

THE SNEAKY LITTLE TRICKS OF  
**HYPNOSIS &**  
**SUGGESTION**

A Users Guide for Hypnotic Influence & Subliminal Suggestion



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# The Sneaky Little Tricks of Hypnosis & Suggestion

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**William Lovatt**

**December 1933**

*“Author of The Curse of Kama...”*

# Hypnosis & Suggestion

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Of Hypnotic Influence and  
Subliminal Suggestion...

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# Forward

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In view of the fact that much has been written on the subject of Hypnosis and Suggestion by eminent men, dealing with its history and theory, I will refrain from repetition and refer the reader to some good book-seller who will be able to supply him with his needs.

As in every other science, profession or trade, hypnosis requires a certain skill and technique in its application. There are some people who are born hypnotists and have a natural healing touch - a truly wonderful gift; which, when used for the benefit of mankind, becomes a blessing to the possessor and a boon to those who suffer.

Only the practising hypnotist can realize fully what a stupendous power this is to have at his command. The more I practise, the more do I realize how powerful this gift can be. I feel thankful for this God-sent gift and to know that I can be of some service to humanity-to be able to relieve pain, induce sleep and bring relief in many other ways, almost at a touch.

Even though this book is not intended to be a treatise on the subject of Hypnosis and suggestion, I shall endeavour to give a brief outline concerning some of the possibilities by this form of treatment, of interest to the medical profession and the layman alike.

Hitherto, hypnosis has been looked upon with awe, if not in horror by the "Man in the Street", and I have purposely written this book for his benefit in an effort to dispel some of his unwarranted fears.

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There is no danger in hypnosis when properly applied and its technique understood. I have never yet found anyone to be any the worse or to have suffered in any way whatsoever, in consequence of having had hypnotic treatment, either at the time hypnosis was induced or at any time later.

For therapeutic uses, we shall see that it is not necessary for a deep hypnosis to be induced in order to effect a cure; many cases in fact, are cured without any hypnosis being induced at all.

Cases will be quoted from my own experience where suggestion treatment has been used alone or in conjunction with other forms of treatment; but in all instances, no names will be mentioned in consideration of the personal feelings of the people concerned.

Throughout the book, the word "sleep" will be used, because there is no other word which can be used to express the idea which we want to convey to the subject, but this must not be confused with "natural sleep".

The word "awake" will be used likewise, in order to return the subject to his normal waking state from that of hypnosis, and again must not be confused with "waking from natural sleep".

WILLIAM F. LOVATT.

1 Bene't Street, Cambridge. December, 1933.

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# Chapter I:

## SUSCEPTIBILITY

Practically everyone is susceptible to the influence of suggestion in some way or other, in spite of whatever they may say to the contrary. Most people fail to realize that they are the subjects of self-hypnosis and also, that they are constantly being suggested to by others, without even being aware of it taking place.

We are all open to suggestions, especially in the waking state, and without it, social life would be impossible. Suggestibility enters into our very being in every act of life - our emotions are governed by it and often led to dizzy heights, by suggestion either from within ourselves or from some external influence. We allow ourselves to be captivated by the eloquence of speech, the charm of language - the personality of our friends. One person may be good company and so inspire us with pleasurable thoughts; while the ill-humour of another will act like a wet blanket and put us in the depths of despair. This is all due to suggestion in some way or other. Take another example ... music. Apart from the individual likes and dislikes of certain musical strains we have the military bands. Who can resist moving their feet when a good military band strikes up some stirring march? Very few I should imagine. Soldiers on the march, tired and weary, will at once "come to life" again when the band strikes up. It at once suggests movement to them - inspires them to carry on - their weariness forgotten for the time being and they continue to march in time. In much the same way, the powerful church organ will inspire the congregation and uplift their hearts and minds to more spiritual heights.

In business, suggestion plays an important part. A good salesman will be able to dispose of goods which his client had no intention of buying, just because the salesman had the power of suggestion behind him.

An actor, by the suggestions he puts into his work, is able to bring tears or laughter to his audience.

An expression, a movement of the body, will at once suggest its meaning - laughter suggests joy, tears sorrow and so on. It is obvious, then, that life is full of suggestion in some way or other and no one can avoid its influence.

We have all seen the effect of suggestion on a large gathering of people, how the leader will hold their attention by the suggestion he puts into his words; how for instance, during political speeches, the speaker will be able to direct the minds of the people into an entirely different channel. Emotional excitement is aroused by the force of suggestion which the speaker has put into words.

In order that suggestion may be successful, the receiver must be in a passive state, as the congregation in a church or audience in a theatre. Their minds are then ready to receive the suggestions - their other thoughts for the time being, are in abeyance. The crowd then becomes as one with a common consciousness, ready to be swayed this way or that by the effect of the suggestions put forth by the speaker.

Let someone call out "fire" in a theatre and the result is, that the passive crowd will move suddenly. The feeling of self-preservation takes command from the suggestion of danger, whether there is actually any danger or not.

We find then, that suggestion is rather a process of communication of an idea to the subconscious mind, which carries conviction in an unobtrusive manner, even though there may not be any conscious desire to accept it. Yet, that suggestion must be in accordance with our own ideas, and harmonize with them in order to succeed. Suggestions contrary to our natural desires or potentialities, whether given consciously or under hypnosis, rarely, if ever, take effect. On the other hand, unconscious suggestions are accepted despite any mood we may be in at the time.

For instance ... yawning, at seeing another yawn ... the feeling of heat or cold, because someone else in the room feels heat or cold. We are amass of suggestions no matter which way we turn or whatever we may try to do.

Some people are more susceptible to suggestion than others, even in the waking state, as we shall see later. With very few exceptions, it is quite unnecessary to induce a deep state of hypnosis in order to give suggestions. In fact, many cures have been effected without any hypnosis. On the other hand, a subject who is extremely susceptible to suggestions, will often go into a deep state of sleep at the first attempt.

SEX, apparently, has little or no influence on susceptibility, though I have found that healthy males are far easier to hypnotize at the first attempt, than females.

AGE. According to some authorities, children are more easily influenced than adults, while others find the degree of susceptibility about equal in all ages.

I have found that a marked difference exists between the upper and lower classes, the former being more easily hypnotized. The educated class make good subjects as a rule, though I have come across a few who could not be influenced at all.

The uneducated class seem to want a different technique in the application of hypnosis, though they will generally accept what is said to them without question.

In the only two mentally deficient cases I have attempted, I was able to induce a deep hypnosis within a few minutes, but with very little value therapeutically.

Even though the suggestions were given energetically and repeated several times on each occasion, the effects lasted only a few hours and was followed by a relapse.

It is a well-known fact that the unimaginative and stupid are very difficult to influence; whereas the intelligent man with the well-balanced brain is more or less easily influenced. In this, I agree - the intelligent man is able to concentrate his attention, his own strength of will favouring the induction of hypnosis.

The subject must be able to arrest his thoughts and direct them into a certain channel, which is an indication of strength of will and not weakness as so many people would believe. Subjects who cannot remain mentally passive or who analyse their own thoughts, are always more difficult to influence. Braid asserted that there was a direct relation between the power of concentrating the attention and susceptibility. Fixed gazing alone would not induce a hypnosis; the attention must be fixed on some non-exciting idea or train of thought - that this was the primary and imperative condition.

Forel states that people who laugh and say that the hypnotized subject is an impostor and the operator a dupe, and that they themselves cannot be hypnotized, were often quickly hypnotized before they realized what was happening.

A similar thing happened some months ago when I was giving a demonstration. One of the spectators declared that no one would ever be able to have any influence over him etc.... I said nothing to him for the time being, but after he had seen two other subjects quickly put to sleep, I suddenly turned to him and gave him a command to close his eyes. He did so at once. "Now you can't open them" I suggested firmly. He couldn't in spite of trying hard. That same evening about an hour later he was no longer sceptical about suggestion and offered himself as a subject. In about three minutes he was deeply asleep and very suggestible. To-day he is a very good and willing subject.

