completely immobile, you may proceed as follows:

"The condition in which you are at present is called 'Progressive Relaxation'. It is the deepest degree, a state of relaxation that very, very few people can attain unaided. In this condition you are so profoundly relaxed that you do not seem to care what goes on around you, although you can hear my voice very clearly and distinctly. Your arms and legs - if you will think of them for a moment - feel rather heavy - they are so relaxed - and also quite numb and dull, though pleasantly so. In fact your entire body feels heavy in this condition - heavy, so heavy that it seems that it would require a superhuman effort to move a muscle.

"Your eyes especially - the muscles around your eyes, your eyelids - feel so heavy and relaxed, that it seems they are glued shut. Your eyelids are heavy as lead - so heavy that it seems it would be impossible to raise them. The muscles controlling your eyes are so relaxed - so flaccid and inert - that you probably could not activate them, could not open your eyes if you tried. When I say 'three' - and not before then - I want you to try to open your eyes, but you will be amazed to find

that you are completely powerless to move those muscles, quite unable to open your eyes. I shall count to 'three' and on every count your eyes will become more and more relaxed, your muscles in that area more and more flaccid and inert - and when I reach the count of 'three' you will find that you are unable to open your eyes, powerless to raise your eyelids".

By this time you have become gradually more intense in your manner, slightly more authoritarian and direct. You speak more rapidly, so that your subject does not have time to think around your suggestions.

"Now, ONE! ... your eyes are stuck tightly together. The muscles around your eyes are relaxed, flaccid, limp. TWO! ... Your eyelids are heavy as lead - stuck and you cannot open them. You are completely powerless to open your eyes - you cannot open your eyes - you cannot open them. THREE! ... They are stuck - tightly stuck? You cannot open your eyes - you cannot open them! Try - but you cannot open them! They are stuck - tightly stuck! Now stop trying! ... and relax completely."

Do not let him try too long; a few seconds are sufficient. Your luck must not be pushed too far. After he has stopped trying, keep talking to him for awhile, urging him to go into a deeper state of progressive relaxation. You must by this time have realised that the term 'Progressive Relaxation' is but a substitute for hypnosis and that in other respects the induction procedure is pretty much the same as the direct verbal suggestion method.

Actually, the Progressive Relaxation Test produces hypnosis, though the subject is not aware of the fact unless you explain it to him. So you see how by the gradual progression of the Preliminary Tests you bring the subject close to, if not actually into, hypnosis.

To awaken him, you simply tell him that upon the count of

'five' (or any other signal) he will open his eyes and come out of the state of progressive relaxation. It is as simple as that. And your subject may never know or suspect for a moment that he was in hypnosis.

INDICATIONS OF THE SCREENING PROCEDURE:

After having taken a subject through the foregoing tests certain indications should have developed.

If the person has responded to the Pendulum Test with a permissive end, the Arms Rising and Falling Test, the Body Balance Test, and the Permissive Hands-Clasp Test, you can be fairly certain that he will respond well to a permissive induction method. If he has done better with Pendulum Test with an authoritarian end, the Falling Backward Test, and with the Authoritarian Coue's Hands - Clasp Test, the indications are that an authoritarian approach may be preferable. If he has responded equally well to all the tests, then it actually does not matter what kind of approach you use. He is a 'push-over' as a subject. Now the Progressive Relaxation method has both authoritarian and permissive aspects, so it cannot be properly classified. Therefore, the Progressive Relaxation Test can be used as an induction method with either kind of subject.

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CHAPTER THREE

FAVORABLE AND UNFAVORABLE INFLUENCES

Certain conditions of the immediate environment are conducive to the induction of hypnosis, while others prove definite hindrances. The beginner should learn these conditions thoroughly in order to avoid unnecessary failures. The expert hypnotist need not concern himself so much about favorable and unfavorable conditions because, when he occasionally fails, it does not affect him adversely. But the beginner cannot afford to be negligent in this respect. A series of failures might have a deflating influence on his ego. On the other hand, nothing succeeds like success, so it is necessary for the beginner to observe as many of the favorable conditions as possible in order to assure continued success.

INFLUENCE OF LIGHT AND COLOUR:

Generally speaking, a subdued lighting effect is best for the induction of hypnosis. If it is daytime, shades should be drawn in order to produce a subdued effect. If it is at night, coloured lights can be used to produce the most beneficial atmosphere.

It has been found that blues and the greens are the best colours for the induction of hypnosis. They seem to have a restful and soothing effect. Anything in the red family seems to be tiring and irritating and should be avoided. Red, orange, and yellow, therefore, should be avoided during the induction of hypnosis.

INFLUENCE OF TEMPERATURE:

An even temperature, perhaps slightly on the warm side, favors bodily comfort during induction. Extremes of hot or cold should

be avoided. Sudden cold drafts of air should be carefully avoided. It has been found that a sudden draft of cold air can hinder induction or may completely awaken a person who has already been hypnotised. Watch for drafts from fans, open windows, and air conditioners. Once a person is in hypnosis, however, and if it happens to be a bit too warm or a bit too cold, the temperature can be modified by simple suggestion.

INFLUENCE OF ODOURS:

It is assumed that when one works in close proximity to some one else, as you do in hypnosis, you will avoid the unpleasant odours of onions, garlic, etc. However, there are some things which are not so obvious about which you would also be careful. Some subjects in hypnosis will become extremely intolerant of things which they are able to stand under normal conditions. For example, a non-smoker, who is able to tolerate the smoking of people around him, under hypnosis may find the presence of the odour of the tobacco smoke extremely irritating, to the extent that he may fail to go into hypnosis or awaken prematurely. Therefore, if you know a person does not smoke, even though he has not expressed himself to be against it, be on the safe side by avoiding smoking during the induction of hypnosis.

Some experimenters have found that certain odours can actually be helpful. They seem to favor strong, sweetly oppressive odours and have even recommended perfumes from such flowers as heliotropes, lilacs, and tube roses.

Actually, incense could be helpful as it could be obtained in different scents. However, the use of incense is not desirable due to its association with the mystical and the occult. Therefore, if anyone decides to use incense, he might as well wear a turban, a robe, and adopt the title of a swami.

INFLUENCE OF MUSIC AND SOUND:

Music has a calming and relaxing effect on human beings as it does on animals and is therefore helpful in the process of induction of hypnosis. When music is employed. It should be used as a background. It should not be too loud and may emanate from an adjoining room or closet. The sound should be subdued. Tape recordings and record players can be put to use for this purpose.

In addition to music, certain sounds are helpful. Any monotonous sound can be an aid. The metronome is an example. The sound of a fan motor, or the motor of an air conditioner can be helpful. Certain sounds in the high and low frequency ranges are sometimes used for induction. It has been reported that experiments are being conducted with ultrasonic sound but the results of these experiments have not yet been made known.

INFLUENCE OF QUIET:

The importance of perfect quiet has been greatly exaggerated. Naturally it is helpful if there are no distractions during the induction process. But the usual sounds of traffic and other activity will not hinder induction unless the operator attaches too much importance to it. If the operator sounds annoyed, he will transfer his feelings to the subject. If the operator pays no attention to the usual sounds in the surroundings, the subject will not either. The attitude of the operator is all-important in this respect. Sometimes, sounds of traffic can be used as a helpful influence. During the induction process, a suggestion can be made that whatever sound the subject may hear from the street will have a soothing and lulling effect; thus you turn apparent adverse circumstances to good advantage.

I made a study of this problem over an year. During this period I had two offices, one completely soundproof, the other in a

very noisy spot. I found no appreciable difference in the results in these two offices.

INFLUENCE OF EASE AND COMFORT:

Personal comfort naturally aids the induction of hypnosis. There are a few things which we must watch.

If the subject is seated, you have to make sure that his back is supported against the back of his chair. His feet should be flat on the floor or, if a footrest is available, they must be supported on that. Knees must never be crossed and the ankles must not be crossed. His hands should rest on the arms of the chair or on his thighs or loosely on his lap. The arms must never be crossed on the subject's chest or placed on any part of his body except his thighs. The mere weight of the hands or arms on the chest or abdomen may be hindrance. If a backrest is available for the head, this is helpful but it is by no means necessary. The head should be held in an evenly balanced position. Usually, but not always, as a person relaxes and goes into hypnosis, the head falls forward or to one side. You must be careful not to allow the head to fall back as it relaxes. Should you notice the head tilting backward, it is permissible to move it forward in order to get it started in that direction.

If the subject assumes a recumbent position, his arms should lie alongside of him and his head should be slightly elevated from the body. The important thing to remember is that the subject's posture should be such as to allow complete relaxation of his entire body.

Be certain also that his clothing is loose, tie and collar open if too tight, belt eased, and shoes, if not comfortable, removed. With female subjects pay particular attention to corsets and shoes. Spectacles and contact lenses removed. Be sure that nothing is there in their mouth like chewing gum, candies, etc.

INFLUENCE OF PHYSICAL CONDITION:

If a person is in pain or under any kind of physical discomfort, this is usually a hindrance to the induction of hypnosis. If he has a temperature, no matter how slight, if he is perspiring unduly, these also are hindrances. Some subjects have cold, clammy, hands and feet. These conditions should be corrected before induction is begun. They should be instructed to dry their hands with a handkerchief and rub them vigorously together, meanwhile walking briskly around the room to stimulate circulation in the extremities.

Occasionally the presence of severe pain actually becomes an incentive for a person to seek relief in hypnosis. There have been a number of cases where unbearable pain was actually used as a springboard to get a person into hypnosis. But these are exceptions, rather than the rule.

If a person is overtired, this works against hypnosis. Physical exhaustion may put a person into a natural sleep rather than into hypnosis. Actually, the closer a person's condition is to normal, the better it is for the induction of hypnosis.

If a person is intoxicated, it is a definite hindrance. Intoxication impairs his ability to concentrate. The influence of drugs is likewise unfavorable. It seems that any condition which clouds the mind or which dulls the higher centers of the brain is a hindrance to the induction of hypnotic state. Under some conditions a minor dosage of a drug can be used as a 'placebo' to help induce hypnosis. In these cases, however, it is the suggestive effect which does the work, rather than the drug. In most cases drugs are hindrances. Even tranquilizers should be avoided.

INFLUENCE OF THE EMOTIONS:

If the subject's emotions can be aroused in favor of being

hypnotised, this facilitates matters greatly. One of the best ways of arousing a person's emotions in this way is to have him observe someone else being hypnotised. Many hypnotists set up their offices in such ways that newcomers are given the benefit of observing other subjects in hypnosis, in order to arouse their expectations to the maximum. Stage hypnotists use this factor to advantage. They always pick the best subject first. Their success with the first subject is an important factor in arousing the expectation of the succeeding subjects. On the contrary, should the first attempt fail, the hypnotist may have a whole line of failures before he can break the wrong influence.

Generally speaking, love, respect, trust, prestige of the operator, are favorable influences to the induction of hypnosis, while anger, irritation, distrust, hate, are unfavorable. Occasionally, a certain type of fear of the operator can be a conductive influence. This, however, is more a fascination or awe than an actual fear.

CONCLUSION:

Judging prospective subjects accurately by quickly analysing their personal qualifications will save the hypnotist much time. Then he can further eliminate undesirable or refractory subjects by means of the preliminary susceptibility tests, thus assuring success when he finally proceeds to induce hypnosis proper.

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CHAPTER FOUR

DANGERS OF HYPNOTISM AND HOW TO AVOID THEM

Before you attempt to actually hypnotise anybody, you must know what precautions to observe and exactly what to do should an emergency arise.

The actual dangers of hypnosis can be minimised provided the operator is thoroughly familiar with hypnotism. We might say that this is true in the sense that driving an automobile is harmless if the driver knows how, or conversely, that eating might be dangerous because a person might choke on the food he eats. You will agree that outlawing eating and driving because of these dangers would be ridiculous. On the other hand, practicing hypnotism without knowing the hazards and being familiar with the methods of meeting possible emergencies would certainly be unwise.

The first and most important danger to consider is the danger to the hypnotist. Hypnosis is an inter-personal relationship of great delicacy and like other relationships can develop disturbances and trouble.

Because of the stigma attached to hypnosis, there is always a risk that a female subject may accuse a male operator of improper conduct or a third person may do likewise. Such willful charges are comparatively rare, however. Another possibility is that a certain type of subject, usually a female, may develop an undue attachment to the hypnotist. This attachment, when occurring between a doctor and patient, is often referred to as the 'transference' and is a familiar phenomenon among physicians, dentists, and psychologists. With a certain type of female subject, generally the frustrated old maid type, there is a chance that the hypnotic relationship might cause what is known in psychological circles as 'rape fantasy'. This

is a feeling of conviction on the part of the subject that she was actually raped by the operator. It has happened to professional people in the various specialties, particularly, where a general anesthetic was involved, that such disturbed patients brought charges of improper conduct against them, to the extent that there actually have been court trials. With hypnotists the same thing may occur with the same type of subject.

The best precaution against this possibility is to have a third person present while hypnotising females who appear disturbed. Of course, once you learn that the subject may be trusted, the precaution is no longer necessary. Ordinarily the presence of a third party will discourage unscrupulous people from attempting to take advantage of situation of this kind. This precaution is particularly important for the lay hypnotist. While the physician and dentist is covered by malpractice insurance policies, the layman is not. Therefore, should charges be brought against him, the liability is entirely his own.

Occasionally the question arises: what would happen to a subject should the operator fall sick or for some other reason be forced to leave a subject without awakening him? This is no danger at all. The simplest thing to do is to place the hypnotised person on a bed or couch and let him 'sleep it off'. He will awaken of his own accord in a few minutes - never will a subject sleep without specific command for more than a half hour or so. A hypnotist who expects to be called away for any reason can, as a precaution, instruct his subject to obey the commands of an assistant he names, who will then proceed to do the awakening.

You should avoid subjecting the hypnotised person to sudden shocks. The sudden announcement of the death of a loved one, for example, or the declaration that the building is on fire, would shock him exactly the same way as it would if he were in a waking state. Should the person be prone to heart attacks,

such a shock might cause a heart attack. The fact that he is hypnotised would not obviate this possibility.

Avoid changing the subject's emotions from one extreme to another. There is a favorite hypnotic stunt in which the subject is made to see a comedy on television, causing him to laugh. Then he is told to see a tragedy and to cry. Changing the emotions too quickly, from laughing to crying, may be upsetting to a delicate nervous system. Common sense will tell you to avoid such antics.

Some people are still laboring under the fallacious belief that hypnotic subjects can withstand the destructive influence of heat, cold, injuries, and so on. This is not true. A subject may be anesthetised and told to hold his fingers in a flame, without feeling the heat or pain, but his flesh would be seared nevertheless. With his arm anesthetised he would not feel the pain of a needle under the skin, but if the needle is not sterile, infection may result.

Catalepsy should be induced gradually. For example, if catalepsy of the arm is induced suddenly, at a snap of the finger, the sudden movement, the sudden stiffening of the arm, can conceivably strain a muscle or crack or tear something. The old catalepsy test, where the whole body is made rigid and supported between two chairs with weights being placed on the subject's middle, is also dangerous. While a hypnotised person can support such weights, should he have an inner weakness, such as a hernia, the stunt might easily do real damage. The thing to remember is that a source of danger at any time can be a similar source of danger under hypnosis.

Common sense will tell you that if you make a subject stare wide-eyed at the sun, hypnotised or not, this could cause blindness. The person under hypnosis might be able to lift weights which he could not lift in a waking state, but unless he knows

how to lift, such an exercise might cause a strain. A subject might be tricked into eating ground glass and other harmful substances, believing them to be food, but it stands to reason that such an activity can result in real damage. It must not be forgotten that a person, though hypnotised, is still human, and cannot do anything harmful without suffering the consequences attendant upon them.

THREE PRINCIPAL DANGERS:

1. CARDIAC CASES:

A person with a bad heart should not be hypnotised except for medical purposes, and under medical supervision. I do not mean that hypnosis can be harmful in cardiac conditions. The possibility, however, that the subject might sustain a shock in hypnosis which would cause a heart attack, might prove embarrassing to the operator. The same shock received under hypnosis or in the waking state might be fatal, but should it unfortunately happen in the hypnotic state, the operator would probably, though unjustly, be held accountable. Of course, when this is done under medical supervision, the physician present would know how to deal with a heart attack.

2. HYSTERICAL CASES :

People who are hysterical, who tend upon slight provocation to experience laughing, crying, or various other types of seizures, should also be avoided except for therapeutic purposes. Although no actual harm can occur from hysterical seizures, a person falling into such a state can make a very unpleasant scene and can cause spectators to lose confidence in the operator and to exaggerate the dangers of hypnosis. Such disturbances are caused by the lowering of the threshold of consciousness. That is, while undergoing induction, a subject's self-control is slackened, his conscious control is removed: whatever trouble-

some impulses, which have been hitherto repressed or held back, are at present, suddenly rise into consciousness, resulting in an outburst of hysterics.

Should this occur, the subject should on no account be immediately awakened. Awakening him during a hysterical seizure would remove the possibility of hypnotic control and would leave him without any conscious control. The hysterical episode would then have to run its course; and it might take as long as half an hour before it would be completely dissipated. Instead, the operator should do his best to calm the subject, keeping him under hypnosis and talking to him in soothing tones. Thus, the duration of the seizure would be lessened, although it cannot be eliminated completely by suggestion. The subject should be awakened only after he has been fully calmed down and has taken hold of himself. Whatever spectators are present must be kept quiet and prevented from calling the police or other authorities, whose intervention could really do nothing but aggravate the condition and possibly create panic. It is in just such emergencies that a hypnotist's personal qualities, particularly self-possession, are of the greatest advantage to him.

Fortunately, hysterical subjects can be recognised in most cases prior to induction or during the induction process. Usually, as a subject begins to go under, he betrays hysterical reactions with certain unmistakable signs. The most common sign is a back and forth movement of the head - a rhythmic, continuing movement. Sometimes the movement of the head is circular or elliptical. It is a rocking or swaying movement. Occasionally the movement is coordinated with exaggerated breathing so that a person breaths deeply and heavily in time with his rocking. Occasionally the hands and fingers tremble or the knees move back and forth in a peculiar rhythmic and continuing fashion. I am not referring here to an occasional movement, but a continuing movement in a rhythmic pattern.

These movements indicate the lowering of the threshold of consciousness and the arousal of subconscious reactions. It actually indicates that the subject is beginning to go into hypnosis. The thing to do at this point is to stop making hypnotic suggestions, or suggestions of going into hypnosis. Instead, start making suggestions of calmness, self-control, relaxation, peace, tranquility, serenity, and so on. At the same time, make soothing motions over the forehead and over the temples and under cover of these motions, take hold of the head and slow up the movements; but do it casually so that the subject does not notice that you are in any way concerned. Having physically stopped the movements and calmed him down, let go of his head, keep on talking and see whether the movements will resume. They may not. The movements might only have been indication of a tendency toward hysteria, but there might not be an actual hysterical episode resulting. In this case, you can proceed with the induction process.

However, should the movements resume, stop them again by using the same method, calm him down completely, and when he is perfectly still, gradually bring him out of it, and leave him alone.

For therapeutic purposes, in the hands of a psychiatrist or clinical psychologist, a hysterical seizure might actually be helpful. It might be helpful in unearthing hidden causes of his trouble. It might also be helpful as a psychological cathartic, releasing from the subconscious troublesome impulses and feelings. Often, when these pent up feelings are released, a person feels much better. However a layman should avoid any contact with this kind of a situation.

3. UNQUALIFIED THERAPY:

One of the major dangers - not of hypnosis, but of its improper use - is the possibility that a person who needs help may

go to a hypnotist who is unqualified to treat him. The delay in seeking qualified help may not only be dangerous, but conceivably actually fatal. Hypnosis for therapeutic purposes should be used only by physicians and clinical psychologists. A layman has no right in this area unless he is performing specific functions as prescribed by a licenced physician. A layman is not able or permitted to diagnose cases and may therefore fall into the trap of trying to treat symptoms without being aware of the cause.