## IMITATION

Many operators attach great importance to the influence of imitation upon susceptibility and for this reason hypnotized fresh subjects in the

presence of others, who were put to sleep before them. This is, indeed, a good method with difficult subjects and I often employ the same method myself. The very fact of seeing another person go to sleep quickly and easily in their presence and waking up feeling very fit, gives the refractory subject confidence and removes most, if not all, of the unconscious resistance to the operator.

I never give therapeutic suggestions to anyone in the presence of a third party, except at the special request of the subject or medical man in attendance. I have found that by having a third party in the room, it detracts the attention of the subject, especially the nervous types, though this does not always apply to a subject who goes deeply asleep quickly.

A determination to resist the operator, renders the induction of hypnosis impossible. This is sometimes found in subjects who have consented to hypnotic treatment under pressure by relatives, and will afterwards confess to a lively resistance. Any experiment under such conditions is doomed to failure.

## MENTAL EXCITEMENT & FEAR

usually prevent hypnosis taking place and can often be traced to the subject having heard or read in the newspapers, various unfounded stories regarding the dangers of hypnotism. So many people have these misconceived ideas about hypnotism, and I relieve, quite wrongly of course, that a hypnotist can make a man do anything he wishes while under his influence. Under such conditions it is impossible to treat these people until their confidence has been restored. This I endeavour to do by tactfully explaining to them what hypnosis is and how it comes about, also by inviting them to see a demonstration. So far, I have been able to convince the most sceptical, though I admit that it has been difficult at times.

When dealing with the above-mentioned type of subject, great care must be exercised, and above all, it must be explained to them, that their willpower and volition are not interfered with in any way - that they can

wake up at a moment's notice if a suggestion is given to them which they resent, or they can refuse to carry it out.

## HYSTERIA

According to Moll, Braid and others, it is often difficult or impossible to influence patients suffering from hysteria, chiefly due to the spirit of contradiction which exists in such patients and the opposing self-suggestions that result from it. In a later chapter I will give instances where a deep hypnosis was induced, notwithstanding hysterical laughter and extreme excitement being present. Nevertheless, it must be admitted that these subjects are difficult to hypnotize, and results are often unsatisfactory.

## ATTENTION

It is essential for the subject to understand quite clearly what is expected of him, and the operator's description of restfulness and drowsiness. (See under methods ... Chapter 3.) The subject should be able to fix his attention on some inanimate object or monotonous train of thought during the experiment. Quite a few subjects find this difficult at first and are wont rather to dwell on their own morbid thoughts.

Prolonged illness, too, is unfavourable to the induction of hypnosis, on account of the morbid ideas being ingrained on the subconscious mind; while failure of any previous treatment renders the subject hopeless, as he constantly self-suggests to himself that hypnosis will also fail.

## THE OPERATOR

While the subjective nature of hypnosis and its attendant phenomena are universally accepted, most authorities attach most importance to the personal influence of the operator. He must be enthusiastic, patient, confident and fertile of resources in varying his methods. The greatest

obstacle to success is lack of interest and personal initiative, and those who try to hypnotize by purely mechanical means invariably fail. The operator must be free from my distrust or nervousness, and not easily fatigued or depressed. It is essential for him to understand the mental conditions of his patients and be able to gain their confidence readily and their consent to the experiment. He must be able tactfully to remove their fears and explain carefully to them that nothing mystical is going to happen, and that it is quite unnecessary for sleep to come to them for the success of the experiment.

The operator should possess a practical experience of the varying methods of inducing a hypnosis. Experience and observation alone will enable him to choose the best method for any particular patient, with the likeliest chance of success. Easy subjects can be hypnotized by anyone, but the difficult by the experienced man alone.

Moll states that the successful operator must be calm, tactful and patient, and that it is easier for the average medical man to write out a prescription than to spend perhaps hours daily trying to induce a hypnosis.

In Krafft-Ebbing's opinion, the operator who is a good psychologist will always be able to influence his patients and that the individuality of the operator is of far greater importance than any artificial or mechanical methods.

The operator who has a good all-round knowledge of psychology from a practical point of view, and who can sympathize with and understand human nature as it is - its failings - without condemning the individual for "sins committed", or without thinking that it is terribly wrong to have done this or that, will get better results than another might do. His mind is free and untrammelled by the biased opinions of what human nature really is, and not what it should be. The patient will sense this attitude of mind and will often say ..."I knew you would understand."

That complete understanding and sympathetic altitude between operator and patient is more than half the battle towards a cure.

At all times the operator must be absolutely confident of himself and his suggestions. By that I mean, he must know and be able to feel the effects of his suggestions ... to be certain that when he gives a suggestion it is going to be carried in it. It would be of no use merely telling a patient to "go to sleep" with the thought at the kick of his mind, "well, he may not go to sleep"... He must have no doubts in his own mind.

With some subjects, this slight doubt in the mind of the operator would reflect itself in his voice and manner, and so on to the subconscious mind of the subject, with the result that the suggestions would have little or no effect. Confidence is the keynote to success and this only comes about by practise and experience.

## BEHAVIOR OF SPECTATORS

I think most hypnotists will agree that it is important for spectators to maintain silence, and to refrain from expressing any doubt or mistrust whatsoever, as the least word or gesture may thwart the attempt to induce a hypnosis. With a good subject this would not matter very much, but with one who is nervous it would almost certainly prevent hypnosis taking place. Personally, I do not find spectators hinder me very much for ordinary demonstration purposes, especially if I have a good subject to begin with, as he will ignore everything going on around him.

In one particular instance I gave a demonstration to twelve medical students, more than half of whom had never seen a demonstration before and were extremely sceptical on the subject. Fortunately I had an excellent subject, and in spite of their antagonistic attitude towards hypnosis, I convinced them.

Towards the end of the demonstration, two of the biggest sceptics asked me to hypnotize them. I did so and was able to create some startling phenomena with them. I even allowed the spectators to laugh

and talk as they wished and to ask questions, while each subject was under hypnotic influence, without any detriment to the subjects themselves. The two men became very good subjects afterwards, and I was able to help them in many ways by the method of suggestion.

The success of any experiment depends first and foremost on the willingness of the subject to submit himself. Without this complete willingness, success is impossible, except in rare cases, such as when a subject is so suggestible in the waking state, that a sharp command to "sleep" will have the desired effect.

The patient must give his complete confidence, trust the operator implicitly and be willing to give himself up for the experiment.

Before beginning any hypnotic experiment, I always emphasize the fact, that ...

(a) The subject can only be put to sleep and suggestions given as long as he is willing to do so.

(b) That he can always refuse to carry out any suggestion given to him, if it is against his natural principles or desires, or wake up of his own accord, no matter how deeply asleep he may be.

(c) That everything said or done to him can be recalled in any subsequent hypnosis, even by another hypnotist.

(d) That the operator does not have control over the subject for the rest of his life. He is his own master at all times.

I also carefully explain to them that all senses are accentuated while under hypnotic influence and that their volition is not impaired in any way ... that their will-power is stronger and their moral of a much higher standard than in their waking state ... that it wouldn't matter if they were hypnotized hundreds of times, they could always refuse to go to sleep unless they were quite willing.

I will quote an instance given by Dr. Buchanan at Cambridge during the Lent Term 1933. He stated that he went along that morning to a lady patient of his, who was over seventy years of age and had been hypnotized more than two hundred times. He wanted to put her to sleep that morning, but the lady just turned round and said that she was quite all right and didn't want to go to sleep. Dr. Buchanan failed to induce a hypnosis, in spite of the fact that the lady would go deeply asleep at the command to do so and a snap of the fingers.

This instance, I think, definitely proves that it is only with the willingness of the subject that hypnosis can be induced, no matter how susceptible that person may be.

This does not apply to cases in hospital where narcotics are used as part of the treatment, and under their influence, suggestions given for the benefit of the patient. Certain drugs like opium, morphia, and bromides ... induce a state of increased susceptibility to hypnosis, when properly administered, and can therefore be used with advantage in very nervous people, for suggestion treatment.