There is some danger of precipitating emotional disturbances in some people. If a person is psychologically ill, he should seek proper help. Hypnotising a person with emotional disorders might conceivably precipitate more trouble. Therefore, if a subject shows any signs of instability, the lay hypnotist should avoid working on that person unless he is instructed to do so by a licenced physician, or clinical psychologist.

Age regression is a remarkable phenomenon but one which should be left in the hands of qualified practitioners of the healing arts and possibly should be limited to psychiatrists or clinical psychologists. Through age regression, it is fairly easy to arouse emotional disturbances which a person might have been holding in check. Although there have been no documented cases of psychosis precipitated by hypnosis, the possibility exists. The recommendation therefore is that age regression be used only as a therapeutic tool and only by those qualified to practice psychotherapy.

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CHAPTER FIVE

PSYCHOLOGY OF HYPNOTISM

Imagination is much more stronger than will and in any conflict between imagination and will, the imagination invariably wins. Then how imagination can be manipulated - the answer is by suggestion.

A mind can think so many things at the same time - true. Also a mind cannot think two opposite things at the same time. 'Yes I can' and 'No, I cannot' can not be thought at once. There is a fraction of a moment difference. The mind wavers and then one thought always become dominant and the thought that becomes dominant is carried out. Then how to make one thought dominant - the answer is again by suggestion.

Emotion sensitise the mind. When the mind is sensitised, the reasoning is pushed back or relegated. Any idea absorbed by the mind in this state will be directly acted upon. Then how the emotions can be aroused - the answer is once again by suggestion.

So you have seen that the suggestion is a common denominator.

What actually is hypnosis? What causes the hypnotic trance?
What are its characteristics?

Dr. Boris Sidis, a pupil of the great Professor William James, defines it thus: "Hypnosis is an abnormal (or super normal) state of mind, induced by artificial means, and characterised chiefly by the presence of suggestibility". If we analyse this definition closely we find 'suggestion' to be the dominant factor: the artificial means Dr. Sidis speaks of are suggestion; the result of these means, hypnosis, is a condition or mental state of increased suggestibility, a condition favorable to the acceptance of one's suggestions or commands.

What, then, is suggestion? Dr. Sidis says: "By suggestion is meant the intrusion into the mind of an idea; met with more or less opposition by the person (subject); accepted uncritically at last; and realised unreflectively, almost automatically."

Dr. Baldwin understands suggestion to be: "A great class of phenomena characterised by the abrupt entrance from without into consciousness of an idea or image ... which becomes a part of the stream of thought ..." temporarily - that is, the suggestion is accepted by the subject and acted upon or realised.

A suggestion may be defined as any expression that directly arouses one's feelings or emotions. It may be a written or spoken word or sentence. It may be an object that one may see or event which one may encounter. It may be movement, voice, speech, touch, gazing, manners, behavior, action, postures, gestures, music or noise, which creates certain impression in the mind producing certain vibrations in the system in the form of feelings or emotions, movements or commotion, and molecular motion or physiological reaction, which creates a certain tendency to follow the same and act accordingly.

In hypnotic jargon, the word suggestion is used in its narrow sense to designate the things an operator says while inducing the hypnotic state, as well as the commands and orders he gives the already hypnotised subject. And by suggestibility is meant "the peculiar state of mind favorable to the acceptance of suggestion" - i.e., hypnosis as well as the condition prior to induction (susceptibility or hypnotisability).

THE SUBCONSCIOUS MIND:

There are two parts, or figuratively, two compartments in the human mind; for the sake of simplicity we might say that every person has two minds - the conscious, and the subconscious.

When we are awake, the conscious mind controls our actions, or most of them - we are 'awake' or 'conscious'. Those organs and parts of the body which we can control by the exercise of will, or volition, are under the jurisdiction of the conscious mind.

When we are asleep we are largely unconscious - the conscious mind is subdued or inactive. Any movements or actions that we perform while asleep are caused by the subconscious mind. Dreams also are stirred up by subconscious activity. But during natural sleep the subconscious mind as well as the conscious is inaccessible from outside. We might say that both minds are 'asleep', though not totally.

Under hypnosis, however, the conscious mind is rendered inactive and the subconscious awakened to a proportionate extent - the more 'unconscious' the subject is, the deeper the hypnotic trance. In the hypnotic sleep the subconscious mind controls the entire organism, not the voluntary system alone, but also the involuntary nervous system. It is for this reason that mental and nervous ills can be cured through hypnosis.

A hypnotised person accepts most of the suggestions of the operator, except only those that might offend his sense of decency, character, and deep rooted moral and religious values. The mind being extremely plastic, is easily swayed, and through the mind all the functions of the body can be caused to undergo alterations and modifications to a marked degree. The senses also can be subdued so that the subject seems to become unaware of certain stimuli, such as pain, thus achieving a condition of anesthesia. Thus hypnosis is a subconscious activity.

CONCENTRATION:

In ordinary waking state mind is fulfilled with thousand and one diluted thoughts, while units of mind remain scattered, and any suggestion given in this condition cannot be absorbed

by all units of mind, accepting only a small portion, and hence the effect is negligible or weak.

In hypnotised condition units of mind are concentrated on one thought or one train of thoughts by removing the extraneous thoughts and effective and desired suggestions implanted by the operator can be absorbed more and more by all the mind units than that of waking state and make a strong effect.

After termination of hypnosis the mind units scatter again but also carry a strong dose of suggestions and the person feels as suggested.

Thus hypnosis is a state of super concentration of mind which cannot be achieved ordinarily, unless proper training is obtained, but can be achieved accidentally or incidentally under any emotional circumstances without operator and any idea or thought implanted in the mind will directly act, as many diseases are caught or self created in this manner, which cannot be cured by orthodox treatment but only by hypnosis.

So hypnosis is relaxation! subconscious activity! concentration! Then what is the relationship between relaxation, concentration, and subconscious activity - the answer is the discussion with the visual aid called 'Smiths' Triangles.

The actual nature of hypnosis is not yet known. Most authorities in the field are quick to admit they do not know exactly what hypnosis is. The several theories which have been advanced through the years are inadequate to explain the hypnotic phenomenon. In fact, all the theories put together do not answer all the questions that we have.

We hope that in future some experimenter will be able to throw more light on the subject ... and that may be you.

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CHAPTER SIX

INDUCTION TECHNIQUES

To the uninitiated, the hypnotic induction process seems to consist of a Mumbo Jumbo of sleep talk. It seems to be very haphazard and aimless. Actually the induction process has a very definite plan. We might say there is a design behind the induction method. I call this plan of induction the "THREE-STEP PROCEDURE".

The first step is the preparatory or introductory step in which the operator describes the signs or symptoms of approaching hypnosis. Speaking in the future tense, he tells the subject how he will become relaxed, how his arms or legs will become heavy, how his eyelids will begin to droop as his eyes become tired, how he will become drowsy and sleepy, how finally his eyelids will flutter and his eyes will close and how he will fall into a deep and sound sleep. Every thing is couched in terms of 'will happen' so that the subject begins to expect these things to happen. He is led along gradually. This process may take anywhere from a minute to four or five minutes.

The future tense suggestions are kept up until there are some signs that they are beginning to take effect. One of the signs, for example, is narrowing of the eyes, the drooping of the eyelids. Another sign is a tendency for the body to sag. There are often obvious signs of relaxation. Then you are ready for the second step.

This step is called "talking sleep". You now begin to tell the subject how he is already feeling and you talk in the present tense, telling him that now his eyes are feeling tired and his eyelids are heavy and drooping, that his body is relaxed and is relaxing more and more, that every muscle is becoming loose and limp, that he is becoming drowsy, sleepy, and tired, that

it is difficult to keep his eyes open and that soon he will close them and fall into a deep, sound, hypnotic sleep.

The second step is the main part of the induction procedure. It is kept up until the subject's eyes close. If the eyes close spontaneously, this is a good sign that he is going into hypnosis, so that you can take the third step.

In the third step, you assume "control". If the subject's eyes close spontaneously, it is a good sign that he is going into hypnosis. Therefore you drop the monotonous pattern which is the main characteristic of the second step and become firmer and more authoritative in your suggestions. You "take over". You assume "control". You tell him that now he is falling into a deep, sleep, deep and sound sleep, and he is now in effect under your "control".

To summarise, therefore, the three steps of the induction process are: first, the preparatory or introductory step consisting of a description of the symptoms the subject is about to experience. Second, the talking sleep step in which suggestions of sleep are repeated in the present tense as happening at the moment, and third, the step in which you assume the hypnotic control, when the monotonous stimulation of the sleep talk is quickly replaced by direct, emphatic, unequivocal suggestions of sleep. These steps are used in most of the ordinary methods of induction. In instantaneous methods and in very rapid inductions, the first two steps are usually eliminated.

Corresponding to the above three steps of induction, the subject goes through three mental phases.

In the past, the subject was told to concentrate on a spot or on the operator's voice. Concentration involves conscious effort and only the very best subjects are able through this method to go into hypnosis. This method has to work quickly. If

it does not work in a few moments, the effort of concentration tends to produce an opposite reaction. It tends to produce fatigue so that the concentration and attention drop and the subject's mind drifts off the attention spot. Therefore, for about 75% of the subjects the concentration element is not only undesirable but actually hinders induction.

A far better technique to use is to induce the idea of "contention". Contention is a coined word and is actually a combination of several other ideas. It can be expressed as follows: The subject is told to look at a spot on the wall, for example, he is told to place his attention on this spot and not to remove his attention for a moment, not to let his eyes drift away from it. In other words, he is told to keep his attention focused or fixed on the object, but he is told to do it easily, effortlessly, that it is not a hard task to keep one's attention on a spot. Contention can be expressed as a combination of attention and concentration of thought minus the effort which is usually involved in concentration. So we might call it, for the sake of simplicity, effortless concentration.

This is the first phase that the subject enters and it corresponds to the preparatory or introductory step of the operator; as he effortlessly concentrates upon a spot, the operator describes how he is going to feel and what symptoms he is going to experience as he approaches hypnosis. Gradually, the subject's attention becomes fixed on the object, but now completely without effort. It is very similar to the situation which we sometimes encounter in speaking of an orator; you often hear the remark "the audience was hanging on his words". The subject finds himself in a similar state of mind. He is hanging on the operator's words. His attention is hanging, fixed, spontaneously, completely without effort, on the fixation object. This condition is called "fixation and sometimes monoideism". It is a condition in which one idea or train of thought prevails in the subject's mind: the idea of going into hypnosis. It is a comp-

pletely effortless and spontaneous condition of fixed attention.

While the subject is in this phase, the operator is "talking sleep". This is the main part of the induction process. Then as this phase progresses, the subject's eyes become very, very tired, and finally they flutter and close. As they close, the operator assumes control and the subject drops into a condition of complete passivity - a condition which corresponds to and becomes hypnosis as the operator "takes over". The taking over of control at this point, produces the condition known as "rapport".

It is imperative that you understand the above three steps of the induction process. It is important for this reason: If you tell a subject prematurely that his eyes are tired, that he is drowsy and sleepy, in his own mind he thinks - "Friend, you are a liar!" because he does not feel that way at all. He rejects that suggestion and tends to reject the suggestions that follow. Therefore, you must not tell him anything which is not true. You can give him a lot of possibilities of what will happen, but do not say that it is happening until you actually see evidence that it is. As pointed out earlier, some of the signs that the suggestions are starting to "take" are: deeper breathing, drooping of the eyelids, narrowing of the eyes, perhaps a slumping or slouching of the body, a tendency for the head to droop forward or to one side, etc.

When you point out something which is already occurring the subject develops confidence in you and thinks to himself - "this man knows what he is talking about! I do feel that way!" - and this leads him on to accept the suggestions which follow and therefore steadily leads him into hypnosis.

THE "PURE" VERBAL SUGGESTION METHOD:

The following is the verbal suggestion method in its pure form.

It is very rarely used in this way. It is usually combined with counting or other devices which tend to lend it more body and substance. However, the basis of most of the standard methods is verbal suggestion. Therefore, it is advisable that you familiarise yourself with this method. Notice especially, the gradual transition from the first to the second steps and then to the third. Notice also, how the subject is brought into the condition of contention. Be reminded that these transitions from step to step are to be made in such a way as to be imperceptible to the subject or to untrained observers.

With the subject in the proper position, either seated or lying down, you place or hold a suitable object before him and proceed as follows:

"Now relax completely and place your attention on this object in front of you. Look at it steadily but without straining. Do not take your eyes away for a moment. Keep your attention focused on the object. Do so easily, effortlessly. It is not much of a task to keep your attention focused on this object. Now, as you gaze at it, your body will gradually and steadily become very, very relaxed. Your arms will relax, and your legs will relax. Gradually, a vague numbness and dullness will come over your arms and your legs. Your eyes will become rather tired as you gaze at this object. Your eyelids will get heavy. Gradually, your eyelids will droop and your eyes will slowly narrow down to slits. Your arms and legs will begin to feel this vague numbness and dullness. They will get more and more numb and dull and heavy as I go on. You will become drowsy, drowsy and sleepy. Your eyelids will get heavier and heavier. Your eyes will feel like closing. Your head may get heavy too. Your head may seem to droop forward or to one side. At some point your eyes will close; your eyelids may droop first, may flutter, and then your eyes will close, your head will fall forward on your chest possibly, or maybe to one side, and you will fall into a deep, sound, sleep".

These, and similar suggestions that will occur to you as you gain experience are repeated over and over again. Do not begin the second step until the subject is perfectly motionless and you begin to see some of the signs mentioned, and you have reason to believe that he is perfectly relaxed, Then continue:

"You are now completely relaxed, both in mind and body. Just let yourself go completely and soon you will be fast asleep. Your eyelids feel heavy now. They are doopy now. Drooping more and more. Your eyes are narrowing down to slits. Your arms and legs are getting that numb feeling I mentioned, Your breathing is getting deeper and more regular. Your eyes feel very, very tired. Your eyelids feel heavy as lead. You are getting drowsy and sleepy, more drowsy and sleepy and tired as I go on. Your arms and legs are numb and dull. Your head feels heavy with sleep; your entire body is heavy with sleep. The object is becoming blurred and indistinct; your eyes are very tired and bleary. They may even start to tear somewhat. Your eyes feel like closing. It would feel so good to close your eyes and go into a deep, sound hypnotic sleep. You are getting more and more sleepy, very, very, sleepy - more and more sleepy and tired; your breathing is deep and regular, your head is heavy with sleep, arms and legs are numb and dull, entire body feels heavy with sleep, your eyelids feel heavy as lead, your eyes feel like closing. You are very, very sleepy, very sleepy, your eyelids are beginning to droop. It would feel so good to close your eyes. They are drooping more and more. Your eyelids are fluttering now - now they are closing, closing ... That is right, close your eyes and go into a deep and sound sleep now! Deep and sound sleep!"

At this point, your voice becomes more firm, more authoritative and you keep on saying "deeper and deeper asleep", strongly, firmly, authoritatively. By this time, if your subject closed his eyes spontaneously, he is probably in hypnosis. But you cannot be too certain. In any case, it is better to take a

little more time and try to put him into a deeper state. Therefore you continue, speaking in a slightly louder tone, rather emphatically and forcefully:

"You are now deep and sound asleep but I shall now put you into a deeper state still. Every word you hear from me will put you into a still deeper and deeper sleep. Finally you will be in a very deep and sound sleep and completely in hypnosis. You will obey all my commands implicitly. Now you are going deeper and deeper asleep, You are sinking into a deeper and deeper hypnotic state, more and more deeper still, letting go completely, going deep, deep asleep, very deep and sound and restful hypnotic sleep, deeper and deeper and deeper in hypnosis, deep asleep, sound asleep, you are in a deep and sound hypnotic sleep!"

This ends the induction. Now the subject is usually tested to see whether he is actually under hypnosis. The test may be an eye catalepsy challenge or an arm catalepsy challenge. We will go into this phase later.

ADDITIONAL HYPNOTIC PHRASES:

The suggestions in the above method can be varied in many ways as you will learn through experience. The following are some additional, excellent, tried and tested hypnotic phrases.

"Gaze steadily at the disc, steadily and fixedly. Your eyes are tearing. It would feel so good to close them. Your head is lolling forward, heavy with sleep. Every thing is going forther and further away. Sleep is approaching. A dense cloud of sleep is enveloping you. It is very hard to keep your eyes open. They feel like closing. Every word is making you more drowsy and sleepy. More and more drowsy, and sleepy, and tired. Every word seems to forcing you deeper and deeper asleep. Your entire body seems numb and dull and devoid of any sensation. You feel like

you are floating in the air. Like you are swaying or rocking back and forth. Or your whole body feels so heavy that you are sinking down and down. Your mind has no thought except the one idea of sleep. You are falling deeper and deeper asleep", and so on.

PREPARATORY OR INTRODUCTORY TALK:

In preparing subjects for induction, especially subjects who seem fearful or skeptical due to ignorance, it is wise to give them a rough idea of the nature of hypnosis. It may be explained that no possible harm can result from its application by an expert, that the hypnotic sleep is healthful, and restful, and that there are untold advantages in its use. It should be stressed that no one can be hypnotised against his will and that even in the deepest stages the subject does not respond to suggestions offensive to his moral principles. Explain the desirability and benefits of complete relaxation; a person must "let himself go" both in mind and body - he must be willing to be hypnotised. If he is unwilling, either consciously or unconsciously, your efforts can be of no avail.

Taking the subject into your confidence in this manner will increase your prestige in his eyes and give him the feeling that you are indeed earnest and sincere, and an able hypnotist. Very often the most skeptical subject can be won over in this way, thus insuring a successful hypnosis.

SUBJECT'S POSITION:

The subject may be seated or may lie down on a bed or couch. Actually the seated position is preferable because the recumbent position has a tendency to put a person into a natural sleep. Have the subject sit in a chair in such a way that his back is firmly supported. His feet should be flat on the floor in a position that will permit the thighs to be completely relaxed.

Do not allow him to cross his knees or his ankles. As a person starts to go into hypnosis, and becomes completely relaxed, his body becomes very heavy. Should his legs be crossed, the weight of one leg upon the other can become so oppressive as to keep him from going into hypnosis. Do not allow to rest his hand on his stomach or his chest. Have them resting either on the arms of the chair or lying loosely on his thighs. Make certain that he is comfortable in other ways, that his collar is loose and that his belt is eased. With many subjects, as they go into hypnosis the breathing seems to change from chest breathing to abdominal breathing so that the tightness of the belt might cause constriction around the waist interfering with the freedom of his breathing.

THE FIXATION OBJECT:

The fixation object can be almost anything from a very simple spot on the wall to a complicated hypno-aid such as revolving disc or a revolving mirror. Today hypno-aids are available from the publishers of this course. Catalogues of hypno-aids are available on request.

Generally speaking, if the small fixation object such as a crystal ball, is used, it should be held about 25 or so centimeters from the subject's eyes slightly above his eye level. Larger objects may be placed at proportionately greater distances from the subject. It is usually more convenient for the fixation object to be fixed on the wall or placed on some article of furniture so that the operator can stand slightly behind the subject and to one side in order to be out of the subject's range of vision, and yet in such a position that the side of the subject's face and one eye can be easily seen in order to note his responses.

METHODS OF AWAKENING:

There are really many methods of awakening hypnotised subjects

but at present we need concern ourselves with only one, the method that I consider most effective and best for beginners.

Tell the subject that you are about to awaken him. Impress upon him authoritatively that when he awakens he will feel quite all right in every way. State that you are going to count to five and when you say "five" he will be perfectly wide awake, feel fine in every respect, and even better than before he was hypnotised. Then say " One - two - three - four - five! - Wake up! You are wide awake! quite sharply, and clap your hands or snap your fingers to emphasize your commands.

Never slap a subject's face to awaken him. And avoid awakening him suddenly; it is preferable that you induce expectation first, and then bring him out of it gradually by counting. Unless a subject is awakened properly, with suitable suggestions of health and general well-being given him previously, he is likely to experience headaches, eye-strain, or other discomforts after awakening.

INDUCTION TECHNIQUES (CONTINUED) - STANDARD METHODS:

DR. FLOWER'S METHOD:

The method that follows is a very easy method because it does not require much sustained and continued use of hypnotic patter. The method consists largely of counting. Whatever talking has to be done comprises the first or introductory step. The second step consists almost entirely of counting on the part of the operator and opening and closing of the eyes on the part of the subject. Therefore it is a method in which the subject actively participates.

Seat your subject in the usual position, but facing a blank wall or door. You stand behind him and slightly to one side. In this position you are able to see the side of his face and one eye

so that you can closely observe his reactions. In this method, the fixation of the eyes on a particular object is not required. Begin as follows:

"Just relax and look at the wall or door in front of you in a vague, general, dreamy sort of way. In a little while, I will begin to count. On each count I want you to close your eyes and between counts open them, in this manner".

Get in front of him and illustrate the procedure that you want him to follow. Count "one", and shut your eyes for a second, then open them. Say "two", close your eyes again and open them again. Say "three", and repeat the procedure. On the third count pretend that it is becoming difficult for you to open your eyes, as you are opening them with effort, thus lending added strength to this suggestion. Resume your position behind him and continue.

"You will keep on closing your eyes on every count, and opening them between counts until they get very tired. It will become more and more difficult to reopen your eyes each time and you will get drowsy and sleepy as you continue. Every time you close your eyes, it will seem to become still more and more difficult to open them. You will become more and more reluctant to open your eyes between counts. As you continue in this fashion, your arms will get heavy and your legs will get heavy. Your entire body more and more relaxed. Finally you will be so sleepy and tired, it will be so difficult to reopen your eyes between counts that you would not bother any more. At some point along the way, you will just close them and go into a deep, sound sleep".

Having explained what the subject is to expect, (step one) begin to count evenly and monotonously. Count up to twenty and if he still have not closed, continue counting, going back to one and around to twenty again. Continue in series of twenty until

hypnosis results. A good subject will close his eyes perhaps even before you reach fifteen. The first indication is usually a noticeable effort in opening the eyes. Also, there is a loss of coordination often so that the opening and the closing of the eyes are not in time with your counting. When they finally remain closed together, you can often observe a raising and lowering of the eyebrows as if the subject is continuing to make vain efforts to open his eyes between the counts.

Once his eyes are closed, you stop counting and make emphatic suggestions that he is now going into hypnosis (step three). if you wish, you may continue to count until you reach twenty but now each count is associated with deepening suggestions. You tell him that on each count he is going deeper and deeper into hypnosis and finally when you reach the count of twenty, you become especially firm and authoritative, and take over. Assume control as is required in the third step.

Sometimes, the subject's eyes do not close, but coordination becomes so impaired, that it is not necessary to wait until they close. Therefore, when you reach twenty, if the coordination is extremely impaired, stop counting and take over control and give him emphatic suggestion that he is going into hypnosis.

If he has not closed his eyes after you have completed three series of twenty, and if there is not a definite impairment of coordination, then you can assume that the method is not working. But it is not wise to stop in the middle of a method. In this case, therefore, when you reach the third twenty, tell him to close his eyes and relax and then proceed with a relaxation method or with any other method which can be continued with the eyes closed. The average subject will not even realise that you are switching methods. He will just assume that this is the way you ordinarily operate.

There are three common variations in Dr. Flowers's Method. The

first is the spontaneous closing of the eyes, at which point the operator takes over control. Second is the impairment of coordination in opening and closing of the eyes, making it logical to tell him to close them and taking over at that point; and third, when it is obvious the method is not working, switching to another method.

INTERMITTENT COUNTING AND SUGGESTION METHOD:

This method employs the frequency principle of suggestion rather than the repetition principle. That is, repetition of sleep suggestions are broken up with counting. The frequency principle is generally more effective than the repetition principle.

In the first step, explain to the subject that you are going to count to twenty and that on every count he will get more and more sleepy, etc. This introductory phase is kept up for several minutes while the subject gazes at the fixation point, as in the verbal suggestion method. The fixation object can be almost anything you care to select. You do not start the second step until there are signs that some of the reactions that you are describing are beginning to work. Examples: the drooping of the eyelids, sagging of the head, the appearance of relaxation of the body. When you feel the time is ripe for the second step you begin to count as follows:

"One, two, three, four - you are getting more and more relaxed on every count. Your eyes are becoming rather tired and your eyelids are beginning to droop. Five, six - more and more tired on each and every count. You are becoming drowsy, drowsy and sleepy. Seven, eight, nine - more and more drowsy and sleepy. Your arms and legs are developing a vague numbness and dullness, a strange heaviness. Your entire body is becoming heavy with sleep. Ten - very heavy and very, very tired. Your breathing is becoming deeper and more regular. Eleven, twelve - very,

very tired and sleepy. Your arms are so heavy and your legs are so heavy. Your entire body is very heavy and relaxed. Your breathing is deeper and more regular. Your eyelids are becoming heavier as I go on. Thirteen - it is becoming difficult to keep your eyes open. When I say twenty, your eyes will close and you will drop into a deep, sound and restful sleep. Fourteen, fifteen - very drowsy, very sleepy, and very tired. Sixteen - very, very tired, very, very sleepy. Seventeen - your eyes are starting to close. It is becoming difficult to keep them open. They are narrowed down to slits. Eighteen - closing, closing - nineteen - that is right, let them close now. Twenty! - and go into a deep, sound and restful sleep! Very, very deep, very sound and restful sleep!"

Sometimes, shortly after you begin to count, if you notice that it is becoming difficult for him to keep his eyes open, you might inject the suggestion that "your eyes will close on the count of twenty and possibly even before". This will cause him to close his eyes anytime rather than forcing him to wait for the count of twenty. Therefore, if his eyes close before you reach twenty, you take over at that point. You continue counting to twenty but each count then becomes a deepener, rather than a part of the original induction procedure.

The idea, then, is to interrupt the counting with verbal suggestion as in the very first method, gradually building up the subject's expectation of going into hypnosis on the count of twenty. This is why you should keep on repeating: "Every count is making you more and more sleepy. On the count of twenty your eyes will close, your head will fall forward", etc. The count of twenty is a signal which the subject is made to anticipate - the psychological moment at which point he will be projected into hypnosis.

If, when you reach about fifteen or sixteen, there are no indications that his eyes are becoming tired, it may be advisable

to change your line somewhat. So rather than saying "on the count of twenty your eyes will close", it is advisable to say, "on the count of twenty you will permit your eyes to close", thereby leaving you an opening so that when you reach twenty, if his eyes do not close spontaneously, he will know he is expected to close them voluntarily. If this is the case you have no right to expect that he is now in hypnosis. This, therefore, is a time when you again have to shift to another method. Here again, you might change to the Progressive Relaxation method or to any other method in which you can proceed with the eyes already closed. Or you can continue with intermittent counting and suggestion, saying now, "I am going to count from one to ten. On the count of ten you will go into a deep, sound hypnotic state". And you continue counting - interrupting the count with suggestions. If you wish, you can then go into a series of five telling him that on the count of five he will drop into hypnosis. You continue in this way until you have some inkling that he is in hypnosis; then you go into the test to determine if he actually is under.

When you reach the signal counts such as "twenty", "ten", "five", you become more emphatic and authoritative because this marks the beginning of the third step at which you take-over control. The intermittent counting and suggestions constitutes the second step.

The above methods are not single methods in themselves. Each one is a combination of two, three, or more other methods. A hypnotist who learns the above three methods thoroughly and can apply them expertly, can consider himself fairly well equipped. It must be borne in mind, however, that no one method can be effective to a like degree on all subjects. Individual psychological differences must be taken into consideration and methods used to suit particular cases. This can be best accomplished through experience.

THE CHALLENGE:

When you think a person is in hypnosis and you do the first test to determine that he is, this called a challenge. The simplest and easiest challenge to do at the beginning is the "Eye Catalepsy Challenge". Regardless of what method you use, when you are ready for the challenge, you proceed as follows:

"Your eyes are closed and the muscles around your eyes are flaccid, loose, limp, and relaxed. Your eyes are tightly shut, and you cannot open them but do not try. Do not try until I count to three. On the count of three, you will try to open your eyes but you will not be able to do so. Your eyes will be stuck, glued together and you will not be able to open them. On the count of three you will try to open your eyes but you will not be able to do so. If you make strong effort, you may be able to raise your eyebrows, because a different set of muscles, a larger set, is involved in raising the eyebrows, but you cannot raise your eyelids. It is as if you have forgotten how to move the appropriate muscles. You simply cannot open your eyes.

"Now ONE! - your eyes are stuck and you cannot open them! TWO! - they are glued tightly together and you cannot open them! THREE! - you cannot open them! Try, but you cannot! Try, but you cannot! Stop trying! And now go deeper and deeper into a hypnotic state."

You must not give the subject too much of a chance with the first challenge. A few seconds is sufficient. If he cannot open his eyes in a few seconds do not let him try any longer because if he make a continued effort, he may eventually open them. The first test is very precarious. You do not really know whether or not the subject is under or how deep he is. Many a subject has been "lost" because of the improper performance of the first test or challenge. If the first test has worked out well,

you can allow him to try a little longer in the second one.

The second test is the Arm Catalepsy Test. Raise his arm, stretch it out, and give it a slight tug as if you intend in this way to make it rigid. At the same time tell him "Your arm is now becoming cataleptic. The muscles inside are tensing up. Your arm is stuck, it is rigid, it is cataleptic! You cannot move your arm! You cannot lower it! When I say three, you will try to lower your arm but you will not be able to do so. If you try to push it down, it will bounce back. Now, ONE! - your arm is stuck and you cannot lower it. TWO! - you cannot lower your arm. THREE! - you cannot lower it! Try to lower it but you cannot do so! Try hard but you cannot do it! Try really hard - but you cannot! Now stop trying and go into a deeper hypnosis! And now, as I loosen up your arm and put it down into your lap, you go into a still deeper hypnosis!"

Suiting action to your words, you take hold of his arm, you loosen up the elbow, loosen up the shoulders, slowly lower it, at the same time telling him to go deeper and deeper in hypnosis.

EMERGENCY METHODS OF AWAKENING:

Should a subject fail to awaken promptly through the ordinary method, which is a very rare occurrence, it is usually either because he enjoys the complete relaxation of hypnotic sleep and wishes to continue it, or because of a preconceived fear that he will not awaken.

Do not lose your self-assurance. Determine what the reason is through questioning. Explain that his fears are unfounded and impress upon him the desirability of awakening. Or state that he has rested sufficiently and is now ready to awaken. On the count of "Five!" he is to be wide awake. Then proceed as in the ordinary method. The actual awakening can be varied in an interesting manner by having the subject himself do the counting and

awaken as he does so. He may also be told to take a deep breath on each count.

Sometimes blowing sharply on his closed eyes will awaken the subject. Also you may raise the lids and blow short, sharp breaths into the naked eyes.

In extreme cases, place a small fan in front of the subject, prop his eyes open, and allow the cool air to hit his face and eyes. Should a certain amount of lassitude continue, get him on his feet and walk him briskly about in the open air to stimulate circulation.

Should all these methods fail, which is rare indeed, merely place the subject on a bed or couch, instruct him to sleep until he feels like awakening, and leave him. In due time he will awaken of his own accord. In no case can any harm result in this respect, if you do not become alarmed.

INDUCTION TECHNIQUES (CONTINUED) - BASIC METHODS:

MESMERIC METHODS:

These include all the methods in which are employed "passes" with or without contact, so called after Franz Anton Mesmer, the originator of Animal Magnetism, or Mesmerism. Mesmerism itself is now obsolete and useless because of the erroneous principles on which it was founded, but passes are still used by many hypnotists as aids to induction.

Passes without contact are made by moving the palms and fingers of your hands downwards across the subject's face and body without actually touching him. These passes should be made quite slowly, beginning over the top of the head and continuing, always downward, over the face and chest, and, if the subject is in a recumbent position, along the abdomen, hips and legs.

Passes are repeated continuously while at the same time verbal suggestions of sleep are made. In most cases passes should be made only after the eyes are closed.

Passes with contact are usually limited to the face. They are made downward with the fingers across the forehead from the hairline to the bridge of the nose, or outward from the center of the forehead and along the temples. It takes practice to be able to make passes with contact in a suitable manner; beginners should limit themselves to suggestion methods and no-contact passes.

It must be stressed that passes have no real value. They are simply indirect suggestions and their effect might be termed a "placebo" effect. Many hypnotists never use them at all.

LIEBEAULT'S METHOD:

This consisted of holding the fore-finger and middle fingers of the right hand about half a meter from the subject's face, and while making suggestions, gradually bringing them closer and closer. When the fingers are almost touching the subject's eyes, his lids droop and his eyes close. A few commands of "sleep!" usually sufficed to bring him under control.

BERNHEIM'S METHOD:

Hypolyte Bernheim, Liebeault's pupil and head of the Nancy School, also used two fingers, but only for concentration of attention. The rest of the method consisted entirely of verbal suggestion.

BRAID'S METHOD:

James Braid, the inventor of the word "hypnosis", used the bright reflection of light on his surgeon's scalpel as an object

for fixation. He believed fixation to be of the utmost importance, though he used verbal suggestions as well.

CANDLE METHOD:

This consist having the subject stare at the flickering flame of a candle while the operator makes suggestions. Although very effective, this method is undesirable because its use may result in headaches upon awakening.

PROF. COOK'S METHOD:

The method of Prof. William W. Cook differs from the ordinary methods in that the subject is himself required to hold the hypno-disc before his eyes. He holds it in one hand by means of a handle attached to the back of the disc. After a few minutes, during which time the subject becomes very fatigued, the operator relieves him of the task of holding the disc, and continue in the usual manner, using suggestions in conjunction.

LUY'S METHOD:

Dr. Luy used a mechanism called the "revolving mirrors" for fixation. This comprised two small mirrors mounted on the ends of a short horizontle bar which in turn was fixed to a vertical bar, making a figure T. The foot of the T was mounted on a base which revolved by clockwork. The "revolving mirror" forms the basis of many similar mechanisms employed as aids to induction. Some operators employ sound mechanisms, such as metronomes, to supply continuous auditory stimulation. Recordings of entire sleep-suggestion methods are often used to make the hypnotist's task easier and to hypnotise people without his presence. Recordings, however, will not influence a sufficient percentage of subjects, probably because of the absence of the necessary personal prestige of the operator.

VILK'S METHOD

Though using many methods, Dr. Eduard Vilks deserves credit for originating the so-called "religious" methods. These can be applied with good results to devoutly religious subjects. Both fixation and suggestion are necessary in this method; the only real difference are the operator's pious mein and his use of the "thee" and "thou" forms in making suggestions.

METHOD FOR BALD-HEADED SUBJECTS:

Dr. X. Lamotte Sage considered the following method effective with bald headed men and others with high or receding hair-lines. The subject is seated as usual, with his eyes closed at the start. The operator stands before him and, with the first three fingers of his right hand, taps him gently on the head just above where his hairline normally would have been. This tapping should continue steadily and without interruption at about one second intervals, the operator meanwhile keeping up a running fire of suggestions, until hypnosis is induced. This method is based on the metronome method in which the auditory stimulation supplied by the ticking of the metronome causes hypnosis. Here, the tapping supplies not only the sensory stimulation, but also the "touch-object" (instead of the sight-object or hypnodisc) for the purpose of fixation. Thus, you should understand that fixation does not apply merely to the sense of sight, by using a disk, but also to the sense of hearing, as with the metronome, or the sense of touch, as exemplified by tapping. (Mesmeric passes are also in this class). Of course, two or more types of fixation may be used simultaneously. Optic fixation upon a hypnodisc and auditory fixation upon a metronome's ticking are good example of multiple fixation.

METHODS OF THE OLD MASTERS SIMPLE BUT EFFECTIVE:

It should be noted that the basic methods as used by the old

masters were extremely effective in spite of being very, very rudimentary. Apparently they were able to produce hypnosis much more quickly with a larger proportion of subjects than it is possible today. Undoubtedly this was due to the fact that the subjects in those days were "unsophisticated". Today, everybody knows a little about everything, psychology and hypnosis included. Therefore, this has taken the edge off their suggestibility. They have to know why everything happens. This tendency to question is responsible for the tendency to resist hypnosis.

Also in those days a professional man exercised much more prestige than he does today. A doctor was someone to be reckoned with. Today a doctor is just another "Good Joe".

Modern methods, therefore, are much more complex and yet, in spite of this complexity, they are not as effective today as the very simple methods of the past were.

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CHAPTER SEVEN

STAGES OF HYPNOSIS

There are almost as many systems for dividing hypnosis into stages or levels as there are operators. The Davis and Husband Susceptibility Scoring System has thirty divisions, and another, the LeCron-Bordeaux Scoring system, has fifty. Other systems contain three to nine divisions. I have found, however, that dividing hypnosis into six stages gives us an adequate and workable system for all practical purposes. These stages are as follows:

- | | |
|--------------------------|--------------------------|
| 1. Hypnoidal | or Lethargic Stage |
| 2. Light Sleep | or Light Hypnosis |
| 3. Sleep | or Light Medium Hypnosis |
| 4. Deep Sleep | or Medium Hypnosis |
| 5. Somnambulism | or Deep Medium Hypnosis |
| 6. Profound Somnambulism | or Deep Hypnosis |

The first three stages are termed mnestic (memory-retaining) stages while the last three are amnesic (no-memory) stages.

The first three stages are characterised by a greatly varying degree of consciousness or awareness of the surroundings. Upon awakening the subject usually remembers all that transpired in the trance. In the first two stages the subject may be unable to open his eyes upon challenge and may also be unable to bend or lower his arm if told he cannot do so (partial catalepsy). In the third stage there is fairly good control of the voluntary muscular system; the subject will be unable to activate any muscle or group of muscles so that he will be unable to rise or sit down, he will be unable to speak if told he cannot use his organs of speech and he will be unable to articulate specific words or sounds upon appropriate command. Thus, if told to count and that a particular number will not come out of his mouth, he will be unable to utter that number, - but he

will not have forgotten it in the third stage. Only negligible post-hypnotic reactions are possible in the first and second stages. Upon awakening the subject is likely to express doubt that he was hypnotised at all. It is quite common to hear him say, "I could have opened my eyes (or lowered my arm, etc.) had I tried a little harder". (As if it takes any effort to perform these simple actions!)

In the third stage it is possible to produce glove or partial analgesia (insensibility to pain), partial or fragmentary amnesia and incomplete hallucinations (visualisation) of some of the senses with the eyes closed; having the subject open his eyes in this stage may result in awakening. Post-hypnotic suggestions involving fairly simple actions will be performed. Temporary, fragmentary amnesia may exist in some subjects after they awaken if strong suggestions to that effect are made.

The fourth stage is the beginning of the amnesic stages. A subject will forget a number, his name and almost anything else that is suggested to him. Upon awakening he will be unable to recall the events of the trance for possibly several hours. It is possible to produce analgesia so that he will not feel any pain stimuli, but he will retain the ability to feel the sensation or touch; thus, a severe pinch may be felt as a slight pressure. His eyes can be opened without danger of awakening him. Smell and taste hallucinations can be created. Post-hypnotic suggestions will be carried out. Hypermnnesia may be developed. The hypnotic state can be reinduced upon a post-hypnotic command or signal; similarly, the subject himself may reinduce the trance by self-administration of a post-hypnotic signal.

The fifth is the beginning of the somnambulic stages. Complete anesthesia can be induced so that the subject will deny feeling any sensation whatsoever. Complete or selective amnesia is

possible, both hypnotically and in the post-hypnotic state. Both positive and sometimes negative hallucinations are possible in the fifth stage. The sixth stage is profound somnambulism in which all the phenomena of hypnosis, including negative hallucinations (the subject does not see or hear people or things that are present), are manifested.

Note: Though this is a controversial point, most experimentors believe that post-hypnotic amnesia depends upon direct or implied suggestions.