## AUTO-SUGGESTION

We are constantly suggesting to ourselves, and because it originates within the individual it is called auto-suggestion. This suggestion may be from the conscious mind to the subconscious, or direct from the subconscious mind, due to hereditary tendencies or acquired experiences, dictating to the conscious mind...such as fear...

In auto-suggestion there is a self-imposed narrowing of the field of consciousness, to the exclusion of all else, so that antagonistic forces do not come into play, as for instance, concentrating on the idea of waking at a given time in the morning.

All auto-suggestions should be made when in a quiet, restful state of mind and body - when the mind is so centred that no external impression rouses it. It is then that suggestions will reach the subconscious mind and work themselves out. The best time is at night just before going to sleep, when the mind and mental faculties are in a state of suspension and conscious thoughts are in abeyance; then the suggestions are more readily received by the subconscious mind and carried out. External stimuli are cut out by the closing of the eyes; the body comfortable and relaxed and covered with a protection against cold ... with the darkness of the room and silence, the mind can then be focused until that state is reached where nothing is of any consequence. The suggestions should then be allowed to pass through the mind, once only ... without actually thinking them, and then ... sleep!

All auto-suggestions will become more effective if they are passed through the mind in an effortless sort of way. Simple suggestions should be tried at first, such as waking up at a certain time in the morning-to wake up fresh, bright, cheerful, etc.. Quite easy to do, yet very effective when carried out properly. Then later, more complicated suggestions can be given. Having given the suggestion to the subconscious mind, we should cease to think about it any more and switch off to some other pleasant train of thought or go to sleep.

Another good method of auto-suggestion is to picture the required condition, so that the subconscious mind can realize what is expected of it. This will be dealt with in a later chapter, under... "Dreams and why given" (the mental picture).

I have practised auto-suggestion for a number of years and have found it extremely useful in many ways; for the removal of fatigue-headache - especially for waking up at any time of the day or night. Even during the day, if I know that I have some important work to do later, I am able to sit in a chair and go to sleep, and wake up, say, in five, ten or thirty minutes' time ...feeling perfectly fit and fresh. Traffic outside, or leaving on the wireless makes no difference. I never hear them until I

wake up. It took some little time to get to this stage of auto-suggestion, but well worth it in the end.

Sometimes after a heavy day's work, I may find it a little difficult to drop off to sleep quickly. So once I am comfortable and resting, I close my eyes and picture in my mind, myself putting someone else to sleep. The whole process of inducing a hypnosis passes through my mind without any conscious effort, and as my "subject" goes to sleep, so do I. In the morning, I am unable to recall the exact moment of going to sleep, but my sleep is always deep, sound and refreshing.

# Chapter II

## THE HYPNOTIC STATE

The word "hypnosis" conveys the idea of sleep, yet, even the deepest hypnosis, is not what we know as natural sleep. The word "sleep", as used by all hypnotists is very misleading, yet there is no other word than can be used to "define" or shall I say, "express" the idea which it is wished to convey to the subject.

Because a condition arises in a hypnotized subject, which resembles sleep to all outward appearances, it does not justify us calling it sleep. It is not sleep. We might call it a "state of sleep", or a "state of profound abstraction and concentration", but it is not sleep. It might even be described as a "temporary suspension of the normal consciousness" induced by suggestion.

While in this peculiar state, the subject is quite aware of everything that is going on around him. His attention is fixed on the operator, he is alert to everything that is being said to him, but he remains passive and inert, physically, except in experimental phenomena, when by suggestion the limbs or whole body can be made rigid, and other muscular activities induced.

How then, can this possibly be called sleep, when he is alert? In normal sleep, such a condition does not arise, except where only partial sleep is present. (See under heading ... "Partial sleep" ... same chapter.)

The person in a natural sleep is quite oblivious to all around him, but in the hypnotized subject, this is quite different. The subject becomes more or less unconscious of his body and invariably has the sensation of lightness, unless the suggestion is given to the contrary. His conscious mind is far away (see under methods) and it is his subconscious mind which is alert to the suggestions given by the operator, as can be proved by his memory on waking, though this usually applies to the deeper

states of hypnosis. (See under heading ... "Memory in Hypnosis".) The subject will often awake with "no conscious memory" of anything that has been said to him during his hypnotic life. Why has he no memory? Because his conscious mind has been in abeyance and cannot therefore remember what has taken place. In order to prove that he *has* heard everything, his memory can be recalled, either by the suggestion that "he can remember", or by re-inducing a fresh hypnosis. The subconscious memory can then be brought into the conscious quite easily.

The subconscious memory can only be evoked from hypnotic sleep. It is quite impossible to arouse any memory of anything that has happened during natural sleep; this defines the difference between hypnotic and natural sleep.

The hypnotic state is a condition of more or less profound abstraction. All conscious thought is held in abeyance and it can be likened to one of ecstasy, with complete self-absorption. The subject has no perception of time and will often declare on waking that he has only been asleep for a few minutes, while he has, in fact, been asleep, probably for more than an hour.

When in this state of profound abstraction, a suggestion is at once transformed into action, and the subject will use his subconscious memory of knowledge and experience to confirm the idea presented to him by the operator. Thus, he can be made to forget for the time being who he is, and on the suggestion being made to him, assume another character or personality; he will carry out that change of personality with all the logical deduction and characteristic attitude of subjective reasoning, even affecting mannerism and speech, etc., to perfection.

With the conscious mind in abeyance, there is a direct path to the subconscious mind, to reach which, the operator must be able to make the right appeal and suggestion to the emotional side, in order to create the right atmosphere. The more feeling he can put into his words - the greater will be his success, the tone of conviction behind the suggestion being of the utmost importance. Any set formula repeated in a lifeless-

sort-of-way, would be worse than useless. The subject must be able to feel the power behind the voice, this alone will give him a greater confidence and the results will be more satisfactory. There is no necessity for the operator to shout or even speak loudly; he need only speak quite softly and evenly, but it must be very decided in tone and conviction.

The depth of hypnosis varies considerably with different subjects, but for therapeutic uses, a light state of hypnosis is all that is required, and very often, therapeutic suggestions can be given without inducing a hypnosis at all. In Chapter IV, I mention several cases of my own, all of whom were greatly benefited by suggestion without hypnosis.

Repeated hypnosis makes its induction easier every time, and then we sometimes find that a subject will sink into a deep sleep with scarcely a suggestion to induce it. The verbal command to sleep would be quite sufficient (See under post-hypnotic suggestion.)

In most instances, especially where a deep hypnosis is present, the phenomenon of *rapport* generally appears between the operator and the subject. The softest whisper would be obeyed, yet the subject would remain inert to any stimulation from any outside source. Anyone can be put *en rapport* with the subject, by the operator, and the subject will then obey any commands given by the third party. To illustrate this:

Some months ago I was giving a certain doctor treatment, and on this particular evening, he brought with him, another medical friend to witness the experiment. Hypnosis was induced almost at once and I showed the visitor some simple tests. He then asked: "Would Dr.--- do anything I asked him to do?" I told him he might try, knowing that he would be unsuccessful. I then turned to the subject and told him that Dr. --- was going to talk to him for a few minutes and that he was to obey him as he did me. After that, his friend could do as much with him as I could, because he was *en rapport* with the subject.

I give here another good instance of *rapport*. Having induced a hypnosis in a good subject, I

once asked by his friend if it were possible for him to teach the subject German while under hypnotic influence. I told him "Yes" and advised him to begin with something simple and not too long. I then gave the subject the suggestion that his friend was going to teach him a little German,

and that he would remember everything on waking. His friend then repeated some simple words and phrases with their meanings to the subject, who was made to say them after him. Each word or phrase was repeated twice only. Half an hour later I awakened the subject and he remembered quite clearly everything his friend had said to him, and was able to pronounce all the words perfectly except one.

## MEMORY AND HYPNOSIS

As a rule, the deeper the hypnotic state, the more complete is the loss of memory on waking, though this can be governed by the suggestion to remember. There are, however, exceptions to this rule as we shall see later. When it is desirable that the subject should awaken without remembering what has been said to him, it is usually done with the suggestion that he will have no conscious memory on waking of anything that has taken place. Even then, some will wake up with a hazy memory, but this usually fades into oblivion very quickly. Others will declare that they can remember everything, but on being carefully questioned, they find that they have not remembered as much as they thought they had, and that little soon fades.