JUDGING HYPNOTIC DEPTH:

To decide the depth of any given hypnotic state, one starts with the simpler experiments, increasing their complexity gradually until there are indications that the subject can go further. For example, a subject's arm is made cataleptic and he is told he cannot lower it; if he lowers it, albeit with some difficulty, he is only in the first stage, providing he has been unable to open his eyes. Should he be unable to lower his arm, he is judged to be in at least the second stage. Then he is told to count to ten and unable to articulate the number between 5 and 7. Should he hesitate at that point for a while, with the obvious but futile effort to form the word "six", it can be concluded that he did not say it only because of the muscular inability to do so (stage 3); the effort involved makes it plain that he did not forget the number. To further substantiate the stage, analgesia is attempted. If he has a slight degree of insensibility to pain stimuli, it is fairly certain he is in the third stage.

If, upon suggestion that he has forgotten a certain number, the subject counts right through without appreciable pause, it can be assumed that he has amnesia for that number. To make it doubly certain, it is advisable to suggest amnesia of his name, or his address. With the fact of amnesia established, it can

be concluded that he is in at least the fourth stage, in which it is possible to produce complete analgesia, perhaps hallucinations, and have the subject open his eyes without impairing the trance. Should all the above phenomena manifest themselves, it is certain that he will also have a good degree of post-hypnotic amnesia and will be able to hypnotise himself soon after awakening upon self-administration of a post-hypnotic signal.

Beyond the fourth stage we have the somnambulic stages. To decide whether a subject is in somnambulism, he can be given the suggestion that he feels no pain and not even a touch upon stimulation. Should he feel nothing, he is in at least the fifth stage, or somnambulism. He will also be able to have both positive visual and auditory hallucinations. To decide whether he is in the sixth stage or profound somnambulism, one may experiment with negative hallucinations. Occasional subject manifest negative visual hallucinations in the fifth stage, but when both visual and auditory negative hallucinations are easily produced, it may be said that the subject is in the stage of profound somnambulism. In this level all the phenomena of hypnosis may be produced, barring personality difficulties which may obviate some manifestations of deep trance. For example, some subjects never have complete amnesia because of morbid fear of losing contact with outside world or surroundings. Others may not permit themselves to have anesthesia, while some may have anesthesia for one type of stimulus but not for another. One of my subjects, an excellent somnambule, would permit a major operation under hypnotic anesthesia, but react violently when a lighter or match is struck. Upon questioning, it was discovered that this subject, at the age of six, experienced a great fright during a fire, and this accounts for her unusual behavior under hypnosis; she becomes disturbed at the mere sound of a match being struck, in spite of strong hypnotic suggestions to the contrary.

ALL DIVISIONS OF HYPNOSIS ARE ARBITRARY:

It cannot be stressed too strongly that the divisions of hypnosis are not exact. It is impossible to set up hard and fast rules in hypnosis. There is considerable overlapping of stages, and care must be exercised not to assume because one phenomenon is present, or because one is absent, a definite decision can be made on that flimsy bases as to exactly which stage exists. Two or more phenomena should be used as criteria, if possible, and individual differences should be taken into account. Some subjects, for example, can manifest hallucinations in earlier stages than expected, and some manifest hallucinations of certain senses, such as the olfactory or gustatory senses before they will react to suggestions of tactile or auditory changes.

It takes skill and knowledge to become proficient in judging depth of hypnosis; an open mind and keen powers of observation are helpful in developing this proficiency.

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CHAPTER EIGHT

PHENOMENA OF HYPNOSIS

The phenomena of hypnosis fall into seven general categories. Here these categories are outlined and specific examples are given with numbers in parenthesis after each experiment specifying the stage of hypnosis in which this phenomenon can be produced. By referring this occasionally, you will be reminded that it is important to know the stages of hypnosis in order to be able to decide what type of phenomenon can be produced in a specified level. Thus you will be able to avoid the mistake of forcing upon the subject responses that he is not capable of performing in the level that exists.

1. CONTROL OF VOLUNTARY SYSTEM:

- A - Simple Muscular Control - Eyelid Catalepsy (No.1), Arm Catalepsy (No.2), Clenched Fist (No.2), Inability to Raise Arm (No.2), etc.
- B - Muscular and Simple Functional Control - Inability to Rise from Chair (No.3), Inability to Walk from Spot (No.3), Revolving Arms and Inability to Stop them (No.3), Aphasia - Inability to Articulate Name or Number (No.3), etc.

2. AMNESIA:

- Inability to Remember Number, Name, Address, etc. (No.4)
- Inability to Remember Events of the Trance (No.4)

3. ANALGESIA AND ANESTHESIA:

- Insensibility to Pain (No.4), Insensibility to Sensation or Feeling as well as to Pain (No.5)

4. HALLUCINATIONS:

- A - Positive Hallucinations - Seeing or Hearing Something That is not there (No.5)
- B - Negative Hallucinations - Inability to See or to Hear Something That is there (No.6)

The above four categories have been discussed already under STAGES OF HYPNOSIS and for that reason appear in outline form. The categories that follow have not yet been discussed and will receive a little more attention.

5. HYPERMNESIA:

Hypermnnesia refers to the ability to remember better, recall more, and generally is considered to be the opposite of amnesia. There are three different types of hypermnnesia experiments that are common to hypnosis.

A - Recall of incidents which have been consciously forgotten (No.4 and occassionally No.3). If a person is told to remember the name of his first grade teacher while he is under hypnosis, he is likely to be able to do so even though in the waking state he has forgotten that name. He may be told to remember many other details of his early life and childhood which he is unable to do in the waking state. In other words, a hypnotised person can brush aside the shroud of accumulated experiences and get behind them to events of the past which have long been consciously forgotten.

B - Age Regression - Reliving past events (No.5 and No.6)
Age regression is a rather remarkable phenomenon in which the subject is apparently able to relive events of the past with all the feelings and emotions that was attached to those experiences. Sometimes, if he is regressed to a childhood period, he may even speak like a child and behave like one. Thus, if you wanted a person to remember the name of his first-grade teacher through age regression, you could tell him that he is now sitting in his classroom and you could ask him to name the children who are around him. He could then tell you who is up in front at the desk, whether it is a man or a woman, what he or she looks like and also to give that person's name. He would reply in the present tense, acting in every way as if he were actually reliving that experience at the present time.

Age regression is an important tool for the therapist. It should not be played around with without good reason and it certainly should not be used in stage performances.

C - Photographic Memory (No.5 and No.6 with certain subjects).

Some subjects are able to perform feats of memory which are extremely remarkable. Thus, a subject may be told to look at one side of a room, to close his eyes immediately and to recite all the objects that he saw on that side of the room. Or, he may be told to look at a page in a book, to close the book and to read the tenth line. If he has a photographic memory, he may be able to do it with remarkable accuracy. A photographic memory is not something that a person can achieve or develop. It is a talent that some people have and most people have not. It is extremely rare. In my experience I have seen only six cases of true photographic memory. An ordinary hypnotised subject can be helped to improve his memory through hypnosis, but he cannot produce feats of photographic memory to any great extent.

6. SENSORY HYPERESTHESIA (Exaltation of the Senses)*

Experiments in increasing acuity of the five senses vary with the subject and with the sense involved. Some of the senses can be modified in as early as third stage, while others cannot be changed till a person reaches somnambulism. Because of the variations in response, sensory hyperesthesia is not reliable as a criterion for judging a person's depth of trance.

A - Olfactory Sense

A subject's sense of smell can be modified so greatly that if you tell him a bottle of water smells like perfume, it may be so. Also, a bottle of ammonia may be held under his nose with a suggestion that it is perfume, and he will smell it with apparent enjoyment.

B - Gustatory Sense

A subject's sense of taste can be so modified, that a

glass of water may taste like wine. He may actually become intoxicated by drinking this water and vice versa.

C - Tectile Sense

Actually a negative hallucination of the tectile sense produces analgesia and anesthesia - the subject's sense of touch is nullified. However, his sense of touch can often be made much more acute so that he can be made to feel that a touch with a pencil is a touch with a hot iron and will jump at such contact. Or his fingertips can be rendered very acute so that if he rests them on a piece of cloth, it may seem to him that he feels the texture of the cloth under his fingers.

*Modification of the visual and auditory senses have been discussed under heading of "Hallucinations".

7 - MODIFICATIONS OF PHYSICAL FUNCTIONS:

By suggestion, a subject's respiration may be modified, causing his breathing to come faster or slower. Also, his heart action and pulse rate can be similarly changed. Peristaltic actions can be stimulated and flow of gastric juices increased. Bleeding can be greatly reduced, and salivation increased or minimised. Experiments of this type should be conducted under medical supervision whenever possible.

POST-HYPNOTIC PHENOMENA:

Post-hypnotic suggestions become effective beginning with the second stage of hypnosis. In the second stage, only those phenomena which can be produced under hypnosis can be projected into the subsequent waking state. However, this work for brief periods only.

Were it not for the phenomenon of post-hypnosis, hypnosis would be about as good as a sleeping pill. The effect would prevail

only while the person was hypnotised. Immediately upon awakening, it would be dispelled. Therefore, it is important for us to understand post-hypnotic suggestion and its various types in order to be able to make the maximum use of them in our work with hypnosis.

Post-hypnotic suggestion may be divided into two types. The first is the kind that is continued or projected from hypnosis into the waking state. For example, a person is told that he has forgotten his name and even after he awakens, he will continue not to know his name until a specific signal is given or until a specified time has elapsed. When he wakes up, therefore, he will not know who he is. The suggestion is continued or projected from hypnosis right into the waking state. He is wide awake in all respects except that he does not remember his name.

In the other type, the hypnotic effect is elicited in the waking state upon a signal arranged while the person is under hypnosis. Using the same example, we might describe this condition as follows: The subject is told under hypnosis that he does not know who he is. Then his name is given back to him - and then he is told, before he is awakened, that after he wakes up he will know who he is but when the operator claps his hands twice, or gives some similar signal, he will forget his name again. He is therefore awakened, perfectly normal in every way; he knows who he is, and then when the operator claps his hands twice, he suddenly loses his name again.

In the latter example, the clapping of the hands is a signal which awakens a subconscious impulse, the hypnotic suggestion, and the subject reacts with amnesia for his name.

The second type of post-hypnotic suggestion is more effective than the first in the sense that it can be made to persist for a longer period of time. Let me give you an example of a more practical type.

A subject is conditioned for dentistry. He is hypnotised and it is found that he has a sufficient degree of analgesia for the extraction of a tooth. He is hypnotised in the hypnotist's office and then sent to the dentist's office for the actual dental work. The trip from one office to the other may take as much as half an hour. If the first type of post-hypnotic suggestion is used, that is, if he is told that his jaw is numb and will continue to be numb until after he has reached the dentist's office and completed his work, the numbness may or may not last that long. Since the analgesia is in effect throughout his trip from one office to the other, it is gradually wearing out. The effect is gradually dissipating so that by the time he reaches the dentist's office, it may be gone or greatly diminished. When you use the second type of post-hypnotic suggestion, it works in this way: The subject is told when he wakes up from hypnosis that he will be normal in every way and that there will be no numbness in his jaw at all. However, he is told that when he reaches the dentist's office and sits in his chair, all he needs to do is rub his jaw with his hand, whereupon the anesthesia will immediately return. In most cases, the anesthesia recurs in its full force and not in a dissipated or modified form.

Post-hypnotic suggestion is responsible for the many benefits that can accrue to us through hypnosis. Post-hypnotic suggestion is the principle which is employed in therapy. The therapeutic suggestion is made to continue over a period of time and its activity persists through repetition by the operator or by the subject himself. In improving memory, concentration power, and other personal qualities, post-hypnotic suggestion is the key. In the breaking of habits, post-hypnotic suggestion is the major factor in bringing about such corrections. In short, post-hypnotic suggestion is the power which makes hypnotic influence persist and become permanent with proper techniques.

RELEASE FROM POST-HYPNOTIC CONTROL:

Every post-hypnotic suggestion given with the intention of being temporary, should be accompanied by its release. For example, if you tell your subject that after awakening he will be unable to light a cigarette with a match, he will indeed, upon awakening, be unable to bring his arm close enough to light the cigarette. His arms will stiffen and he will not be able to bring the flame near enough. This inability may persist for several hours or possibly for the rest of the day unless a signal releasing him from it is given. A satisfactory release may be a clap of the hands, a cough, a snap of the fingers, or a time limit. Be sure to remember just which release was arranged for just which post-hypnotic. If you become confused and give the wrong release, it will of course not work. It has occurred in a number of instances that the subject was given a to have anesthesia upon awakening. Unless this suggestion is removed, the anesthesia tends to persist for a period of time proportionate with the depth of trance. Although it will eventually wear off the subject may become alarmed at the numbness, and the alarm may re-charge the post-hypnotic suggestion and cause it to last longer than it normally would .

AUTO-HYPNOSIS OR SELF-HYPNOSIS:

There are comparatively few cases on record where people have succeeded in actually hypnotising themselves without the help of an outside agent. However, it is quite possible for a good hypnotic subject to be trained to induce self-hypnosis. The best way of accomplishing this is through post-hypnotic suggestion. A hetero-hypnotic state is required to begin with. Then the subject is merely given post-hypnotic suggestions repeatedly over a period of time to the effect that thereafter he will fall into hypnosis without the presence or aid of the hypnotist at some specified signal that he gives himself. For example, he might count to ten, he might take four or five deep breaths; the counting or the breaths are the post-hypnotic signals to induce self-hypnosis. In order to awaken at a certain

time, the subject merely thinks before he hypnotises himself of the particular time when he wants to awaken and, lo and behold, he awakens at that time. A better way is to also give himself a signal for the awakening. Thus, when a time elapses, he can count back from five to one, or merely take a few more deep breaths, whereupon he awakens as per signal.

Thus, it should be easy to see how all important the phenomenon of post-hypnotic suggestion actually is.

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CHAPTER NINE

ADVANCED METHODS

PERMISSIVE INDUCTION TECHNIQUES

Thus far we have discussed the standard methods of induction, which have been used for many years. In these standard methods, the subject externalises his attention. He focusses upon or concentrates upon some thing or some one outside himself. This may be the operator's voice, it may be the operator's fingers, or it may be an object the operator is holding or to which he calls the subject's attention. The idea is to attract the subject so much to the external object, that he becomes largely unaware of himself, so that the suggestions go readily into the subconscious.

As a result of the last two world wars, some of the doctors who were forced to use hypnosis while in the service continued to use these techniques after getting back into private practice. Among these doctors were a small group of psychoanalysts. Psychoanalysis is a non-directive technique in which the patient is not told what to do. The patient lies on a couch usually and talks freely - this is called free association. The doctor is not supposed to give him any directions and actually is not even supposed to answer any questions directly. He assumes an 'unstructured personality'. If the patient asks a question, the doctor will usually counter with another question. This may sound extreme, but it is nonetheless true of the orthodox psychoanalytic methods.

These doctors were forced by necessity to use hypnotic techniques in the service. Upon getting back into private practice it seemed a shame to drop these techniques. They wanted to continue them but they were reluctant to do so because this would run counter to their way of working in the psychoanalytic practice.

A few of the more courageous of the analysts finally worked out a little system through which they were able to induce hypnosis in their patients, apparently without giving the patient any commands or direct suggestions. They did it by having the subject contemplate himself internally, so to speak, rather than contemplating an object externally as in the standard method. Thus they would call attention to the he felt, physically and mentally. They would call attention to his breathing, to the movements of his chest, the circulation of the blood, and to certain minor physical reactions which are termed . sensori-motor reactions. Gradually, by extending this process, they got the person into hypnosis. The following method is an illustration of the permissive approach to the induction of hypnosis.

The subject is usually seated in a comfortable position and the operator is also seated in front of him or perhaps somewhat to oneside. There is no hooting and hollering on the part of the operator; there are no commands, no direct statements - in the beginning at least - of any sort. The operator speaks slowly, calmly, somewhat in this vein:

"As you sit there comfortably, look down in the general direction of your hands. If you wish, you can look at your right hand, or if you prefer, at the left hand. Or perhaps you would much rather look between your hands, at your thighs or down at the floor. Do not look at any particular spot but just in the vague, general area and direction of your hands.

"You probably think that you are sitting motionless, but actually you are not. As I shall point out to you, no living human being is completely motionless. There is always something going on in the body. Ordinarily you are not aware of the beating of your heart because you are not paying any attention to it, but if you think of your heart beating, not only can you feel it, but you can sometimes even hear it. Your lungs are

always contracting and expanding, of course on an unconscious level. But if you think of the action of your lungs, you can actually feel the expansion and contraction of your chest.

"In a minor way, the circulation of your blood is also something of which you can become aware if you think of it. You may actually feel the way your blood courses through your veins. In a minor sense still, as you look down on any part of your body, as you contemplate any part of your body, you are about to notice little reactions which you would not notice if you did not contemplate that area. For example, since you are looking in the general direction of your hands you probably will notice little reactions developing in them. One or the other hand will start out very shortly with some sort of reaction. You might feel a tingle or a twitch in some part of the either hand. For example, one of the fingers of your right hand might move slightly, might twitch, or of course, it might be your left hand. Instead of a twitch there might be another kind of reaction. You might feel a little tingling sensation or an itch somewhere on the hand; on the back of the hand, or on the palm, or on one of the fingers.

"As soon as you notice any kind of reaction, any kind of movement, or any kind of feeling in either hand, place your attention upon that hand and upon the area where you felt the reaction and forget about the other hand completely.

"There I just noticed a little movement in the little finger of your right hand. Place your attention upon that finger. See if you can figure out what caused that finger to move and see if you can anticipate what is going to happen next. Can you guess which finger is going to move next? Will it be the forefinger or the middle finger, or the ring finger or the thumb? Will it be something else rather than a movement? Will it be a feeling? Will it be a sensation? Your hand might become light and might develop a cool feeling. With many subjects this is

what is reported. Some subjects report that the palm of the hand starts to arch and with others the fingers start to move and tremble in a strange way. All the while in most subjects the hand becomes lighter and cooler and after a while one finger lifts up off the thigh, then another, then a third, and finally, the whole hand tends to lift up off the thigh and seems to float into the air. Will this also happen with you? If so, how will it work? Will the fingers go up off your thigh first? Or will the wrist leave your thigh first, or the palm of the hand? Will the hand go up straight or will the hand cup or arch as it goes up? There, another finger just moved! Your forefinger this time. Yes, and your thumb has just lifted up off your thigh. It seems now that your hand is becoming lighter; I can see the light under your hand now as it arches. By this time, it probably feels to you that it is barely resting upon your thigh, whereas the other hand, the left hand, is resting upon your thigh very heavily. But your right hand is getting lighter and lighter apparently. You can see it getting lighter. You can feel it getting lighter because you can actually see it lifting up off your thigh. Now, only two of your fingers are touching your thigh. There they go, they are lifting up also and you may develop a strange feeling, as many subjects do, a strange sensation as if your arm and hand has a mind of its own, as if it has a will and a motive power of its own which seems to cause it to float up into the air, to lift up higher and higher. As your hand continues to lift, keep watching it. Keep analysing it. Keep trying to guess what is going to happen next. Will your hand lift straight up into the air or will it move outwards or inwards laterally towards your body? Will the elbow bend or will your arm go up straight? In your case it seems like the arm is continuing straight up into the air and now your elbow seems to be lifting up off your thigh as well. Your arm is sort of stretching out and as you watch it you may be amazed to see these things happening apparently of their own accord. And all the while you keep on wondering what is going to happen next. Will the arm continue to lift up the way it is until it reaches shoulder level? This is what usually

happens. Very often when the arm reaches shoulder level, the elbow begins to bend and the hand starts to float towards the face. Yes, it seems that is what is happening with you too. With some subjects of course, other reactions occur. With you, the hand is now apparently approaching your face. Slowly but steadily, it seems to be moving closer and closer to your face.

"Now as your hand move closer and closer to your face, it actually indicates your readiness to go into hypnosis. In fact, you are going into hypnosis with a speed and readiness dictated by your subconscious mind. When you are inwardly ready, when your subconscious mind is ready for you to drop into hypnosis, your hand will touch your face. That will be signal denoting your inner readiness to go into hypnosis. As soon as your hand touches your face, therefore, your eyes will close and you will drop into a deep, sound, hypnotic sleep. Your hand is moving ever closer, closer, and closer. It is now only a couple of centimeters from your face. At this point you may try to guess which part of your hand will touch which part of your face. Will the thumb touch your nose? Will the back of your hand touch your chin or your forehead? Frankly, it does not matter which part of the hand touches which part of the face. As soon as there is a contact, your eyes at that point will close because you will be ready to go into hypnosis and you will indeed drop into a deep, hypnotic sleep. It is coming closer and closer, your hand is almost touching now. Your thumb is almost touching your nose. There it goes, it has touched; your eyes are closed, and you are dropping into a deep, hypnotic sleep! So let yourself go completely and go down, way down, way down deep into a restful hypnotic state".

At this point you assume control, and if you wish, you can deepen the hypnosis with the standard method before you actually begin to work.

The foregoing method is an example of a Permissive Induction

Technique. As you noticed, at the beginning no direct statements were made. A number of possibilities were brought forward to the subject indicating what had happened with other subjects. The subject before you then picks one of these alternatives, whatever it may be; and as you begin to see something occurring, as a visible reaction occurs, you point it out to the subject and he feels that it is happening of its own accord, not that you have caused it to happen. In this way you lead him gradually along until he goes into hypnosis. At the end of the method, of course, it is advisable to become somewhat more firm and emphatic and authoritarian in order to assume the hypnotic control and to establish a rapport.

VARIATIONS OF RESPONSES AND TECHNIQUE:

With some subjects, the hand may go up a few centimeters and not continue to move further. If four or five minutes have elapsed and the hand has not moved, it is usually advisable to change your tactics somewhat. You therefore proceed in this fashion:

" Your hand has now gone up about 10 centimeters. That is sufficient. Now I am going to count back from ten to one. As I count back from ten to one, your arm will gradually retrace its course, gradually drop back upon your thigh. When your hand drops back upon your thigh at the count of one, your eyes will close and you will drop deep into hypnosis. Ten! - your arm is starting to go down now. Nine! - it is slowly retracing its course. Eight! - going down, down. Seven! - and as your hand goes down, you go down, deeper and deeper into hypnosis. Six! - the closer and closer your hand goes down towards your thigh, the closer and closer you come to a deep, sound, hypnotic state. Five! - coming down, down, and you are going down, deeper and deeper. Four! - relaxing more completely. Three! - your hand is dropping to your thigh. Two! - right down upon your thigh. One! - your eyes are closed now and you are going

deeper into hypnosis. Deep, sound and restful hypnotic state".

Arm levitation occurs readily in those subjects who are capable of sensori-motor activity. This is usually indicated by a positive response to the Arms Rising and Falling test. With other subjects who do not react readily the arm levitation method of induction may not work in the sense that you may not be able to elicit any levitation responses.

However, it would not be wise to stop in the middle of the method with the admission of failure. The wiser procedure is to switch to a different method. The switch can be accomplished in a casual way so that the subject will not even know that one method has been abandoned and another one substituted. Since you have not been saying anything really definite to the subject, since you have not said unequivocally that the arm would rise but only that many subjects report that such action occurs, you would therefore logically be able to switch around to another method by proceeding in this fashion:

"With most subjects the hand gets lighter and eventually rises up. However, with some subjects, rather than get lighter, the hands and arms seem to become heavier. Possibly this is the reaction that you are now feeling. Perhaps you feel now the weight of your hands upon your thighs. Perhaps you feel the warmth of your hands through the cloth of your trousers (or your dress). As you continue to feel this weight and you continue to feel this warmth, your arms and hands seem to be becoming heavier and heavier and they seem to be almost digging into your thighs, making indentations in your thighs.

"As your arms become heavier and heavier, you notice a heaviness developing in your eyelids. Your eyes are barely open now; in fact it is becoming difficult to keep your eyes open. As your hands and arms become heavier and heavier, your eyelids become heavier and heavier. You feel like closing your eyes.

Soon you may indeed close them. I will now count from one to ten. On the count of ten your eyes will close and you will go deep into hypnosis".

What you are actually doing here is calling attention to the natural heaviness of the arms, a fact which is more likely to be in evidence because of gravity. Then you associate the heaviness of the arms with the heaviness of the eyelids. Actually, you are shifting to a standard method of induction in which gazing at the hands becomes tantamount to looking at a fixation object. Then you associate more and more with heaviness of the lids and the eyes and you go into suggestions of the drowsiness and sleepiness and gradually lead the person on into one of the standard methods. You can actually switch to the Intermittent Counting and Suggestion method, so that the counting to ten, interrupted by suggestions, becomes your new procedure. You can also, if you desire, switch to Progressive relaxation and proceed as with the standard technique.

CONFUSION AND DISTRACTION METHOD

In a sense, the Arm and Hand Levitation method is based somewhat on distracting the subject from what the operator is saying. Therefore, by becoming aware of the movements of his own body, he does not listen too closely to the operator and therefore the suggestions of going into hypnosis tend to go more readily into the subconscious. The method which follows is more closely based on distraction and confusion. It is more obvious with this method that the operator is attempting to get the subject not to listen to him too closely. This method is a far cry from the old idea that the subject must concentrate hard on what the operator is saying and must make his mind a blank to everything except the operator's voice. The following is a rather effective confusion technique based on the Arm and Hand levitation method:

You start as with the Arm Levitation method and you keep on

until the hand has risen slightly off the thigh. Then you tell the subject to start counting backwards from 100, aloud. He starts counting backwards; while doing so he has to watch his hand, of course; he has to keep his conscious mind on his counting, and he also thinks that he has to listen to you. Therefore he is doing three things at the same time. Since the fact that his arm has risen slightly indicates that he is already partly in hypnosis, he finds it difficult to do three things at the same time. He becomes confused. His counting shows it. He may skip a number or repeat a number, or he may start going up instead of down. As his confusion increases, the operator becomes somewhat louder, a bit more insistent, contributing further to the confusion.

Somewhere along the line, perhaps when the subject reaches 60 or 50 or 40, his confusion becomes so great that his annoyance is obvious. His brow may crease up, his voice may indicate annoyance, he may show every indication of being extremely irritated and confused. Therefore, at the psychological moment - at the peak of confusion - the operator suddenly drops what he is doing and commandingly and insistingly says "Close your eyes! - stop the counting! - drop your hand! - and go into a deep and sound sleep!"

The subject responds very readily because he is glad to be relieved of the confusing situation. In a sense, therefore, he seeks relief by retreating into hypnosis. The confusion method affords the subject an escape from an intolerable situation and he often drops readily into hypnosis and sometimes more deeply than he had done in previous attempts.

Sometimes, when a subject is doing too well, and is not becoming sufficiently confused, it may be advisable for the operator to go into Intermittent Counting and Suggestion method. That is, he may start to count up from one, telling the subject he will go deeper on each count. Therefore, we have a situation where

the subject is counting backward and the operator is counting forward, sort of "against the grain". This contributes greatly to the subject's confusion.

CONFUSION, DISTRACTION AND VISUALISATION METHOD:

The following method embodies confusion, distraction and visualisation. I have found this method to be excellent for group induction. It is far superior to the Progressive Relaxation method. I shall give it here in some detail. You prepare the subject as you would for Progressive Relaxation and proceed as follows:

"As you sit there with your eyes closed, listen easily and effortlessly to my voice. In fact, you do not really have to listen to me. If I had my way, I would not have you listening to me at all - consciously, that is. You see, whether you are listening to me consciously or not your subconscious mind is getting everything that I am saying. Your conscious mind tends to be somewhat of a hindrance, so if I could arrange it, I would have you not listening to me at all. I therefore have a suggestion which will help you to accomplish this difficult task.

"I will give you something to do which will occupy your conscious mind. Thus you will be less likely to listen to me closely. I would like you to visualise - imagine - that you are looking up into a night sky. You may see a cloudy sky, or you may see a clear, deep blue sky with stars twinkling in it. Frankly it does not matter what kind of a sky you see. Whatever comes to your mind, that is satisfactory.

"Now imagine that you see a wheel up in the sky. It is an incongruous situation, but nevertheless imagine you see some sort of a wheel directly above you against the background of the night sky. You may see a wagon wheel, or it might be a spinning wheel, or it could be bicycle wheel - perhaps even a

gambling wheel. Whatever kind of a wheel occurs to you, whatever kind of a wheel you in your mind, look at it, watch it, and as you do, you will notice that it gradually starts to recede, gradually starts to go up into the sky. As it does so, it may remain in a stationary position, or it may be revolving, slowly or rapidly. Whatever the wheel does in your mind, let it do. Do not try to force it to do anything in any way.

"Gradually, you will notice that as the wheel recedes into the heavens, it becomes smaller and smaller. Eventually, after five, or possibly ten or fifteen minutes, it will disappear behind the clouds or perhaps mix with the stars and disappear in that way.

"as you keep visualising the wheel against the background of the sky, I want you now to do something else. Mentally I want you to start to count back from 100 at about this speed (and you illustrate the count, going at about 2 second intervals). As you are counting backwards mentally and watching the wheel up in the sky, your mind will be occupied with this task and you will therefore be less likely to listen to me. That is exactly what I want to accomplish. As your conscious mind is occupied with the two tasks that I have given you, your subconscious will be free to accept the suggestion that I make and therefore you will go very readily and deeply into hypnosis.

"Now as you watch the wheel receding into the sky, and as you keep counting backwards, you find yourself relaxing more and more". Keep on in this vein, doing either a Progressive Relaxation or some other method which can be done with the eyes closed. Because the subject is not listening to you too closely, the subconscious mind is more easily accessible and he goes readily into hypnosis. As you go on this way, you keep throwing in occasional suggestions that when he reaches the count of one, he will raise his right forefinger slightly to indicate that he has completed his task. Just throw this suggestion in



occasionally. It gets into his subconscious too, and when he reaches the count of one, his right forefinger goes up, often spontaneously. Whether it goes up spontaneously or whether he voluntarily raises it, you assume at that point, that he is in hypnosis and you become somewhat more authoritarian and take over.

You then proceed with the usual tests and with whatever deepening measure you want to take.

I have found the Distraction method very helpful with those subjects who have been under the misconception that they have to listen very closely to what the operator is saying. In doing so, they actually defeat their own purpose because the effort of listening is a conscious effort. The conscious effort of the mind tends to prevent the dissociation of the conscious from the subconscious and tends to prevent hypnosis. Over anxiety on the part of the subject has a similar frustrating effect.

AN EXCELLENT VISUALISATION - DISTRACTION METHOD:

This method also can be done both individually and with groups. Preparing the subject as for the Progressive Relaxation Method, you proceed as follows:

"I want you to visualise, with your eyes closed, that you have a blackboard before you. If you have a good imagination, you can actually see the blackboard. If you cannot see it, simply imagine you do. Now imagine that in the centre of the blackboard there has been drawn a large circle, possibly 30 or 35 centimeters in diameter. The circle is drawn in chalk. Inside the circle there is a large cross drawn in such a way that the four feet of the X (cross) touch the circle at four different points. Now I want you to imagine that you are picking up the eraser. It is your job to erase the cross (X) without damaging the circle. Since the cross (X) is touching the circle at four

points, this may not be a very easy thing to do. Therefore, I make the following suggestion. Using a corner of the eraser, simply make a little break in each leg of the cross(X), just below where it touches the circle. Proceed to make it now in one leg - in the second - in the third - and in the fourth, very care fully. With that accomplished, you can now proceed to erase the rest of the cross (X) without damaging the circle. Now switch the eraser to the other hand and pick up a piece of a chalk. Draw a capital A inside the circle, but make the A only about half the size of the circle to be sure that you do not damage the circle; that is important. Now that you have made an A, with the eraser in the other hand, erase the A. Now make a B, and with the eraser, erase the B. Now make a C, and now erase the C. Now hold every thing for a moment and listen to my further instructions. I am going to give you a signal in a moment, at which point you will continue making the next letter and erasing it, and go right on down through the alphabet until you have made and erased the letter Z. I want to keep your attention on what you are doing and do not make any special effort to listen to me. With your conscious mind thus occupied, my hypnotic suggestions will go directly into your subconscious and produce a deep, hypnotic state. When you have completed the alphabet, I want you to put the eraser down, put the chalk down, and just raise your right forefinger slightly, to indicate to me that you have completed your job. At that point you will be in hypnosis.

"Now, make the next letter, the letter D and erase it and keep right on going, paying no further attention to me. You are becoming very, very relaxed now - very drowsy, sleepy. Your entire body is becoming completely relaxed. Everytime you make a letter and erase it, you go deeper and deeper into hypnosis". And continue in this vein until the person raises his forefinger; then assume control in usual fashion.

REHEARSAL TECHNIQUE: The rehearsal Technique is used only as a last resort. It is time consuming and therefore would only be

feasible when every other method has failed.

You take the subject into your confidence and you tell him in effect the following:

"Now look here, I have used every method that I know. You have failed to respond. I know one more method which I am quite certain will work - if you agree to submit to it. In this method you have to agree to devote another ten or twelve sessions separately. All I want you to do is pretend that you are going into hypnosis. Act the part of the hypnotised subject. Pretend that you are confirming to the experiments I am giving you. Pretend that everything is working. Make believe that you are an actor in a play, playing the role of a hypnotised subject. At no time are you to test yourself to see whether you actually are in hypnosis. Just play a part".

If the subject agrees to do this, you proceed with any method of induction. He pretends to go into hypnosis. Then you do the Eye Catalepsy Test. He pretends he cannot open his eyes. You do the Arm Catalepsy Test. He pretends he cannot put his arm down. You continue with other similar tests, especially those which have to do with muscular inability. You avoid amnesia tests, anesthesia tests, and hallucination experiments.

After three or four sessions, the subject begins to wonder whether he actually could lower his arm or whether he actually could open his eyes, if he indeed did try. When a person pretends inability to lower his arm, he does not actually know whether he could or not unless he did make an effort. Since he must not really lower it - since he is only pretending - it leaves a doubt in his mind. Session after session, the doubt increases. In the mean time, you are able to get indications from his subjective responses of the progress that you are making. After awakening from hypnosis, he may indicate that he had feelings of numbness, or a tingling sensation in the finger-

tips. He may indicate that he had feelings of heaviness, or feelings of lightness or floating. He may, upon awakening, develop time distortion; that is, he may have a distorted conception of how long he was in hypnosis. This is a very good sign. Therefore, after ten or twelve sessions, if you have achieved some of these subjective indications and you have fairly good reason to believe that your subject may indeed be in hypnosis, you finally try a crucial test.

Perhaps in the middle of a catalepsy test, you suddenly say - "Now, I want you to actually try to lower your arm - but you cannot do it! Really try to put it down! But you cannot lower it! Your arm is stuck, cataleptic, and you cannot lower it! Now, go deep into hypnosis!"

This very often works. The idea behind it is very similar to the idea of a person lying constantly about the same thing. After a while, he is not sure whether he is telling the truth or lying. So whether you actually carry out a certain act or only pretend to carry it out, it causes similar patterns to develop in the brain. The act becomes a reality.

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CHAPTER TEN

INSTANTANEOUS METHODS AND INDIRECT METHODS

INSTANTANEOUS METHODS:

Those methods which produce hypnosis instantly or almost instantly are called Instantaneous Methods. My book "Techniques of Speed Hypnosis" deals comprehensively with the rapid methods of induction. For our purpose here, it should suffice to explain the principles on which these methods are based and to give a few examples. Actually there are only two types of instantaneous methods or rapid induction techniques.

1. The first type is based on post-hypnotic suggestion. A subject who goes into at least the third stage is given a signal by means of which he can be instantaneously projected into hypnosis thereafter. The ability of going into hypnosis at a signal becomes permanent with sufficient repetition.

The signal can be almost anything. It can be word, counting to five or ten, taking a few deep breaths, or any other signal that is agreed upon during hypnosis. The operator gives the subject the instructions in a very precise manner and the subject carries these instructions out in the subsequent waking state, upon being exposed to the signal agreed upon.

Actually when this has been repeated a few times, the subject becomes convinced of his ability to go into hypnosis instantly whereupon this ability becomes a permanent one. Thereafter, the signal is not actually required. The subject's acceptance that he can go back into hypnosis instantly is sufficient.

2. Even without being previously hypnotised, some subjects can be rapidly projected into hypnosis. These methods do require a good subject. Among the Indian population, only about 25% are capable of going into rapid hypnosis without having been

previously hypnotised.

The usual method is to produce in the subject a conviction that something unusual is occurring. Thereupon, a sudden command of "sleep" drives him into hypnosis.

The Hand-Clasp Test is a good example. The subject is told to clasp his hands together and that upon the count of three he will be unable to open them. Then while he is struggling to open his hands, and he is convinced that he cannot do so, the sudden command of "sleep!" at this point, drops him into the hypnotic state.

Actually the mere fact that he could not open his hands is evidence that he is already in a fleeting waking hypnotic trance. The command of going to sleep is tantamount to a declaration that a hypnotic state now exists.

All the other methods of induction of rapid hypnosis given in the book, "Techniques of Speed Hypnosis", are based on the same principle: A conviction that something unusual is occurring is forced upon the subject. A command to go into hypnosis does the rest. Once the operator understands this principle thoroughly, he does not actually need to use a definite method. He can invent his own variations.

INDIRECT OR DISGUISED TECHNIQUES:

Hypnosis may be induced in a disguised fashion so that the subject does not know he is being hypnotised. It must be stressed that this not to imply that the subject is being hypnotised against his will. The approach is made in such a way that he is actually guided into hypnosis without being aware that the condition that he is in is hypnosis.

The success of indirect methods of induction depends upon the

subject's misconception about hypnosis. The average person thinks that to be hypnotised, he has to be unconscious or asleep. Since unconsciousness and sleep have nothing to do with hypnosis, he can , therefore, be readily guided into a hypnotic state without being aware of the fact.

There are three types of approaches to indirect induction:

1. The first type is through Progressive Relaxation. This method is explained thoroughly in my book, "The Best and Easiest Disguised Methods of Inducing Hypnosis". The procedure is the same as when doing the Progressive Relaxation Test. However, the words, "hypnosis", "drowsy", "sleepy", "sleep" are not employed. The subject only thinks that he is being relaxed. When the relaxation technique is over, he is in hypnosis. If he has eye catalepsy, it is evidence that he is already in a hypnotic state - although he may not be aware of the fact.

2. The second approach to indirect induction is through the sensori-motor reactions of the subject. To explain this type of method, I can advantageously cite an actual case that occurred several years ago.

A woman approached me to arrange for hypnotic conditioning for child birth. During the conversation, I discovered that she had only two more weeks to go before the expected delivery. I explained to her there was not sufficient time for the conditioning. I explained that ordinarily we start in the fourth or fifth month and that quite a few things have to be done to prepare the expectant mother for a hypnotic delivery. I suggested, therefore, that she forget about it for this pregnancy but call on me for the next one. She was extremely disappointed, but since there was nothing else to do, we terminated our conversation.

The next year she called on me again.

"What!" I said in surprise. "Are you pregnant again?"

"No", she replied, "but I want to be ready this time".

She came over with her husband and the first question she asked me was: "Mr. Wadhi, do you think you could really hypnotise me?"

I asked her why she was so doubtful. Whereupon she admitted to me that when I turned her down the previous year, she had gone to two other hypnotists. Each tried to hypnotise her on three different occasions. Both failed and both declared that she was impossible to hypnotise. She came to me, therefore, with this attitude of defeatism.

I explained that I could not possibly tell her for certain whether she could be hypnotised or not; under the circumstances, but I was willing to test her and would then be able to give her a better idea. She agreed to be tested.

I knew at this point that I could not possibly succeed with her with the methods that the others had employed. She was so expectant of failure with these methods, they could not possibly work. I, therefore, questioned her exhaustively in an effort to determine what they had done. For testing, both had used authoritarian tests. One has used the Falling Backwards Test and one had used the Hand-Clasp Test. Both had used the Pendulum Test; this was the only thing that worked. For induction of hypnosis, they had used the Direct Stare, Progressive Relaxation, and direct fixation methods. None had an effect on her. I asked her whether any of them had used the Arms Rising and Falling Test or the Sensori-Motor Techniques. She was not familiar with the terms. Now I had an idea how to proceed.