In one extremely susceptible subject I hypnotized, I was able to induce a cataleptic state in a few minutes and exhibited some startling phenomena with him, e.g., suspending him between two chairs for ten minutes, a feat which was entirely beyond his capacity in the waking state. He was obviously very deeply asleep and analgesia was present, also light anaesthesia. Pins were plunged into his arms-hairs pulled out

of his legs, without pain. Yet, in spite of the suggestion given to him to remember nothing on waking, he awoke with a more or less complete memory of everything that had taken place, but he had felt no pain. His memory lasted for some days and then faded. Here, then, we have an exception to the general rule regarding memory in hypnosis, the only one I have come across at the time of going to press.

As a result of experiments and observation on memory, I have definitely proved that suggestions given are more beneficial and lasting when there is no memory on waking. Some operators think that it does not matter whether memory exists afterwards or not, and believe that the suggestions given will be as effective in either case. Personally I do not entirely agree, though I admit that I do not block every subject's memory; much depending on the type of subject.

Once a subject is suggestible, it does not matter how lightly or deeply asleep he is, I consider that for therapeutic uses, and in order to get the full benefit of the suggestions, his conscious memory should be in ignorance of what has been said to him. Where there is no conscious memory on waking, there can be no conscious resistance offered to the suggestions given, and the subconscious mind is then able to work itself out freely and unhampered. Where memory does exist, the subject is still conscious, more or less, of everything that has been said to him, and will often think ... "I am only doing this because I've been told to do it." And in this way the subject will unconsciously offer resistance to the suggestions given, instead of the suggestions coming straight from the subconscious mind.

It is not necessary for any suggestion to be carried out consciously. The best results are obtained when the act is unconscious, when the subject just does it, when it comes to him easily and naturally. The suggestions then become part of his life and actions. He is, at the same time, quite aware of what he is doing and that it is the result of suggestion treatment, but he makes no conscious effort to do it, nor is he offering any conscious resistance. .

In some cases it is advisable to allow the subject to remember all or only part of what has been said to him, especially when dealing with a case of occupation neurosis or occupational cramp. We shall see in a subsequent chapter on "Dreams and why given", how this comes about and why the mental picture is built up and then given in the form of a dream, which the subject remembers on waking.

In all cases, whether the loss of memory is due to the suggestion "Not to remember" or whether it is due to a very deep hypnosis (when the loss of memory is usually consequent on the depth of hypnosis), the memory can always be recalled and brought into and retained by, the conscious mind, at the suggestion that "He can remember", or by re-inducing a fresh hypnosis. While under hypnosis the subject is able to recall every word said to him in any previous hypnosis, and thus it can be suggested to him that he will remember everything on waking.

## PARTIAL SLEEP

i.e., the physical condition in which the individual sleeps, but is awake to certain perceptions and insensible to others.

Professor Forel specially trained his male and female warders in this way for their very difficult profession. He gives the following report of his method...

"I hypnotize a warder and explain to him that he will not hear the loudest noise and that this will not wake him. I clap my hands close to his ear, whistle loudly in his ear and he does not awake. Then I say to him that when I snap my fingers for the third time (so lightly that no one else can hear) he will wake up at once. He does so and remembers the sound, but has heard nothing of the clapping of the hands, or the whistling."

Professor Forel also gave the suggestion to his warders that they should hear nothing of the great noise and banging of the raving lunatics, but should continue to sleep quietly; on the other hand, directly a patient

did anything unusual or dangerous, they were to awake at once. Forel adds yet another example which shows the effect of the suggestions upon the warders treated in this way. One of the inmates, who was unusually violent, was expecting her confinement. The female warder in charge slept quietly through her ravings, but at once awakened when she heard groans etc. intermingled with the usual noises, announcing that labour was commencing.

Yet another instance of this peculiar state of partial sleep, is of the mother who sleeps soundly in spite of her husband's loudest snores, but awakes instantly at the slightest movement of her child.

I was once hypnotizing a new subject for the first time in his own room, in which was a large clock, which chimed the quarters and struck the hours rather loudly. Five minutes after I had commenced the clock chimed the half hour, and I at once gave the suggestion that he would not hear the clock strike again until after he awoke. I awakened him at ten minutes past the hour. He had not heard the clock strike the quarters or the hour; but when I gave him the signal that he could remember the striking of the clock, he did so, and remembered it quite clearly. This subject remembered every other sound on waking, including the sound of the gas fire and outside noises, whereas he hadn't heard the clock strike.

## MEMORY IN THE WAKING STATE

When suggestions are given in the waking state, the subject usually remembers everything quite clearly for some time afterwards, but I have come across many who could not remember anything of what I had just said or done to them, even though they carried out the suggestions perfectly.

This chiefly occurs in very suggestible subjects and the phenomena induced can be very remarkable.

I had one very amazing instance last year at a private demonstration, when the subject was hypnotized for the first time that night; he went deeply asleep within a few minutes. After creating various phenomena with him and giving him several post-hypnotic suggestions, I woke him up. The suggestions were carried out perfectly and he remembered nothing of what he had just done. I snapped my fingers and told him to "sleep". He at once went into a deep sleep. I woke him up and gave him a cigarette, lit it for him, and said ... "What did you do just now?" "Nothing," he replied. "You've just given me a cigarette."

"Don't you remember going to sleep?"

"No. Have I been to sleep, then?"

"Yes. Just before you had that cigarette."

I then snapped my fingers and told him that he could remember what had happened. He at once remembered my snapping my fingers previously and his falling asleep.

From then onwards, even though he was quite wide awake, he obeyed any and every suggestion I gave him, and immediately afterwards was unable to remember doing it until I gave him the signal to remember.

At the end of the evening, I put him to sleep again and removed all fatigue and suggested perfect sleep that night, and that nothing that had taken place would distress him or have any association in his waking life. As he was so suggestible to external influence, I "locked" him, i.e., suggested that no one else would ever be able to put him to sleep or give him suggestions in any way; that he was his own master at all times, and that even I would be unable to influence him in any way unless he were quite willing. I also suggested to him that he would remember nothing of what had taken place that evening (though this was quite unnecessary). I woke him up and he felt very fit. I then asked him what we had been

doing. He replied that we had been enjoying ourselves, playing the piano, smoking, etc. He could remember nothing else.

Here comes the strange part of it all. He went

to bed that night and slept well and dreamt. In his dream, everything that had been said and done that night came before him, *and he remembered everything*, that he was his own master and *could not* be influenced by anyone unless he were quite willing. He boldly stated that even I couldn't put him to sleep, and I couldn't!

These last suggestions were very effective indeed, for while he was away, he asked someone else to put him to sleep and they failed dismally, even though he had been quite willing. Such was the effect of the "locking". Now, more than twelve months later, his mind is still quite blank on what happened that first night, but ... *he is still his own master*, and allows no one else to put him to sleep but me, and for therapeutic suggestions only. He refuses to be used for demonstrations in any way.

## Chapter III:

### SOME METHODS

Every operator has his own pet method for the induction of hypnosis, but most of them at any rate, follow the early pioneers, such as LIEBAULT, BERNHEIM and others of the NANCY school. It matters little, really, what method is used, but it must be adapted to suit the particular case. Some subjects will respond to one method and others to another. It is for the operator to decide, and this he must be able to do at the first attempt.

As has been mentioned in a previous chapter, the operator must be able to create the right emotional atmosphere - his suggestions must carry conviction, and when the suggestions harmonize with the emotional state of the subject, the result is usually satisfactory.