Since the Chevreul Pendulum Test had worked with her, I started with this test. She responded beautifully. Since she was not familiar with the Arms Rising and Falling Test, I did that next.

The response was quite good. Now I could not do the Hand-Clasp Test or the Falling Backwards Test, so I proceeded as follows:

"I have one more test, which, if you pass will indicate quite clearly that you can be hypnotised. Please sit down in the chair. Place your hands upon your thighs and I will now test your sensori-motor reactions.

"As you sit there, I want you to look down at your hands and listen easily and effortlessly to my voice. As you observe your hands, you will notice certain peculiar reactions in your body. You may feel your breathing, you may feel the pulsing of the blood in your veins and you may feel other reactions which are termed sensori-motor responses. As you look at your hands, you may notice little movements--perhaps a twitch of the finger. Perhaps you may notice inner sensations like a tug of a ligament or a twinge of a nerve. I want you to observe carefully any physical response or any feeling that you may have. Analyse each movement. Analyse every sensation".

You will notice that I had started the Arm and Hand Levitation method of induction. I used it, however, as a test and I deliberately told the subject to "analyse", to watch, knowing full well that the average subject would be distracted from the mere idea of hypnosis when such words as "analyse" are employed.

As the subject watched her hands, the movements started almost immediately. She had very good hand levitation reactions. As soon as I saw something happening, I pointed these reactions out to her and kept urging her to analyse whatever she saw, to try to figure out exactly what was happening, depending upon these suggestions to keep her off the track that she was actually being hypnotised.

Her arm rose steadily and then, upon indirect suggestions, the elbow started to bend and the hand started to approach the

face. I kept on in the same vein until finally her hand touched at which point I suggested that she would be much more comfortable if she would allow her eyes to close, and rather than looking at her hand, would feel it against her face. I suggested that she feel the touch of her hand, the warmth of her hand; I told her to think about whatever other feeling she might have. Her hand remained in that position. I kept on for four or five minutes just to be sure. With the hand in that upraised position, the average subject would have become extremely fatigued and would have allowed the hand to drop or at least to sag. There was no such sign with her. This was a clear indication to me that she was already in hypnosis. However I could not let her know that this was the case.

My problem now was to test her without giving away that she was being hypnotised. I therefore proceeded as follows:

"As your hand rests against your face, the position has caused the blood to run out of your arm and into your body causing a certain numbness to develop in your hand due to the lack of blood. This numbness is becoming more and more profound as your hand remains in the air so that the back of your hand feels especially numb, feels almost as if it has been anesthetised. Although you may feel a touch on your hand, you can feel no pain in it because there is not sufficient blood there to give you the proper sensations".

As I spoke I started to pinch the skin on the back of her hand and I watched her face intently. There was no reaction. I pinched harder. Still there was no reaction. Finally I said to her: "Tell me, can you feel anything?"

"Sure", she replied. "You are touching me".

I then called to her husband and motioned to him to pinch his wife's hand. He proceeded very gingerly at first, but when he saw she was not reacting, he pinched harder and harder. Again

I asked her if she felt anything.

"Of course", she replied, "Rajan is touching me".

This was enough for me. I then said to her, "On the count of five you will open your eyes". I did not mentioned anything about awakening. I then counted from one to five and she opened her eyes and said:

"Well, what do you think?"

When I declared that she had been in hypnosis, she just would not believe it. She would never have believed that she had been pinched, had her husband not been present. Even so it took quite a little convincing for her to finally accept the fact that she had anesthesia in her hand. In other words, she was already somewhere between the third and fourth stage.

This is an excellent illustration of the disguised sensori-motor approach to hypnosis.

3. The third approach to indirect induction is through the use of placebos. A placebo, in medical parlance, is an innocuous drug or pill, which is purported to produce a certain effect, but has no actual value. Placebos can be made of sugar, bread, or saline injections. Placebos of this type should be used only medically.

A physician may give a subject a placebo with a suggestion that if the subject takes this with a glass of water, he will be fast asleep in two minutes. With the proper subject, this works amazingly well.

Following is a placebo method that I observed many years ago in a dentist's office.

The dentist told an eleven year old boy who was an extremely

troublesome patient that he had obtained a "special nitrous oxide" which, he said, would not put him to sleep, but would only place him in a dreamy state in which he would be completely insensible to pain and would be able to very easily tolerate the drilling. He then placed the nitrous oxide mask over the subject's nose and mouth, told him to breath deeply and to count back from ten to one. By the time the boy reached seven, he was 'out'. His body became limp, he relaxed completely, and the dentist proceeded to work. The boy was aware of the things around him, he was able to answer the dentist's questions; he was in a peculiar, dreamy, detached condition, and he felt absolutely no pain or discomfort from dental work.

Actually, the nitrous oxide mask was not even connected to the machine. The machine has been turned on so that it emitted a peculiar buzz, but this was merely for effect.

In a sense, hypno-discs and similar hypno-aids are placebos. The passes, with or without contact, that the hypnotist sometimes makes over the subject's face and body, are likewise placebo applications. The placebo has a purely suggestive effect.

As pointed out earlier, the indirect methods are effective because the average subject thinks that, to be hypnotised, he must lapse into unconsciousness or into sleep. Since hypnosis is not related to either, he goes into it without being aware that he is in hypnosis.

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CHAPTER ELEVEN

BEST TECHNIQUES FOR DEEPENING HYPNOSIS

The problem of deepening the hypnotic state to the maximum degree possible for a given subject is a more serious one than the problem of inducing the trance in the first instance. It is common knowledge that at least 90% of the Indian population can be hypnotised at the first attempt or after a number of induction sessions. It is known, too, (though many of us are reluctant to accept the fact) that only a small percentage of hypnotisable are able to reach the somnambulant stage. Induction methods and related information can be found in abundance in most books and courses on the subject of hypnotism. Procedures for deepening the trance have received but sketchy treatment in most of the published works. Stage performers are not greatly concerned with the problem because, having large audiences for subject selection, they rarely fail to isolate a number of somnambules for demonstration purposes. It is the hypnotist working in a private office setting, faced with the task of producing results in any subject that presents himself, who is seriously affected.

Professional hypnotherapists have resorted to the rationalisation that even light degrees of trance are sufficient for therapeutic purposes. This may indeed be so; they use "hypnoidal states", "reverie", "relaxation", "waking suggestion", and other media for conveying therapeutic suggestion to their patients. For some purposes, however, the lighter stages are inadequate. Some psychotherapists claim that a majority of subjects will ultimately attain a deep trance, providing the hypnotist has enough skill and patience, and providing still further, I might add, that the subject has sufficient time and money to test the operator's "skill and patience".

I have found in my experience that practical considerations require that a subject be projected into a workable degree of

hypnosis in six to ten sessions. I have found further that the average subject can reach the maximum degree possible for him within that time. It is usually a waste of time, money and energy to expect a subject to exceed the depth of his tenth hypnosis. It is hoped that the following information will help the frustrated hypnotist to deepen the hypnotic trance of his subjects as much as possible within a reasonable time - and to make the best of the situation with those who remain on a superficial level. It is a practical assumption that subjects who reach a certain degree after ten sessions will remain at that level, with but a few exceptions.

EIGHT TYPES OF DEEPENING TECHNIQUES:

Deepening techniques can arbitrarily be divided into eight general headings:

1. Deepening by Realisation
2. Deepening by Pyramiding of Suggestions
3. Deepening by Post-Hypnotic Suggestion
4. Deepening by Repeated Induction
5. Deepening by "Placebo" Suggestion
6. Deepening through Utilisation of Sensori-Motor Reactions
7. Feed-Back Methods
8. Counting Methods

1. Deepening by Realisation: In most instances of initial induction the subject does not know that he is under hypnosis, since he hears the operator, is more or less aware of his surroundings and does not "feel different" from the way he usually feels. He does not feel that he is asleep or in a trance, as many subjects have previously conceived that they would feel. It is therefore necessary to make him realise that he is indeed hypnotised. One of the most elementary of the realisation suggestions is to challenge him to open his eyes, at the same time stating convincingly that he is powerless to do so. His inability to perform this simple function often startles him into

the realisation that he is not as awake as he thought. Any of the muscular control experiments can be used for this purpose; an arm can be made rigid, for example, and the subject challenged to bend or lower it, with accompanying patter somewhat as follows:

"Your arm is outstretched before you, stiff and rigid like a bar of steel. You are completely powerless to bend or lower it. In fact the harder you try - the more impossible it is, because you are in hypnosis, you see, and are implicitly obedient to my every command. What is even more remarkable, you will notice that as you try to lower your arm, it begins to go up instead! The harder you try to lower your arm - the higher and higher it goes. Now try - try hard to bend your arm or put it down - and now see how it keeps rising -- higher and higher. You simply cannot lower your arm until I say that you can!" What you are doing here is impressing forcibly upon the subject's consciousness that he is indeed under your "hypnotic control" - else why can he not do something so simple as lowering his arm?

With some subjects realisation suggestions are more effective in the post-hypnotic state. A suggestion may be made that a few minutes after awakening he would become aware of a terrible itching sensation in his back just between the shoulderblades, where it would be difficult to scratch.

You continue, "You will be very annoyed with this itching and will go into all sorts of contortions to scratch this spot, even rubbing your back against the wall and against articles of furniture. But nothing will help. Finally, you will appeal for my help in the matter, because only I will be able to relieve this itching. I will simply snap my fingers twice - like this (snap, snap) and the itching will disappear instantly. This will convince you beyond the shadow of a doubt that you are indeed under hypnosis, so that when I hypnotise you again you will go into a much deeper trance, much more quickly and easily".

In short, making the subject realise that, in spite of the fact that he feels awake, hypnotic suggestions work on him, causes him to fall into deeper hypnosis.

2. Pyramiding of Suggestions: Pyramiding of suggestions is usually combined with the realisation technique. Thus, no sooner has the subject realised that he cannot lower his arm then you say:

"Now, on the count of "three" your arm will go limp all at once and fall heavily to your side. And as it does so you will fall deeper and deeper asleep. One ... two ... three! There! Go deep asleep now - deeper asleep!"

Proceed immediately to other tests, while he is still amazed at the way the previous ones worked. Nothing succeeds like success. While the subject is still emotionally imbued with the confidence of his first success, pile on other suggestions, gradually increasing their complexity as one after the other is carried out. The idea is follow up each successful culmination of a suggestion with the assertion that he is going into deeper and deeper hypnosis. And as it becomes apparent that the trance is becoming more profound, more advanced experiments are attempted. It is important to know how far to go, so that you stop just short of failure. Just as success increases a subject's confidence, so the realisation of a failure can have a deleterious effect.

3. Post-Hypnotic Suggestion: One of the better known methods of deepening hypnosis is telling the subject just before awakening him that the next time he will go into a deeper trance much more quickly and easily. This suggestion is more effective when the induction is repeated twice a week, but it has been found that it carries over from week to week. So common is this method that most hypnotists employ suggestions in this vein almost as a matter of course whether deepening is needed or not.

4. Repeated Induction: Continued re-hypnotisation is probably the most reliable way of deepening hypnosis. The mere procedure of re-inducing the hypnotic state seems to have the effect of rendering it more profound, probably because, as the subject becomes accustomed to letting go, resistances of conscious or unconscious nature fade away.

Ordinarily, this technique is coupled with post-hypnotic suggestions in weekly, bi-weekly, or daily sessions. However, re-hypnotisation during the same session is often helpful; sometimes a subject may be awakened and re-hypnotised four or five times within a two-hour period, with five or ten minutes intermissions to permit the operator to rest and to test the subject's post-hypnotic reactions.

The hypnotic sessions can be anywhere from fifteen to fortyfive minutes in duration, most of the time being spent in repetition of suggestions. This method is hard work and requires persistence and stamina on the part of the operator. In recent years some short-cuts have been devised. These can be tried first to test their efficiency. Should results be unsatisfactory, the orthodox methods can be employed.

One of the short-cuts involves awakening a subject and re-hypnotising him immediately without giving him a chance to become fully aroused. I recommend the following procedure:

"I am going to awaken you". You tell the subject at the proper juncture. "At the count of three you will awaken and open your eyes. As you do so your eyes will meet mine as I stand over you. You will look intently into my eyes. I will then count slowly to five. As i count, you will very quickly become extremely sleepy. Your head will feel very heavy and your eyes will feel like closing. When I reach three your eyes will be half closed and you will be almost asleep. When I reach five your eyes will close tightly, your head will droop and fall forward

and you will go back into a deep, deep sleep. But deeper - much deeper than ever before - you will go into a very deep, profound somnambulic sleep at the count of five. Now - one ... two ... three ... four ... five! Go deep asleep now - deeper, much deeper than ever before ..."

I usually pass my open hand, without contact, over the subject's face in the final count. Almost invariably, his eyes close as my fingers pass over them on the count of five. This procedure can be repeated four or five times in the same session, with variations if desired. For instance, my American friend Ormond MacGill, recommends awakening the subject, having him stand up, walk over to another chair, sit down, and then go to sleep with the counting routine, or perhaps at a certain signal as specified in the post-hypnotic suggestion. But the essence of the entire procedure is the repetition of the hypnotic induction in one form or the other.

5. Deepening by Placebo Suggestion: In medical parlance a placebo is a pill, capsule, or injection of an innocuous substance, administered to the patient in the guise of medicine, in the hope that the accompanying suggestion will have the intended psychological effect. Placebos have been used by wise doctors from time immemorial, but today, with the advancing knowledge of hypnotism and practical suggestion, placebo administration is enjoying a greater vogue than ever.

A placebo is merely an indirect hypnotic suggestion. Its use need not be restricted to medicine, though its application in therapy is most logical and feasible. In hypnotic work, it has limited application in cases where direct suggestion appears to meet subject's resistance. The following example may give you some idea of how it may be employed.

I had hypnotised a patient in a dentist's office. The subject was in an intermediate stage, fluctuating between the mnesic to amnesic, with a good degree of analgesia but no anesthesia.

Several extractions had been performed without any discomfort on previous occasions, but now the dentist was grinding a tooth down for a porcelain jacket and after fifteen minutes of grinding the analgesia was wearing thin. Ordinarily a supplementary chemical anesthetic would be used, but in this case I decided to try a placebo. I signalled my intention to the dentist, and then said:

"Doctor, the patient is in pain. Obviously, the hypnosis is not deep enough for all this grinding. I suggest you give him a small injection of some of that new procain that worked so well yesterday on Mr. B -".

The doctor voiced his agreement and proceeded to prepare the injection. He went through all the motions of administering an injection, at the same time discussing the new drug with me; stressing that while it had the same analgesic effect as novocain, it went to work more rapidly; also, the dentist always knew when the analgesia was complete because the patient would feel a strong tingling sensation in the fingertips. He actually punctured the gum in pretending to make the injection; two minutes later the patient reported the awaited tingling and the dentist resumed his work without any further trouble. The strong, indirect suggestion of complete analgesia - actually, of course, nothing whatsoever was injected into the patient - had the effect of deepening the hypnotic state. Naturally, this type of suggestion must be handled very judiciously, and only with selected subjects.

Physicians and dentists are in the most fortunate position strategically to use placebo suggestions. Chiropractors use, instead of drugs, various appliances to which they attribute certain specific hypnotic effects; thus when only a light degree of hypnosis can be induced via ordinary methods, they may place the patient on a vibrating couch, fit him with dark, multicoloured goggles and have him gaze at blinking multi -

coloured lights, all of which are intended, and often do, produce deeper hypnosis. Their manual adjustment, accompanied by suggestions of the specific results that were expected to follow, have similar effects on suitable patients. All these ruses, and others too numerous to mention, are in the nature of placebo suggestions. Even the so-called mesmeric passes with and without contact, which in the light of modern knowledge are used to serve the purpose of indirect suggestion, fall within the same category.

6. Deepening Through Utilisation of Sensori-Motor Reactions: The Sensori-Motor technique, more commonly known as the Arm and Hand Levitation method, is ordinarily employed in the induction procedure. When used for deepening purposes, suggestions of hand and arm levitation are commenced after a light degree of hypnosis has already been produced via a different method.

The premise behind this type of deepening technique is this: Since, as is generally agreed, the subject remains in a light stage because of conscious or unconscious resistances within himself, it often helps to thrust the burden of the matter back upon himself. The operator says, in effect:

"Now look here! You are under hypnosis, but for reasons beyond my control you refuse to go deeper. So now I leave it to you. You can go deeper if you really want to. We will do hand and arm levitation now - your hand will rise off your thigh and your arm will continue rising, slowly but steadily, until it reaches shoulder level. Then your arm will bend at the elbow and your hand will approach your face. The speed of your reactions will be determined by your own subconscious willingness and desire to go into hypnosis. In other words - when you are ready to go into a deep trance - and not before - your hand will touch your face. This will, in effect, be a signal from your subconscious mind that you are ready to go deep asleep. So as soon as your hand touches your face you will instantly, at that point, drop into a deep, sound, somnambolic sleep", etc.

The levitation suggestions, ordinarily performed with the subject's eyes open and fixed on his hands, are in the case of deepening procedures done with the eyes closed; having the subject open his while he is in a superficial trance would probably result in his becoming completely aroused. It must be understood that sensori-motor reactions proceed at a pace which the subject himself sets. He goes into a deeper trance, if and when he desires. At least this is the theory. If this does not work, the operator can easily disclaim responsibility for the subjects failure to go into a deep trance. The employment of this technique does require considerable skill; patience too will be found to be a helpful attribute of the operator.

7. Feed-Back Methods: In essence, the lightly hypnotised subject is taken on an imaginary walk through an endless, winding corridor or a tunnel, or on a lazy boat-ride on a lake. During the course of these excursions into phantasy, various images and sensations are conjured up by the hypnotist, while the subject sits quietly in his chair, mentally experiencing whatever is suggested to him. He is not asked to perform any physical action or to speak; his reactions are investigated and evaluated post-hypnotically.

The subject is asked to imagine that he is lying comfortably in the boat, which the operator is rowing, and that his hand is dragging in the water. It is suggested that the water is warm in one spot and cold in other. The appropriate sensations are described in detail. In the tunnel walk, a pail of ice-cold water is encountered and the subject is told to immerse his arm in it and to feel the sensations of freezing as they progress. Next, hallucinations of a verdant garden may be aroused and the subject encouraged to enjoy the sight and smell of various flowers, fruits, etc. In other words, hallucinations of the senses are created; upon awakening the subject describes just how he felt, enabling the operator to determine which of the senses are more amenable to suggestion. Some subjects are able to hallucinate visual images easily, others are influenced by

olfactory sensations, still others are susceptible to suggestions of tactile changes, etc. The idea, then, is to work on those senses which the individual subject shows to be most susceptible to suggestions. Thus, in subsequent hypnosis, pyramiding of suggestions is facilitated due to avoidance of experiments that tend to fail. Often, deepening is accomplished during the boat-ride or tunnel trips, with the subject kept in a passive state through a number of successive inductions, progress being determined on the basis of post-hypnotic evaluations of each session. As has already been mentioned, combinations of several deepening techniques are advisable where indicated.

During the tunnel or corridor walk the subject is taken into the rooms which appear in the side of the corridor. In these rooms, he is subjected to crystal gazing, theater or TV phantasy, and other experiments which the operator may deem advisable. All these techniques are described in Wolberg's books in adequate detail.

8. Deepening by Counting Methods: One of the simplest and easiest deepening methods is counting methods is counting backwards. It can be done in a variety of ways.

- a. You simply tell the subject that you will now count backwards from one hundred and that on each count he will go deeper and deeper into hypnosis until at the count of one, he will be in the deepest hypnotic state possible for him at this time. Then all you do is count monotonously.
- b. Variation of this is to count and, between each count, use the one word, "Deeper". In other words, you say, "hundred - deeper", "ninety-nine - deeper", "ninety-eight - deeper", and so on until you have reached the count of "one".
- c. Another variation is to have the subject count. It is usually best to have him count mentally, while you keep perfectly

still. Instruct him that when he reaches the count of one, one, he will raise his right forefinger slightly to show you that he is finished so that you can continue. While he is doing this, you can actually leave the room if you wish, keeping your eye on your watch and coming back within four or five minutes before he is actually finished.