The room in which the subject is to be treated, should be in semi-darkness and free from anything that will detract his attention; the surrounding conditions should be conducive to sleep ... quiet and comfortably warm. The simplest method is often the best method. The one I use most is the following:

The subject is comfortably seated in an armchair, with his arms resting on the sides so that complete relaxation is obtained easily. Before actually beginning the experiment I tell him to breathe out fully, so that he can completely relax the whole body and be comfortable. While resting thus, I quietly explain to him what I am going to do and what he is to expect - the difference between hypnotic and natural sleep and how to "just let himself go" to the suggestions as I give them to him. I then create in his mind the idea of sleep and the sensations he will feel in the process; so that, when I tell him he is getting tired, he will feel himself getting tired ... when I say he is feeling drowsy, he will feel this drowsiness creeping over him ... when I say his eyes are heavy, he will feel them get very heavy ... when I say he is getting sleepy, he will feel

himself get quite sleepy ... drowsy ... drowsier and drowsier ... sleepier and sleepier ... he will feel himself slipping off into a quiet, restful state of mind and body, etc. etc.

I now use a small pocket-torch with a pin-point light, and direct the subject to look at that for a few moments, quite steadily, but in an indifferent manner, so that he can concentrate his thoughts. While his attention is thus fixed on the light, I withdraw it to just above the level of the eyes and tell him to breathe in deeply, then to breathe out fully as I take it towards him. In a few moments I begin my suggestions for inducing sleep, and the effect of the light and deep breathing, soon induces a restful state. The effect of the light when taken towards him and breathing out at the same time, gives the subject the sensation of "Sinking down" into sleep, especially with suggestions, such as ... sleep ... deeper and deeper...

Then, still using the torch, and while the subject's attention is fixed, I continue in as soft and soothing a voice as possible, something like this (though this is varied with different subjects):

" Now you are getting tired ... very, very tired ... your eyelids are heavy ... getting heavier and heavier ... you are getting sleepy ... sleepier and sleepier ... drowsier and drowsier... You will find it quite pleasant just going to sleep ... sinking down, deeper and deeper into this quiet, restful sleep. Let nothing worry you or disturb you ... you will hear my voice talking to you as though from a great distance ... getting farther and farther away as you sink down deeper and deeper into sleep... You need not pay any attention to what I am saying to you ... let your mind wander far away from here ... let your mind go back to some pleasant memory, right away from this room... Now you are so tired, you feel you cannot keep awake ... your eyelids are so heavy that you want to close them ... your whole body is heavy with sleep ... let yourself slip away into nothingness ... make no effort to sleep ... farther and farther away ... now close your eyes ... and ... sleep! Deep sleep! ... " With the eyes closed and the subject quite restful and ready for deeper sleep, I change my method slightly, in this way:

I now begin to stroke the forehead, very lightly, to and fro, and suggest that the eyes will be quite comfortable and soothed ... that he is falling still deeper into sleep ... and so on. Then more energetically, I command him to sleep and remain asleep until I wake him up. I now leave him quiet for a few moments before continuing...

With a fairly normal subject being hypnotized for the first time, from five to ten minutes will be sufficient to make him suggestible. This does not, of course, apply to subjects who are so suggestible, that they will fall asleep at the command to do so.

As a simple test to find out how deeply asleep he really is, I lift up one hand. If it drops down again, he is not sufficiently deeply asleep for suggestions. If the hand remains where I put it without further command to keep it there, he is quite suggestible and fairly deeply asleep. There is no need to go further with suggestions for deeper sleep for therapeutic purposes. If, after the hand has been dropped down, I pick it up again and command him to keep it there, and it does so without wavering, he is lightly asleep and a few further suggestions for deeper sleep will soon make him suggestible.

This simple test can always be relied upon and it is quite unnecessary to proceed further. I do not know whether other operators have found this to be so, but personally, I have never known it to fail.

When this phenomenon has appeared, I at once tell the subject that his subconscious mind is now quite willing to accept the suggestions that I am going to give him and that they will be effective.

## ANOTHER TEST FOR SUGGESTIBILITY

When the suggestions have been completed for the induction of hypnosis, I will say to him:

"Now let us see what the subconscious mind has to say about all this and see whether it is quite willing to accept the suggestions that I am

going to give to it. I am going to count ten. Each time I count you will feel your head and shoulders pressing you backwards into the chair. Then when I get to ten, I shall ask you to get out of the chair, but you will find you cannot,

because your head and shoulders are going to keep you there." I now count ten, slowly, then ask the subject to get out of the chair. If he is suggestible, he will obey the suggestion that he cannot get out of the chair, and even though he tries hard, he will do anything but get out of it. Then, after a few moments of trying, I say "Right, now relax and remain asleep. Your subconscious mind is now quite willing to accept the suggestions I give to it, etc..."

Many other simple tests can be used, such as, rigidity of an arm, inability to close the fist and so on.

By making these simple tests and proving to the subject that he is suggestible, his confidence is strengthened, both in himself and in the operator, and results are good.

In order to save time for future experiments, I adopt the following methods:

Invariably I will give a post-hypnotic suggestion (see Chapter 6) that, "When I next want to induce a hypnosis with his willingness, I shall just look at him steadily for a few moments, snap my fingers and command him to sleep ... and that he will fall deeply asleep at once." ... Or, after I wake him up, I will recall to him that he was unable to get out of the chair. I ask him to sit down again just as he was when he was asleep. He does so. I recall the feeling of pressure backwards ... he feels it very definitely. Then I tell him he can't get out of the chair. He is unable to, and thus I prove to him that he is suggestible in the waking state and that it is therefore unnecessary to induce a hypnosis for further treatment. All I need do then is to recall one of the phenomena of a past hypnosis while he is sitting in a chair, to make him suggestible, and then I can talk to him in the usual way. This is a great saving of time for the

subject and the operator, though where there is a nervous element in the subject, I continue to induce a light state of sleep before giving suggestions, until improvement has taken place.

If, say, at the end of fifteen minutes or so, the subject is showing no signs of sleep or suggestibility, I at once take other measures to induce it. Without further preamble, I deliberately tell him "That five minutes after I wake him up (even though he is not asleep) he will become very tired ... so tired that he will be unable to keep awake ... that it will be impossible for him to resist the desire for sleep. He will close his eyes and fall deeply asleep." (See also under posthypnotic suggestions, Chapter 6.) I repeat this several times in a very decided tone, snap my Fingers and wake him up. I have given him no suggestions as to how he will wake up, nor for the removal of any fatigue or sleepiness. I just wake him up like that and ask him why he didn't go to sleep?

The answer varies with different subjects but it is usually because "He couldn't let himself go" ... or "Because he tried hard" ...

So once again I carefully explain to him how to let himself go and make "No effort" ... just to "Go to sleep" ... in an effortless sort of way as I suggest it to him ... all the time I keep my gaze fixed on his, looking steadily between the eyes. More often than not, when the five minutes are up he will begin to yawn and feel tired. At once I tell him convincingly: "Now you are getting tired ... very tired ... so sleepy ... you cannot keep awake ... now close your eyes ... and sleep ... *deep sleep!* ...

His eyes close and he goes to sleep. Then with a few further suggestions for deeper sleep, no further trouble arises as a rule, and the simple tests will now show just how deeply asleep he is.

Apparently, the subject is, in a measure, lightly suggestible, or he would not have felt tired when the five minutes expired, but hardly sufficient for treatment. Sometimes this method fails to achieve its purpose and then another attempt must be made with a variation of the method employed.

Another good method which will induce a fairly deep sleep or suggestible state very quickly, is this:

After having used the light for a few moments as previously described, I tell the subject to close his eyes. I now press lightly in the centre of the forehead just above the bridge of the nose and ask him to concentrate his attention on that spot, without causing any strain on the eyes, during which time I give suggestions for still deeper sleep. This point of concentration completely blots out all light and conscious thought. Even though the subject is quite aware of everything that is going on around him, he is unable to "think about anything" and he soon becomes suggestible.

If a subject is asked while under hypnotic influence whether he is asleep, he will invariably deny it, or say that he doesn't know; or asked what he is thinking about, the answer is "Nothing", though some have a definite train of thought running through their minds which has nothing whatever to do with the operator, yet the subject is listening, unconsciously, to what is being said to him.

The nervous subject requires much more patience and perseverance and is often difficult to hypnotize, sometimes quite a few attempts must be made before hypnosis is induced or the suggestible state arrived at.