- d. Another variation yet is to have him count backwards while you are talking. Strangely enough, this works quite well; since his mind is partly occupied with the counting backwards, he is less likely to pay too much attention consciously to what you are saying and tends to go into hypnosis more readily.

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CHAPTER TWELVE

PRACTICAL USES OF HYPNOSIS

FUNCTIONS OF THE HYPNOSIS TECHNICIAN:

The applications of hypnosis in the healing arts are well known and need not be elaborated here. There are, however, applications in other fields that are not familiar to most people. Such applications include the use of hypnosis in advertising and selling, in business management, in education, in law enforcement and in sports.

In the past, only two areas of application were recognised, namely, in the healing arts and in the entertainment. Since in many countries, medical associations have formally approved hypnosis as a medical and allied tool, however, its use as a form of entertainment has declined and its practical values in medicine and allied arts have come to the forefront. Many physicians, dentists, surgeons, psychiatrists and psychologists are using hypnosis in their work all over the world, and in effect it has become a medical instrument.

When hypnosis is employed in such areas as advertising and selling, business management, in education and sports, personality development and law enforcement, then it is employed as an educational modality than a medical tool, and is not considered to be governed by the restrictions of medical practice. These are called non-therapeutic applications.

Since the establishment of the INDIAN SOCIETY OF APPLIED HYPNOSIS in 1978, the non-therapeutic applications of hypnosis have received considerable attention. In addition, the medical, dental and allied uses of hypnosis in the hands of lay (non-medical) hypnotist have attained a certain amount of recognition. Such activities, naturally, must be carried out only under medical

supervision. The Society, which includes members of all the professions as well as serious laymen, has set up a Code of Ethics and Standards which attempts to regulate the practice of hypnosis by its members. The lay members of the Society are referred to as hypno-technicians or hypnosis consultants. The main objectives of the ISAH is to establish hypno-technicians as members of "the healing team" on a professional par with registered nurses, X-Ray technician, physio-therapists and others who operate in an adjunctive capacity and under medical supervision.

Several countries have already recognised the function of hypnotechnicians at least in principle and permit lay hypnotists to practice their art providing their clients are referred to them by licenced medical practitioners and that they carry out the instructions of those doctors. It is hoped that eventually in India, the various states will establish regular licencing procedures for hypnotechnicians who operate under the Code of Ethics and Standards of Indian Society of Applied Hypnosis.

The applications of hypnosis described herewith are considered in the framework of the operations of ethical hypnotechnicians. The actual mode of the employment of hypnosis in the various conditions mentioned, however, would be similar whether the operator is a hypnotechnician, a dentist, a psychologist, an educator, or a law enforcement officer. It must be understood, of course, that professional people use hypnosis only within their own area of competence, and that they employ hypnotechnicians who limit their activities to the area of competence of the referring or supervising doctor.

The applications which follow are presented in the form of case studies. For greater clarity, the studies are somewhat simplified, and in a few instances two or more cases are combined in order to illustrate the essential elements of each. The cases described are those that occur most frequently in the work of a hypnotechnician.

HYPNOTIC ENFORCEMENT OF DIET (WEIGHT LOSE):

Case of G.S. Referred by her physician, Mrs. G.S. gave the usual account of having tried everything medical without success except for brief periods. Pills would work while she used them, but her weight increased again as soon as she stopped medication. Strict diets would help her to lose four to seven kilogrammes, but the effort involved was so fatiguing that invariably she put the weight back on again.

Mrs. G.S. was a light stage subject who was disappointed that she could not go into somnambulism. However, she started to lose after second session, and with the help of self-hypnosis, lost 20 kgs in three months. Following is a sampling of suggestions she received.

"Hereafter you will find it EASIER and EASIER every day to stick to your doctor's diet. You will get more FILLING SATISFACTION from less food every day. You will eat and ENJOY those foods which are GOOD FOR YOU, the high-protein foods, those which are recommended by your doctor. But you will find it EASY TO STAY AWAY from those foods which are fattening. You will get COMPLETE SATISFACTION and NOURISHMENT from 1000 calories a day. You will find it easy to stick to a 1000 calorie diet. You will lose two to three kgs. every week. When you see that you are losing weight and that it is so EASY and EFFORTLESS, You will be PROUD of the fact that you can do this through the POWER OF YOUR OWN MIND. You will be PLEASED and PROUD of your APPEARANCE. You will find the excess weight just ROLLING OFF YOU, just MELTING AWAY from those parts of your body where there is too much. In a short time, you will be down to the weight that you want to be, to the size and shape that you want to be. You can see yourself in your mind's eye exactly as you will be in a short time - SLIM and SHAPELY, with exactly the size, the shape, the contours that you want to have."

The suggestions are couched in positive terms as much as possible. Such phrases as "You will find it easy", "You will get more filling satisfaction with less food", "You will be proud of your appearance and your ability" help the subject to attain the proper frame of mind. The words and phrases in capitals are the "key" elements in these suggestions.

The subject was also taught to hypnotise herself and to give herself suggestions while in a self-induced state. Such suggestions were prepared for her in advance because self-suggestions must be all the more carefully worded to make certain that they are positive suggestions.

In most cases, one or two sessions a week are sufficient. After the subject has been losing weight steadily for four or five weeks, the hetero-hypnotic sessions may be discontinued, but she must keep up the self-hypnotic reinforcement for a consider-

ably longer time, until she has developed the proper eating habits.

BREAKING THE CIGARET HABIT:

Case of C.B. The subject smoked 40 cigarettes a day and felt it might prove injurious to his health. His doctor could not find anything physically wrong with him and recommended hypnosis.

C.B. was a medium depth subject, testing out for analgesia and amnesia after the third session. A system of cutting-down was used and after eight sessions he had completely given up the habit. After he was placed in hypnosis, suggestions were given as follows:

"For the coming week you will smoke only thirty cigarettes a day. When you get up tomorrow morning, you will take thirty cigrets and make up your mind right then and there, CALMLY BUT DETERMINEDLY, that those thirty cigrets a day will be MORE THAN ENOUGH FOR YOU. You will indeed find thirty cigarettes a day MORE THAN ENOUGH FOR YOU. Somehow, your subconscious mind will apportion these thirty cigrets over the day in such a way that you will not have any period of unusual deprivation. You will find thirty cigrets a day more than enough for you. And do not be surprised, when you go to bed at night, if you have two or three cigrets left over.

"Also, you will now be AWARE of your smoking. That is, from the time you reach for a cigaret, light it and start to smoke, you will be AWARE OF WHAT YOU ARE DOING EVERY MOMENT OF THE TIME. Thus, since the main element of a habit is its unconscious or unaware aspect, we are simply tearing your smoking habit up by the roots. Since you are aware of what you are doing, you are no longer in the habit. However, I want you to continue smoking and cut down gradually, in order to avoid an undue shock to your nervous system. This will make it EASY and EFFORTLESS. In fact, your awareness of your smoking may actually annoy you, so that you may wish to put the cigaret out while you are only half finished with it. It may not taste as good as it used to and you simply will not wish to continue".

The subject was also taught self-hypnosis, and the first week he was told to repeat the autosuggestion "I find thirty cigarettes a day more than enough for me", three times a day. The second week he was cut down to twenty cigarettes a day and continued the same procedure for the second week. When he came for the third session he reported that he felt he did not want to cut down to ten cigarettes the next week, but only to fifteen, as he thought he might have some difficulty. His suggestion was accepted. Thereafter he was cut down five cigarettes a day each week. When he reached the point where he was only smoking five cigarettes a day, he felt that he could now stop completely. And he did.

The main elements in this system of breaking the cigaret habit are cutting down, creation of awareness, and self-hypnotic reinforcement. The awareness removes the unconscious compulsion to smoke and the cutting down process is made easy and effortless, because no conscious effort is needed. Deep hypnosis is not necessary for breaking the cigaret habit.

The old procedure of making cigarets taste foul simply does not work well. Since post-hypnotic effects are temporary, and depend on trance depth, the subject quickly learns when the bad taste will wear off; he waits impatiently, and when the taste is normal again, he goes back to smoking more heavily than ever and often makes up for the lost time.

BREAKING THE NAIL-BITING HABIT:

Case of Mrs. M.A. This subject was actually referred by her doctor for diet control, but in the course of initial interview she revealed that she would also like to stop the nail-biting habit, though she had little hope of succeeding. I phoned her doctor for permission to include this little project in my efforts and obtained it.

Five sessions, during which the subject entered a medium to deep trance, failed to produce any results with the diet control. A psychological evaluation to determine possible emotional reasons for this failure was not productive. After two more sessions the attempt to control the subject's diet was abandoned.

However, in the process she completely stopped biting her nails - and that too after the very first session! Here is the procedure that was followed. While in the hypnosis she was given these suggestions:

"Whenever you have the slightest desire to bite your nails - in fact, just as soon as you start raising your hand towards your mouth - you will instantly become FULLY AWARE OF WHAT IS GOING ON. You will therefore stop your hand about midway to your mouth and you PAUSE AND THINK whether you actually do want to start biting your nails. You will be fully aware of your hand and you will stop to decide what you intend to do and what you really want to do. If you feel you really do want to bite your nails - well, then go right ahead and do it! But the chances are you will PREFER TO LOWER YOUR HAND AGAIN. That is, the mere AWARENESS OF YOUR HAND WILL TEND TO DISSIPATE the compulsion to bite your nails - you are simply being given an awareness of the compulsion. As a result, the compulsion disappears; the energy behind the compulsion becomes completely dissipated and you find that you do not really have any need to bite your nails".

This system works like a charm in many cases. Deep hypnosis is not required, but the deeper the hypnosis the more definite the

awareness that is created. Often one session is sufficient, but it is always advisable to take a few more just to consolidate the gains made.

Case of J.L. Mindful of the fact that many experimenters in the field, especially psychiatrists, are constantly warning against symptom removal and the possibility of symptom-substitution (the possibility that removing one symptom will cause another and possibly a more harmful symptom to take its place), I now present such a case to illustrate that this eventuality can be easily detected and guarded against. However, this occurrence is extremely rare. In over fifteen years, I have seen less than half a dozen cases in which nail-biting removal tended towards development of a substitute symptom; and in no case was the substitute symptom more serious than the original one. The psychologist with whom I am associated finds such reactions negligible on the basis of her own experience.

J.L. was the 11-year old son of a dentist pupil of mine. In spite of a physician's referral and a psychologist's evaluation, I undertook the case with reluctance, because I was aware that the boy's parents were having marital difficulties and that his nail-biting was probably a sign of his resulting feelings of insecurity; but there was a great deal of insistence on the part of the dentist and the physician that the attempt be made.

The boy was an instant somnambule, exhibiting all the classic signs of the somnambulant trance. He was given the "awareness" routine and told to return in a week. At the second session he came in with his mother rather than his father. His mother was very pleased, reporting that he had completely stopped biting his nails. Occasionally, she would find him "looking at his hands in a peculiar way", but he never actually raised them to his mouth. Incidentally, the mother did not know the technique that was used. The only thing that concerned her was that the boy, while watching television, would occasionally take his shoes off and pick on his toes.

He was rehypnotised and given awareness suggestions in connection with his toes, and sent home. At the third session, his mother reported that there was no nail-biting and no toe-picking, but now the boy had started making grimaces with his face!

At this juncture I pointed out very forcefully that the boy needed a deeper therapy and referred him to the psychologist. Actually, the possibility of symptom substitution showed up at the very second session and by the third session it was a sure thing. To continue removing symptoms when an emotional cause is apparent would be foolish. It must also be pointed out that a lay hypnotist does not have the training and qualifications to enable him to search for these hidden causes; This comes properly within the work of psychiatrists and clinical psychologists.

HYPNOTIC CONDITIONING FOR CHILDBIRTH:

Case of Mrs. H.G. The expectant mother was placed in hypnosis and taught how to hypnotise herself by taking deep breaths and counting back from five to one as she exhaled. Then she was instructed to count back mentally from 100 to 1 while she was in the self-induced trance; then she was to awaken herself by counting forward from one to five. She was instructed to perform this exercise three times daily in order to condition herself.

It was explained to her that the procedure of counting back from 100 had the effect of producing anesthesia in those parts of the body which were involved in the processes of labor and delivery. When she was ready to go to the hospital, she was to hypnotise herself just before she felt a contraction coming on and then count backward from 100 during contractions. The act of counting was a post-hypnotic suggestion which would make her anesthetic so that she could feel none of the pain of the contractions - only the pressure and the movements. When the contraction was over she was to awaken herself by counting from one to five. She was to keep this up until she was taken to the delivery room, at which point the obstetrician would take over. In response to a post-hypnotic signal, she would again go into hypnosis when the doctor uttered the words: "CLOSE YOUR EYES, RELAX AND SLEEP!" Thereafter the doctor would proceed in the usual way, but would simply make suggestions of anesthesia instead of using chemical agents.

At least the third stage of hypnosis is needed for anesthesia during childbirth, but often, for normal deliveries, even lighter stages of relaxation are helpful in eliminating apprehension and in dulling the pains of childbirth. For episiotomies and for other surgical procedures at least fourth stage is required, and sometimes chemical anesthetics are used in conjunction.

The hypnotechnician does not appear in the hospital, all his work is done beforehand. The physician, naturally, needs a briefing if he has no previous experience with hypnosis. Also it is advisable for the technician and the obstetrician to get together with the patient at least once in order for the hypnotist to transfer RAPPORT to the doctor. Hypnotic conditioning for childbirth may be effectively done in groups.

HYPNOTIC CONDITIONING FOR DENTISTRY:

Case of L.R. The patient was referred by a dentist who had no experience with hypnosis and wanted to perform the extraction of a second lower molar entirely via post-hypnotic suggestion. Usually it is preferable that the technician go to the dentist's office to act as a "anesthetist" but the distance made this procedure prohibitive.

In three sessions the patient was conditioned into the fourth

stage. He was then taught to hypnotise himself, to produce anesthesia in the right hand and to transfer the anesthesia to his lower jaw by rubbing it with his hand. Then, to maintain the anesthesia during the operation, he was told to keep a moving contact of his hands on the arms of the chair and to keep his mind on this contact.

When the subject finally went to the dentist's office, he was fully confident of his ability to carry on by himself. The operation was a rather difficult one, lasting nearly half an hour, but the subject without any help whatsoever from the dentist, was able to remain in hypnosis and to keep the anesthetic state active in the manner described above.

It must be stressed that, under painful stimulation, anesthesia wears off rapidly; hence the necessity for "doing something" self-hypnotically to maintain the anesthesia. Naturally, when the operator is present, his suggestions serve the purpose. Of course, "rapport" can be transferred to the dentist, whose suggestions would then keep the anesthesia in effect.

HYPNOTIC CONDITIONING FOR SURGERY:

Case of E.T. A fourteen year old girl, E.T. had a heart condition which made the use of chemical anesthesia dangerous in a knee operation for the removal of a displaced ligament. She went into a light fifth stage (light somnambulism) and was conditioned to respond to the suggestions on a tape recorder which was brought into the operating room. Actually she was able to hypnotise herself easily, but she was not able to remain in hypnosis for long without my presence; I could not be admitted to the operating room because I am not a physician, and the surgeon did not feel competent to take over the rapport of the subject, having no previous experience with hypnosis. The suggestion on the tape are reproduced below in somewhat condensed form:

"Evelyn, as I count from one to five, you go easily into a deep hypnotic state. One - two - three - four - five ... go deep asleep now! Go down ... way down into a very deep, sound and restful hypnotic sleep! That is fine ... Deep asleep ...

"Now you know of course that you are about to have your knee fixed up. You have every confidence in your doctor and I have assured you that you will feel no pain or discomfort of any sort. As I am talking to you, the operation begins, but you are completely unconcerned about what is going on. You know your left leg is there and they are working on it, but you have a strange feeling that the leg does not belong to you, that it belongs to someone else temporarily, until the operation is over and it is fixed up properly.

"Now take your mind fully off your leg and think of what I am saying. My words seem to fill your mind, fill your awareness,

so that you cannot really think of anything else. In fact, I will now start to count backward from 100. Each count will seem to push deeper and deeper into hypnosis. Each count is making you less and less aware of your leg, because your leg is completely anesthetic, you see, and you could not feel anything in it even if you tried. Each count is making your leg more and more anesthetic, and pushes you deeper and deeper into hypnosis at the same time. Now, as I count, I want you to anticipate the next count. That is as I say hundred, you think ahead to 99 - as I say 99, you think of 98 - as I say 98, you think of 97 and so on. In other words you will be listening to me and thinking ahead to the next number at the same time. This will occupy your mind so fully that you will not be able to think of your leg or anything else".

Then there was counting from one-hundred down to eighty. For a few moments suggestions were given about her leg "being completely insensible to pain" and that her mind remained fully occupied with the counting. Then the counting continued for a while longer, followed by additional suggestions for anesthesia. The important thing to remember is that anesthesia, under painful stimulations, depends upon subject's mind being engrossed with things that simply distract from the operation itself. For this purpose a running commentary of suggestions is necessary. If no suggestions are given, the anesthesia would be likely to "wear off" rather rapidly.

In the case of E.T., when the operation was over the doctor awakened her on a post-hypnotic signal and she was taken back to her room. The anesthesia in her leg, however, remained in accordance with suitable suggestions on tape. Two hours later I came in to see her. The anesthesia was just beginning to wear off, so she was hypnotised again with suggestions that her leg would remain anesthetic through the night and that in the morning, although the feeling would be back, there would be no pain because the healing process was already well underway. Suggestions for more rapid healing were also made.

HYPNOSIS IN BREAKING URINARY RETENTION:

Case of Mrs. E.C.S. This a remarkable case in which a single hypnotic session corrected a condition on which medical science had given up.

I received an emergency call from a hospital at 11 o'clock of St. Patrick's Day morning. The patient, a woman of 51, had undergone a plastic repair of cystocele and rectocele 13 days previously. After the operation, she was unable to urinate, a not uncommon condition following this type of surgery. To make matters worse, the condition persisted unduly long which necessitated frequent catheterization. To avoid undue catheterization, the patient was given salt solutions to drink and all the drugs and tranquilisers that the doctors could think of were administered. But all to no avail.

When hypnosis was proposed as a 1st resort, the surgeon on the case laughed, saying that hypnosis could not possibly do any good after all the drugs had failed. Finally, however, the attending physician had me called in.

Mrs. E.C.S. was a beautiful woman with a red rose in her hair. She greeted me with a remark that I was her last hope of spending the St. Patrick's Day at home with family. If I could not help her, she said, then she could see nothing but mental asylum.

In questioning Mrs. E.C.S., I found that she had been catheterized that morning. This was an adverse circumstance; had her bladder been full, hypnotic suggestion could have had an immediate effect, but under the circumstances the desired effects would have to come from post-hypnotic suggestion. Another very important consideration was, of course, that her muscle tone was probably impaired due to the almost daily catheterization. The outlook was not promising at all, but I naturally assumed a very confident air and assured her that hypnosis would do trick.

I knew, moreover, that whatever was done must be accomplished in one session, as I certainly would not have the opportunity of a second attempt. It was therefore important that every thing that was said or done be calculated to produce the desired effect.

No preliminary tests were performed, to avoid the let-down effect of possible failure. Mrs. E.C.S. was seated in a comfortable chair and, while the nurse guarded the door against possible visitors, I proceeded with the relaxation method of induction. Twenty-five minutes were spent in this procedure.

The patient appeared relaxed but the only observable symptoms of hypnosis were the absence of voluntary movements and a slight drooping of the head. No challenges were attempted. The hypnosis, if it were indeed hypnosis was so superficial that any slight failure would have stopped everything short.

I then proceeded to give her strong suggestions for the resumption of normal functioning. I explained that hypnosis has a definite post-hypnotic effect, so that when her bladder filled up again she would easily and effortlessly proceed to void. I gave her instructions that when she went to the lavatory, she would start counting backward from 100 in order to keep her mind off the process; I explained, too, that this counting procedure was in effect a post-hypnotic suggestion in response to which the subconscious mind would proceed to restore normal functioning. After fifteen minutes of strong suggestions, Mrs. E.C.S. was awakened.

Her first reaction was to question the fact that this was hypnosis. She was assured on this score in a firm and confident way, but I realised that the patient was by no means convinced.

I waited for the opportunity to play my ace card; the opportunity came with her question as to what the fee was.

I told her what my fee was and added: "But ... you do not pay me until after you see that my work has accomplished the intended purpose. Send me a cheque in the morning from home".

And then I picked up my coat and started to leave, I said:

"YOU WILL HAVE A HAPPY ST. PATRICK'S DAY! Good-bye!"

Mrs. E.C.S. did not obey all the above post-hypnotic suggestions to the letter. I received the cheque very next day - she sent it from the hospital less than half an hour after I left, and immediately after she emptied her bladder for the first time in 13 days without the aid of a catheter. She was discharged from the hospital that afternoon after voiding spontaneously several times. Accompanying the cheque was following note:

"I certainly am most grateful for your help and your name will be the one that I will remember for a long time".

This is an excellent illustration of the effectiveness of light hypnotic or hypnoidal suggestion combined with skillfully applied waking indirect suggestion.

ENURESIS (BED-WETTING):

Case of T.G. This is a spectacular illustration of the results achieved in a case of enuresis through a single application of hypnotic suggestion. It must be stressed that this is an unusual case, the success of which was due largely to the circumstances surrounding the first and only hypnotic session. In most cases of enuresis the therapy is more time consuming and should be applied in a medical or psychiatric setting.

The subject was a 10-year old boy. Presenting on the surface a picture of a lively, intelligent, vibrantly healthy child, he was self-conscious and unhappy about his inability to stop wetting his bed. He and his mother was taking therapy at a Child Guidance Clinic to discover and erase any underlying emotional causes. The psychologist admitted frankly that it might be quite sometime before the troublesome habit itself would be corrected. When asked if he had any objection to the use of hypnosis for removing the symptom, he replied in the negative, but warned that attendance at the clinic must not be interrupted.

The fortunate circumstance in this case was that T.G. was a play-mate of my nephew. The prestige factor was very strong; nevertheless T.G. was reluctant to confide in me because of his fear that his play-mate would learn of his habit. This difficulty was circumvented by arranging a social meeting between our two families, during which I was prevailed upon(!) to perform some group experiments using my wife and daughter, my

nephew and T.G. as subjects. The boy was found to be an excellent subject. Care was taken that he would remember everything upon awakening from the mass hypnosis, to eliminate any possibility of distrust. However, in the course of the experiments several post-hypnotic suggestions were unobtrusively introduced to the effect that after awakening T.G. would be most anxious to be hypnotised alone and in private. Everything was done in a light vein; T.G.'s difficulty was not mentioned at any time.

After the group was awakened, T.G. did an admirable job of maneuvering me away from the group and into a bedroom, where he fell into a deep hypnosis very quickly. I immediately dropped all pretenses, declaring very authoritatively that T.G.'s bed-wetting was now a thing of past. A veritable barrage of suggestions followed, to the effect that T.G. would never again wet the bed and would be a happier and more contented boy as a consequence. I spoke in terms of the pride he would have in his dry bed every morning - that he no longer would be different from other boys in his group. He now could participate in the overnight hikes of his scout troop with perfect safety. Upon awakening every morning, he would run to his mother and tell her with great pride that his bed was dry. Feelings of increasing confidence and well being were instilled repeatedly. No questions or doubts were entertained in these suggestions; every vestige of prestige I had in T.G.'s eyes were allowed to have its full effect. I also recounted (and invented) other cases of enuresis that I had "cured" in one sitting. The entire attitude was one of assumption that T.G.'s trouble was over and done with once and for all time. No amnesia was suggested, but T.G. was told that his mother (and only she) would be taken into our confidence.

The boy's mother played an important part in the actual therapy. She was instructed, at the bed time that night, to remove the rubber sheet from T.G.'s bed very ostentatiously and happily, with simultaneous remarks to the effect that this nuisance was no longer needed and that she was discarding it forever. She was further instructed in the administration of indirect suggestion at every opportunity, and warned never for a moment to suggest or otherwise entertain doubts of the outcome.

No efforts were made to restrict his fluids at bed time as has previously been attempted without avail. He had been told under hypnosis, however, that he would awaken as soon as his bladder filled up sufficiently and immediately go to the bathroom. His mother was to remind him gently of this every night as a means of recharging the original suggestion; the reminder, having been suggested under hypnosis was in itself a post-hypnotic suggestion.

Through the procedure on the surface was comparatively simple one, the experienced hypnotist should recognise the important ingredients that contributed to the successful outcome - the prestige of the operator, the indirect delicate handling at

the start, the excellence of a subject of his age and the intelligent cooperation of the mother. The fact that they were being handled at the Child Guidance Clinic at the same time may have had an important bearing on the case. It should also be pointed out that the removal of the troublesome symptom may, by the same token, have had a bearing on the successful completion of the work at the clinic.

It must be stressed that the above two cases are not representative in that they had to be handled on an emergency basis. Ordinarily a more leisurely approach would have been employed. In the case of T.G., the main suggestion would have been a "feeling of fullness in the bladder" causing him to awaken and go to the bathroom; this again is the awareness gimmick which is so effective when applicable. The primary factor contributing to the success of the above two cases is the factor of "prestige" of the operator, which was played up to the hilt.

NON-THERAPEUTIC APPLICATIONS:

Because the NON-THERAPEUTIC applications are considered educational tools rather than medical techniques, a physician's referral may not be required. However, because a lay hypnotist is not qualified to make diagnosis, in cases of doubt a medical referral should be resorted to as a precautionary measure. The cases that follow are samplings of non-therapeutic applications of hypnosis:

FACILITATING THE LEARNING PROCESS:

Case of G.M. The subject was 37 years old law student who had already failed the Bar twice. He simply could not afford to fail a third time and wanted to use all the necessary means to assure his success. Naturally because of his age, his learning ability was not as good as it had been when he was younger. He was sent to a psychologist to evaluate his chances and to ascertain that there were no serious emotional problems which might serve as stumbling-blocks in the way of success in this project. No contraindications were found.

G.M. never attained anything beyond a hypnoidal state, but he was taught the techniques of self-hypnosis nevertheless and was given a series of suggestions to use during his self-hypnotic exercises. These suggestions, as well as those given hetero-hypnotically, were slanted to cope with the three major factors in learning - impression, retention and recall. Suggestions to increase impression were couched in the following terms:

"When you sit down to study, you will find yourself COMPLETELY ABSORBED AND FULLY ENGROSSED IN WHAT YOU ARE DOING. Outside sounds will not bother you. Things which used to distract you in the past will seem to ROLL OFF YOU LIKE WATER ROLLS OF A DUCK'S BACK. You will be completely UNCONCERNED WITH EVERY THING AROUND YOU as you study; you will be fully engrossed in the material to the exclusion of all else. Thus, concentration

is assured. Since you will be concentrating spontaneously - without any effort - the material you are studying will make DEEP AND LASTING IMPRESSIONS in your mind. Everything you read will make DEEP and INDELIBLE IMPRESSIONS on your subconscious. As a result of these deep impressions, your retention of all the MATERIAL YOU LEARN WILL BE LASTING AND PERMANENT".

The capitalised suggestions are the key suggestions for the purpose of increasing impression and assuring retention. To Facilitate the recall factor, the following suggestions were made:

"Whatever you have learned will EASILY AND READILY RECALLED whenever you need it. When taking examinations, you will find facts and figures and other needed material flowing freely and easily through your mind. There will be no need to grope or strain for material that you have learned but you have forgotten, as in the past. Now, because your subconscious mind is working for you, things come much more quickly and certainly much more easily. There is no effort involved at all. Whatever you have learned is released by your subconscious, which is a giant storehouse, whenever you need it. Therefore, whatever you have learned flows freely and easily through your mind, without any effort on your part. The fact that you are relaxed facilitates this process greatly.

The subject was also taught a more methodical study technique, in which he studies for briefer periods with short periods of rest in between. He was also advised to hypnotise himself occasionally during the rest periods in order to eliminate fatigue and promote concentration. All the studying is done in the waking state, with post-hypnotic suggestion providing the benefits. Studying under hypnosis is not an effective method, unless the material to be learned is to be committed to memory by rote. Rote memorising does not assure the integration of the material into the individual's previous fund of knowledge.

G.M. reported marked improvement in concentration and recall after three sessions. After eight sessions the training terminated. Two months later he took his Bar - and passed.

HYPNOSIS FOR REMEDIAL READING:

Case of Dr. F.V. Dr. F.V. was an engineer with an important supervisory position. He was required to do a lot of technical reading in order to keep up with the advances in his field. He had always been a rather slow reader, but he was now really beginning to feel the effects of this deficiency.

Five sessions failed to increase his reading speed appreciably, inspite of the fact that he was a good medium depth subject. However, there was a marked change in the gross result of his reading, he was now getting much more out of it. His comprehension of the material was much greater, and he was now able to find the technical material more meaningful and therefore easier

to assimilate.

This is a good example of a case where the subject thinks his faults lie in one area, whereas the actual trouble is elsewhere.

HYPNOSIS FOR IMPROVING SALES-ABILITY:

Case of R.H. R.H. was an insurance salesman who suffered from some of the common faults found in this profession; lack of self-confidence, poor planning, lack of drive, low rate of "cold calls", and the tendency to ego-deflation whenever a door was slammed in his face. He was taught self-hypnosis and through ten sessions, one fault at a time was tackled and eliminated or minimised.

Planning was the first item corrected. The suggestions given, both hetero-hypnotically and self-hypnotically, centered around the key suggestion "PLAN YOUR WORK AND WORK YOUR PLAN". Of course, the subject, was urged to sit down several times a week and plan his work for the next few days consciously. The suggestions simply reinforced his desires to "carry out his plan". Next his "drive" was increased, as a result of which he was easily able to make prescribed number of "cold calls" each day.

His tendency towards ego-deflation and his lack of confidence were connected and took considerable longer to correct. In regard to his lack of confidence, he spent two sessions with a psychologist to give him some working insight into his problems. Thereafter, it was reasonably easy for him to develop a kind of "immunity" to slamming doors; the key suggestion centered around the idea of the irritations and annoyances of everyday life "ROLLING OF HIM LIKE WATER ROLLS OFF A DUCK'S BACK". Picturesque expressions like the above seem to more readily penetrate into the subconscious.

In general, a subject's individual faults must be analysed and specific suggestions formulated to cope with those faults. Those suggestions are then administered hetero-hypnotically and self-hypnotically; the hypnotic suggestion of the operator make deeper impressions on the subconscious initially and the subject's autosuggestions serve to reinforce or "recharge" the hetero-affirmations.

In a manner of speaking, hypnosis for salesmen is similar to the PEP-TALKS they receive from the salesmanagers regularly. But whereas the PEP-TALKS wear off rapidly due to the fact that their effect is superficial, hypnosis, reinforced with self-hypnosis, has a constantly self-reactivating effect.

HYPNOSIS IN SPORTS:

Case of J.M. The subject was a professional soccer player. He was able to play well and score too but was troubled with the fact that his performance was so inconsistent. Upon questioning it was found that when J.M. felt "good" he did very well

in the game, but on those occasions when "doubts crept in his mind" he could drop down in his performance as much as 50%.

The work commenced with suggestions to the effect that when he played he would be "completely unconcerned with everything around him except what he is doing" on the theory that distractions throw one off. Suggestions of being "absorbed in his game" were also given for the same purpose, and suggestions of general self-confidence and self-assurance were added. His performance improved slightly.

Then this formula was attempted: "When you are about to hit - just imagin in your mind's eye the exact spot where you want your ball to go - where it is going to place and then go ahead".

It must be stressed that no one formula will be equally effective for every one. It is an individual matter. An attempt must be made to find just where the person is having the trouble, and suggestions must be formulated to cope with the situation that exists. When one suggestion does not work, other should be tried until the right formula is found.

In the case of J.M., the suggestion to visualise a strike just before stepping up for the hit caused his mind to become "set" on that idea, thereby preventing the last moment doubt which usually "threw him off".

HYPNOSIS IN LAW-ENFORCEMENT:

Law-enforcement is actually a fertile field for the applications of hypnosis, but the old stigmas and misconceptions are so strong among the authorities that law-enforcement officers generally are very cautious in their espousal of this science. Generally speaking, hypnosis may be applied in these areas:

1. Amnesia-breaking
2. Interrogation
3. Lie-detection (with or without the polygraph)
4. Facilitating recall

The following brief case studies should give you a rough idea of how hypnosis is and has been employed in these areas:

BREAKING AN AMNESIA CASE:

Case of J.R. A.C.P. of Hyderabad called me to examine a man who was picked up in a dazed state, with complete amnesia for events prior to that day. A.C.P. has had become familiar with the possibilities of hypnosis only the previous week, when I appeared on the same TV program with him and later was invited to address his investigating inspectors on the subject.

In four sessions, I was able to clear up the man's memory completely and send him on his way. * The full story of this amazing case will appear shortly in HYPNOSIS QUARTERLY.

Case of D.C. The subject, a 12-year-old boy witnessed a hold-up - at least, that part of it where the hold-up men dashed out of a bank, got into a car, and drove off. He was able to describe the men and the car but could only remember the first two digits in the licence number. On questioning by investigating officers, the boy became confused, so that eventually, instead of remembering more of the numbers, he was no longer certain of the first two digits. I was then called in by the I.O.'s.

The boy proved a somnambule. During questioning under hypnosis he was able to recall many details of the car and the hold-up men that he had not previously told. Mindful of the confusion in the boy's mind regarding the licence number, this matter was not even touched upon at the beginning. Finally, the following suggestions were made:

"Now I want you to see a black-board in front of you. Tell me when you see it clearly. Fine! Now if you look closely, you will notice that the black-board is covered with a piece of velvet cloth - dark velvet cloth. Do you see it? Fine! Now there is something beneath that cloth that you naturally cannot see. That is, you cannot see it now because it is covered. But in a moment, I shall whisk that cloth aside and you will see clearly what is beneath that cloth on the black-board. Do not even be concerned about what it is; you do not need to be, because you will soon see it very clearly, right before your eyes. When I whisk the cloth away you will see a licence plate there hung on the black-board - the licence plate that was on the car in that hold-up. Right now you see nothing but the velvet cloth, but in a moment, as I count "Three!" and whisk the cloth away, you will see that licence plate very clearly and you will call out the numbers instantly. Call it out instantly - without thinking. Now ... one ... two ... three! There goes the cloth! You see the number! Now, tell us - what is the number you see?"

The boy rattled off a number without the slightest hesitation. The number was checked and found to be that of a car belonging to a man in another city. The car had been stolen from a parking lot, used in the hold-up and returned to the lot.

The tricky part of this case was the necessity of clearing the boy's mind of the confusion caused by trying to recall the number consciously. It is a well known fact that conscious efforts to remember often have the opposite effect. It is not likely that the hallucination ruse would have worked on a lighter subject. Age-regression is another technique that could have been used in this case.

Case of J.C. The subject was being held in Rs. 20,000/- bail as a material witness in a murder case. His girl friend had confessed to killing a man who, she claimed, tried to make advances to her. But she implicated her boy friend, who, she said, helped her to dispose of the body. J.C. however, dis-

claimed any knowledge of the matter, protesting that at the time he was at work running an elevator at a construction site.

When ordinary interrogation failed, the man was subjected to a polygraph (lie-detection) examination. However, he was so nervous during the examination that the findings were not considered valid. I was called in at this point.

J.C. was a light subject. He could not be pushed beyond third stage at the most. However, he was so relaxed that a polygraph examination, conducted post-hypnotically with the suggestion that he would remain relaxed, came out so well that the examiners were able to state conclusively that he was telling the truth.

Moreover, during another hypnosis immediately following the polygraph examination, a "rapid-fire" interrogation technique was used which further substantiated the finding that he was innocent. In this technique, he was told to respond to simple questions instantly, without stopping to think. He did so with split-second precision, even responding to "test" questions like "Do you masterbate?" without a moment pause. J.C.'s bail was reduced to Rs. 5,000/- and shortly afterwards he was completely exonerated.

Case of Mrs. F.L.P. The subject accused a physician of making improper advances to her while she was under hypnosis and threatened to take him to the court. The doctor, however, had tape-recorded all sessions with this patient without her knowledge; his attorney consulted with the woman's lawyer and all concerned agreed to subject her to hypnotic lie-detection examination. I was called in to perform the examination with the "automatic response" technique which I had a hand in originating.

The woman was a medium-to-deep subject. Under hypnosis she was conditioned to develop an uncontrollable twitch of her right forefinger whenever her wrist was touched. When this work repeatedly, she was then told that the same twitch would occur at the count of "three". Both touch and count of "three" were given repeatedly until the twitch of her forefinger was absolutely uncontrollable. She was even unable to resist the twitch when told to try as hard as possible. Then she received the following suggestion:

"When you are awake, every time you lie your finger will twitch just as it does when I touch your wrist, or when I count to three. You will be completely unable to control this twitch; in fact the harder you try to control it, more violently your finger will jump".

Then she was awakened and the lawyer asked her the pertinent questions. She continued to lie like a trooper - but her tell-tale forefinger gave her away unmistakably! This method is well

high fool-proof with subjects who are responsive to ideo-motor reactions. Naturally, the purpose of the twitch should not be revealed to the subject until the response is quite out of his control. This method works better when the subject has post-hypnotic amnesia, but even when he is fully aware of what is going on and tries hard to control himself, the autonomic response come through.

HYPNOSIS FOR STAGE-FRIGHT:

Case of Mrs. F.L. The subject was a 40-year-old woman who had been an opera singer prior to her marriage eighteen years ago. Now, with two teen-age children who no longer require daily care, she wanted to resume her interrupted career; in fact she was well on the way to a come-back and was scheduled to give her performance in two weeks time. She came to me because, having been away from the limelight so long, she feared she might "freeze-up" before a vast audience. Having had a history of stage-fright in her early years, she naturally feared a re-occurrence. A psychological check up found her to be in good emotional shape.

Since she had only two weeks for the training, a series of three sessions was agreed upon. She was taught self-hypnosis, and she was instructed to give herself suggestions to the effect that her first appearance on the stage would be "exhilarating and successful", that she would "look forward to her new success with pleasurable anticipation", that she was "resuming her career with perfect self-assurance and self-confidence" and that "the sight of a large audience would fill her with pleasure and unbounded self-confidence."

You will notice that such words as "fear", "freezing-up", "stage-fright" and similar negative expressions were completely absent from the self-hypnotic suggestions. As a result of this training, Mrs. F.L. became so imbued with "pleasurable anticipation" that she in effect, "forgot" to be afraid of the coming event.

Case of P.W. The 30-year old subject was a member of a local drama group. He had been doing quite well in small supporting parts, but now he was to star in a play which required memorizing a long script. Time was running out and he was far behind schedule in mastering the script. Moreover because of the importance of doing well in his first starring role, his anxiety was so great that he had built up a lot of tension, which further hindered his work. He turned to hypnosis in desperation.

P.W. was a poor subject; in fact, he failed to enter even the first stage of hypnosis. However, he was taught AUTOCONDITIONING and kept up his exercises regularly and religiously.

In seven sessions he lost most of his tension and was well on the way to mastering the script. In addition to suggestions of relaxation, he was also given suggestions of confidence, expect-

tation of success, and was taught a study method in which he studied for fifteen minute-periods which were broken up with ten-minute rest periods devoted to listening music. He did very well on the opening night and had no problems thereafter.

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AUTOCONDITIONING is Dr. Hornell Hart's method which relies largely on "progressive relaxation" with suggestions being given regardless of the presence or absence of hypnosis.

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You have seen that in most cases, the patients (subjects) are to be trained in self-hypnosis. Thus it behoove for the operator to be proficient in this aspect also. For this I have prepared a special training programme (course) How to Train others in Self-Hypnosis. For details, please write or contact:

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