For this type of subject I seldom use the light. I let them get quite comfortable in an arm-chair and quietly allay any fears and misgivings nervousness – curiosity - and explain to them what to expect; all the time lightly stroking the forehead while the subject remains passive with eyes closed. Then I direct their thoughts away from the room to some pleasant scene and give suggestions for rest, calmness and so on. Considerable time is often spent over this stage before actually giving suggestions for sleep. Sometimes I stand behind the subject and lightly stroke the forehead with both hands, using the finger-tips and directing the strokes from the centre of the forehead, over the eyebrows and down to the temples, quite slowly and rhythmically. This is very soothing and efficacious.

*To hasten slowly* must be the method, especially when there is any nervousness or apprehension and for a first hypnosis, unless the subject is very suggestible and will go to sleep easily. If the subject is very nervous, it is often advisable not to induce a hypnosis at the first instance, but to quietly explain matters to them, gain their confidence and let them come back the next day.

I have come across quite a few subjects who have been so suggestible, that with just the command to "Close your eyes and sleep", they have at once fallen deeply asleep, remembering nothing on waking.

On one occasion when I had been talking to a man about suggestion, I could see that he would make a good subject. During the course of conversation he mentioned that he used to pay his younger brother to stroke his head to send him to sleep. I at once said to him, "Then this will send you to sleep" and placed my hand on his head and vibrated lightly for a few moments, with the command to sleep. His eyes closed and he fell deeply asleep, remembering nothing on waking. Later, while he was putting on his shoe, with one foot in the air, I gave him the sudden command to "Sleep" and he remained motionless till I told him to wake up.

Here we see an excellent case of spontaneous suggestion. I never had the opportunity to experiment with him further, but I feel sure he would have made an excellent subject for some striking phenomena.

A medical student friend was sitting in the arm-chair of my rooms smoking, and the conversation turned to hypnosis in which he was extremely interested, when I casually said to him "Geoffrey, when you have finished your cigarette, you will throw the end into the fire-place and then fall asleep. "I kept my gaze on his eyes while telling him this and then didn't bother any more. He hung on to that cigarette end until he almost burnt his fingers, threw it away and went deeply asleep, having no memory of anything I had said to him when he woke up. He was asleep for ten minutes.

Many cases similar to the above could be quoted and they are very interesting in the phenomena that can be induced. With this type of subject, there is no need to ever put the subject into the hypnotic state in order to give therapeutic suggestions.

There are many other methods which can be used, including those where passes take precedence over verbal suggestion, but the latter, I find, are more effective, and the required state can be induced with greater ease and efficiency. Personally, I never use passes, other than light stroking of the forehead or hand while inducing a hypnosis, though at times I have found that by making a few passes before the eyes after they are closed, the hypnotic state is often deepened quicker in suitable cases.

The Indians use very different methods. Some of them appear to be quite good, though I have never tried them. For interest, I will quote a few of them.

(1) The subject is seated in an ordinary chair and given a book to read, with the instructions that he must spell each word slowly and say it afterwards. Long before the bottom of the page is reached the subject is asleep.

(2) The operator strikes a bell slowly with an iron stick, with the suggestion that at the hundredth stroke he will fall deeply asleep.

(3) The operator and subject gaze steadily into each other's eyes until the subject becomes hypnotized.

(4) A dazzling beam of light, worked on a moving diaphragm is suddenly switched on, with the command to "look" and the subject is almost at once deeply hypnotized.' [Footnote: This method is often used for mass hypnosis, see *The Curse of Karma*, published by The Houghton Publishing Co.]

## Chapter IV:

### THE VALUE OF HYPNOTIC SUGGESTION

In skilled hands, there is no greater power on Earth than hypnotic suggestion and I would like to see the medical profession use it more than they do at present. As Moll stated, most medical men have not the time to spare to induce a hypnosis, and it is easier for them to write out a prescription. This is a great pity, because I feel that so much could be done if hypnotic suggestion were used in conjunction with other more recognized forms of treatment. It would be a powerful ally to any medical man, especially in the treatment of functional disorders.

When it is realized that it is quite unnecessary in most cases, to induce a deep state of hypnosis, or as we shall see later, to induce a hypnosis at all for therapeutic purposes, perhaps treatment by suggestion will become more universal than at present. I sincerely hope so!

### PAIN

An operator should always bear in mind that pain is *Nature's warning* and that behind it is some pathological condition, except, of course, in functional disorders.

Bearing this in mind, then, the hypnotist must necessarily go cautiously. It would be, not only unwise, but an extremely dangerous procedure, to remove the pain in a case of Acute Appendicitis for instance. The pain would probably go, but the patient might die unless operated upon. Likewise with any other septic condition where pain is warning the surgeon that the affected part should be opened up and drained.

When the surgeon has done his part, then suggestions to relieve the after pain and soreness may be given, such as sleep and so on. It is so much better in effect than giving narcotics, which are, of course, an easy way out.

I do not advocate the entire removal of pain in all cases, because it is necessary for patients to have a certain amount of pain, in order that the attendant doctor may know how recovery is progressing. It is his guide ... it is Nature's warning ... and treatment is advised accordingly. *But ...* here is where suggestions can play a very great part. Suggestions could be given to the effect that: The pain would not worry or distress the patient ... it could be subdued ... sleep could be induced in spite of the pain, and a good night's sleep ensured. Suggestions could also be given so that the changing of extensive dressings would not in any way distress the patient, and pain at that time could be reduced to a minimum and the patient's fears regarding it, removed.

In the same way, hypnotic suggestion could be used in suitable subjects, prior to any operation, where time and circumstances permit, in order to remove any fears regarding the operation-to give the patients confidence, courage and so on. So many people have a dread of operations, their fears concerning it often wrecking their constitution and sapping their vitality to such an extent, that they are operated upon at a great physical disadvantage; far greater than it need be, anyway. Such people stand less chance of a good and quick recovery than the man, say, who has had suggestions for the removal of his fears etc.

Many people will say that this nervousness and fear concerning the operation can be reduced by the suitable application of narcotics ... that morphia or something similar is given afterwards to relieve the pain. I grant that. I have seen it done often and the after effects too. Take a simple case of morphia-sickness. There is nothing more distressing to the patient; whereas, if suggestions had been given to relieve the pain and induce perfect sleep, this would have been entirely eliminated.

To a sick or injured man, *sleep is essential*, but good sleep can only come from freedom from pain. Where pain exists, the sleep is not deep, sound or refreshing. It is fitful, the patient suddenly waking up and crying out, invariably unable to sleep again, often in spite of narcotics which some people take badly.

Many people could be saved a great deal of unnecessary suffering and sleepless nights avoided, if suggestion treatment were given, either alone or in bad cases, with the help of a mild sedative.

The average medical practitioner will say, that *we* have wonderful drugs which will induce deep sleep and give freedom from pain. Does the average medical man realize that the after effects of the drug is often worse than the pain it was to subdue? Isn't it rather tending to increase the drug habit? The time comes when the narcotic fails to act as it did at first - the dose is increased or another given. Then later, comes ... *trouble* ... even when the patient is well. The deadly narcotics have done their work - the patient begins to crave for sedatives at the first sign of pain. . Morphia... Chloral... Opium, etc. . anything he has been used to. As all medical men know, this is the beginning of the end unless it is recognized in time and remedied. It may not happen in all cases, but there is always the risk, and this risk *can be avoided by using hypnotic suggestion instead*.

## CANCER

In cases of cancer, especially when there is no hope of recovery and the surgeon is unable to be of any use, hypnotic suggestion can be extremely useful. (however intense the pain may be), and the patients released from their tortures.

When it is definitely known that there is no hope of recovery (or even before), why not let these people have their last days on Earth in peace and pass over quietly, instead of dying hard? Right up to the end they could be made quite cheerful - new courage given them – fortitude - no pain, and all their fears removed. Think what it would mean, not only

to the patients but to their relatives! Could any hypnotist, I wonder, stand by and see a human being suffer when he has the God-sent gift to remove it? I doubt it! I know that I couldn't, and would do all in my power to help them over in peace. I would appeal to every medical man who is not a hypnotist, to call in a colleague who is and let him give suggestions in such and similar cases. It would at least be a human act and reward enough in the gratitude of the patients and their relatives! A good hypnotist would have no need to get the willingness of the subject in cases like this; he would in almost every instance, be able to go right ahead and make the patient comfortable very quickly.

Some years ago, I had a cancer patient, a woman of fifty-three, who suffered untold agonies and to whom drugs had little or no effect, yet, *without inducing any hypnosis* I was able to give that woman comparative freedom from pain. (This was before I took up this work as a profession.) By conscious suggestion alone, her pain would leave her and soon after she would be playing a game of cards with her daughters, in comfort.

Another was a man in the infirmary, over eighty years of age, suffering with cancer of the rectum. His doctor asked me to go along to see if I could do anything for him. I did so and talked to him, without mentioning "hypnosis" or "suggestion" at all, and was able to make him suggestible very quickly. I gave him suggestions for sleep and freedom from pain, etc., and woke him up. *He awoke quite free from pain* and was extremely grateful. An hour later, I went to see him again, to find him very upset. It turned out that the nurse on duty had told him that he had been hypnotized (just the very thing I had tried to avoid), and he dreaded such a thing happening to him. With the result, his pain came back at once, and he declared very emphatically, that he would rather die in agony than be hypnotized again, even though I had proved to him, that I could give him freedom from pain? Strange, how some people have such a horror of hypnotism without just cause!

Hypnotic suggestion can be used in conjunction with any other treatment. Apart from the relief of pain, normal sleep can be induced (see

also under "Post-hypnotic suggestion") - fears and apprehensions before operations - the after effects of such - the will to live and get well quickly, can all be suggested with ease. There are a hundred and one suggestions which could be used with good effect in any medical or surgical ward, if only the medical profession would adopt it.

Not for one moment do I say that Hypnotic Suggestion is a panacea for all ills, or that it is infallible. It is not by a long way, but - *I do say this* - that it could be used much more than it is at present. I feel sure, that if only surgeons and physicians who are not hypnotists, would cooperate with their colleagues who are, excellent results would be obtained.

I grant, that every patient is not hypnotizable or even suggestible, but even so, there are plenty who are, or could be made so, fairly easily, even in the waking state, with only a little trouble in the first instance.

Not only in cases quoted above is suggestion of value, but in many common complaints, suggestion treatment can be very beneficial. Neuralgia – Facial Tics - Nervous Headaches - Functional Muscular Spasm – Chorea - Rheumatic pains – Insomnia - Hay Fever – Asthma - the early stages of common colds - Nervous Dyspepsia - all respond well. Smoking – drinking - nail-biting and other bad habits can all be corrected. Drug habits - functional disorders and even swelling from injury can sometimes be affected. Stammering and stuttering too, respond well, but these especially, must have re-educational treatment in conjunction with the suggestions.

By suggestion, moral courage and confidence can be restored - shyness and self-consciousness removed - latent talents developed and so on.

## ASTHMA

I would like to quote a very good case in which suggestions were given, without inducing a hypnosis and which will emphasize my point:

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That it is not necessary for hypnosis to be induced for a cure to be affected.

Last autumn, I was asked by the doctor in charge of the case to go to his surgery to see what I could do for a patient, an undergraduate, with a very violent attack of asthma. Nothing, it seemed, would do him any good or give him relief, and the boy was violently ill. When I saw him in the surgery that afternoon he presented a sorry sight indeed, enough to make anyone think that suggestion would be the last thing in the world that would be of any use to him - that it would be almost impossible.

His temperature was 99<sup>0</sup> and pulse 96, while his respirations were extremely rapid and shallow. He had been suffering on and off for more than eight years, and had tried every form of treatment possible, with little or no effect. His breathing was typically characteristic of a very violent attack of asthma - his face cyanosed - cough very troublesome and the lad desperately fighting for his breath. In spite of his condition, I felt confident that I should succeed, at least in making him more or less comfortable.

I sat him down in a deep armchair in the surgery, while the doctor sat at his desk, and told him to close his eyes. Then I just talked to him, quite quietly, lightly stroking his forehead at the same time, gradually inducing him to a quieter state of mind. It would take too long to repeat all I said to him that afternoon, but the fact remains, that in less than half an hour, his breathing was fairly normal, most of the terrible wheezing had gone and he felt decidedly better. He was able to breathe in and out quite deeply, the cyanosis had gone and some colour had returned to his cheeks; a slight cough remained.

Altogether he felt very pleased with the experiment and very much relieved, so much so, that he was able to smile. That smile was the best reward I could have had. He left us quite cheerful, but later that evening he had another attack as bad as the last. Nothing daunted, the doctor and I went along to his rooms and the man was carefully examined for any complications that might have arisen, such as pneumonia or bronchitis.

He was quite free, so I carried on. I told the doctor that I intended to stay with him until he was asleep, no matter if I stayed all night. I was not going to leave him. The doctor stayed too.

This time I talked solidly for an hour and a quarter (he seemed much more difficult this night) however I got him quite quiet and to sleep. It was a terrific effort but at eleven o'clock he was asleep and we tiptoed out of the room and left him. At eight o'clock the next morning I went along again to see him and found him still asleep, but he roused up at my entry. He had had a good night, only waking up once and then went to sleep again.

As I sat on his bed I asked him about foods and whether he had found that certain foods brought on an attack of asthma. He said that bacon, sausages, tomatoes and grapes always brought on an attack. He couldn't stand the smell of any of them cooking, and the sight of a bunch of grapes hanging up in a shop window, was enough to bring on an attack at once. This I carefully explained to him ... that it was *not the foods* that brought on an attack, but *the way he associated them with an attack*. Having convinced him of this, I deliberately told him now, that he could get up and eat bacon and tomatoes for breakfast, and that *they would not bring on another attack*. Also, that he would be able to eat grapes and enjoy them. (He can now eat a pound of grapes at one sitting, and thoroughly enjoy them.) He got up that morning and had the "pluck" to do as I told him, and had bacon and sausages and tomatoes for breakfast ... and *they did not bring on another attack*. He had a very comfortable day.

For the next few nights I went along to help him to sleep, quietly giving him suggestions that would be of service to him and to help him to get well, always with success. He had a horror of stairs, as most asthmatical patients have, but that was removed by suggestion. In his college he had four flights of stairs to go up and down and for weeks he had been unable to get half-way up one flight, without having to stop on account of a violent attack of wheezing and coughing. *After the first* suggestion to remove this, he was able to run up and down the four

flights of stairs as easily as I could. He has had no further trouble with the stairs, food or anything else since, and only a few days after our great effort, he was able to play games without being any the worse for it.

Treatments were extended for a short period so that he would be quite safe, and now to-day, about twelve months later, he is perfectly fit and has had only one mild attack which lasted three days (a few weeks after the first). He can now speak at debates with ease, play games and do anything he wants to do; much of the inferiority complex he had before, has now vanished.

This particular case of asthma was due to an anxiety neurosis and inferiority complex, and by removing the anxiety the effect was also removed, thereby helping him to a cure.

This case alone, I think, should convince the most hardened sceptic that it is *not necessary to induce a hypnosis* for therapeutic suggestions to be given, for if it can be done in a bad case of asthma as this undoubtedly was, then it should be very much easier with others who are less ill.

COMMON COLDS. During the onset of a common cold or ordinary cold in the head, suggestion treatment will help to relieve the symptoms at once. In the majority of cases, the subject will sit in the chair with the cold and wake up without it. For a long time I have been experimenting in this direction and so far results have always been satisfactory. The cold does not return.

The medical profession with all their knowledge has not yet been able to give a satisfactory treatment for the commonest of all complaints ... the common cold or cold in the head. Chemists shops are stacked out with so-called remedies and not one of them is of any use, except to alleviate the symptoms; the cold takes its usual run.

Yet I have proved in many cases that it can be stopped at once and in one treatment only, and that there is no relapse. Even when the cold is

"full on" it can still be relieved and will clear up very quickly, often within a few hours.

## HAY FEVER

Can also be treated. In many instances this is purely a psychological complaint ... the patient "looks forward" to attacks of hay fever every year, and will usually tell you the date of onset, and he gets it, badly too, sometimes.

To give an instance of this:

A friend of mine here had a very violent attack of hay fever in June of last year and was just "full of it". He said that he wouldn't be able to go to sleep, but I assured him that it was unnecessary to go to sleep, and that he would find he would be able to breathe quite easily while sitting in a chair. I induced a light state of hypnosis and gave suggestions accordingly. He awoke fifteen minutes later feeling quite fit and the *hay fever gone*. He has not, so far, had any return of it. I was with him for some hours after treatment had been given and he never used his handkerchief once.

This man had previously had all sorts of other treatments including injections, with little or no benefit.

## HABITS

can only be cured when there is the *desire to be cured*. The patient *must be willing to be cured*, otherwise results are impossible.

I have been able to stop heavy smoking and drinking at the request of the patient or to help him to cut it down to a minimum.

Many will say, that the man has no willpower or he would be able to do it himself, that he could do it if he wanted to do it. So he could, if he

went the right way about it. But so few people do know the right way. How often has one heard it said: "I've tried and tried to stop smoking and can't. I seem to get worse and worse." This is because they make a great effort to do it, instead of just doing it. The craving is still there and that craving must be satisfied or directed into some other channel-new desires must be created.

They make a *conscious effort* to stop smoking, but their subconscious mind is telling them all the time, that they "don't really want to stop smoking", and the subconscious mind gets the upper hand every time. So the effort to stop smoking fails, because it was a conscious effort. By hypnosis, we can talk to the subconscious mind and train it to the suggestions required and success follows, because there is no conscious resistance to the suggestion.

While in a light state of hypnosis, new desires are created - and suggestions given to remedy the trouble. A good method is to build up in the mind of the subject, two mind pictures ... one of exaltation and the other of degradation. Let him see for himself the difference and direct his mind to the one of exaltation. This rarely fails. The mental picture of degradation is first shown him, clearly and distinctly. He is shown the results of his habit if he persists with it ... how his health will suffer - his social standing – prestige - his ultimate ruin - in the depths of despair. He is shown how to look upon his bad habit with loathing and disgust, and so on. Then the other picture is introduced, the one of exaltation. In this picture, he is shown the benefits he would derive from giving up the habit ... he is shown perfect health - a pride to himself and his family and friends - his social success and commanding personality. The whole picture is made inspiring – uplifting – stimulating -regenerating, which gives the patient the emotional background and necessary motives, so essential for the successful exercise of his will. He is made to realize his aims and ideals and to gain esteem and respect in his daily life. In other words, he is re-educated to adapt himself to new and more wholesome surroundings-he is trained to act by his own will.

One subject I had, expressed a desire to cut his smoking down from thirty to five a day. He was a good subject and one treatment only was given, and now, months after, he never wants to smoke more than four or five a day, unless he specially wishes to do so, when he is attending some special function or other. Then, a quick suggestion in the conscious state, will remove the ban, say, for that evening.

This same subject was also a fairly heavy drinker and wanted me to limit him to one pint per day, and no wines or spirits. Again, one treatment was enough. Many weeks after, he came to me and said that he had to go to a big dinner, and that it meant a lot of drinking and smoking. Would I remove the ban for that evening, and give him the suggestion that he would be able to drink as much as he liked with no ill-effects or "hang-over" in the morning. I removed the ban for that evening only and gave the required suggestions. He drank fairly heavily and smoked incessantly during the evening, with no ill-effects - slept well that night and woke up perfectly fit the next morning, head quite clear and no "hangover".

When a ban is imposed on any habit, it is well for the hypnotist to comply with the request of the subject if he wants it raised for an evening, for any special function. Unless this is done, it is apt to worry the man to such an extent that he will, probably force himself against the ban, and undo all the good that has been done for him. He will drink and smoke to such an extent that further suggestions would be useless and the subject would lose faith in himself and the operator too.

It will do no harm to have the ban lifted occasionally, but it must be done judiciously by the operator, who must decide to what extent the ban can be lifted, with the least possible ill-effects. Several months have now passed and the man has never asked for the ban to be lifted again. He is quite fit and still only smokes about five cigarettes a day and drinking one pint of beer.

In another case, a man said he wanted to cut down his smoking and I gave him treatment accordingly. A few days later he came in again and

said that he was smoking just as heavily as before. I put him to sleep again and this time questioned him, and discovered that he didn't really want to stop smoking. The experiment failed because I had not his willing co-operation.

## CHRONIC TENNIS ELBOW

This condition arises as the result of a previous injury, and many become "functional" for no apparent reason, other than "fear" - the fear of not being able to play good tennis, especially among really good tennis players. Mediocre players seldom develop a functional tennis elbow, even though they may play strenuously.

One or two suggestions to remove the fear of not being able to play well, combined with confidence, will soon remedy the trouble. Any similar condition can be treated in the same way.

Here is a typical case which will demonstrate the value of suggestion in functional disorders of this kind, as apart from occupational cramp or occupation neurosis, and though similar to, is somewhat different to, examination fever, which will be dealt with in the next chapter.

An undergraduate woke up one morning with a very decided spasm of the whole of the right arm and was unable to hold a pen except with extreme difficulty. It was also impossible for him to write and he had an examination the next day. His doctor sent him along to me for some massage treatment to relieve the spasm, intimating that he thought the man was trying to get out of his examination, and asked me to let him know what I thought about it.

It was very obviously functional, but that day I mentioned nothing about suggestion or anything else. By tactful conversation I was able to deduce that he. Was not trying to get out of his examination, but that he

was afraid of it ... somewhat different. (See examination Fever.) The spasm was relieved and he left. I phoned to the doctor and told him what I thought and that if he were willing I would give the man some suggestions to remove the fear that had so taken a hold of him, and so help him through the examination. The doctor consented.

Next day, the man came in again, the spasm was less but he was still unable to write, and this the day of his examination!

I turned to him and deliberately told him that there was absolutely nothing the matter with his arm, and asked him why he was afraid of his exam? He looked a bit dumbfounded at first and then he told me that he had got to the stage where he "couldn't think" - his brain refused to function and it made him afraid.

I asked him if he had ever heard of suggestion treatment for this sort of thing. He had, and asked me if I could do it for him. Here I had a perfectly willing subject which was half the battle.

At twelve-thirty I induced a light hypnosis, gave the necessary suggestions to remove the inhibitions which prevented him from thinking, confidence for his examination and memory, etc. Twenty minutes later I woke him up and he was able to write as well as he ever did. At one-thirty he went into the examination hall and did well. Another treatment was given the next day in the doctor's surgery, for the second part of his examination the following day. He passed his examination and has had no further trouble since.

## FEAR OF PAIN

In many of my dealings with injuries, I find that it is often the fear of pain that makes cripples or retards recovery. So many people are afraid to move their injured limbs for fear of hurting themselves. They tense up every muscle to prevent it and often impede movement taking place which would come quite easily but for this fear of being hurt. If that fear of pain were removed they would be able to move their injured

limbs in comparative comfort, with the minimum of pain. This fear of pain checks movement and in consequence, the joint becomes stiff, very often requiring an anaesthetic before it can be broken down. Under hypnotic suggestion, and sometimes by conscious suggestion, this fear can be removed and the joint moved freely. Once the patient can see for himself that he can move it freely and with little pain, his confidence is restored and recovery takes place quickly.

Not only that, but where persistent pain exists, healing is retarded. In the previous chapter, I said that pain was Nature's warning and the surgeon's guide. So it is, but where there is an injury like a bad sprained ankle, we know the usual course of treatment. After it has been ascertained that there is no break, why not remove the pain and carry on with the ordinary treatment and restore mobility? The ankle can still be supported and the patient instructed to take reasonable care with it. I have had sprained ankles clear up in half the time by this method, and the suggestions in all cases, were *given consciously*. I find suggestion very useful in all cases of injuries in conjunction with other treatment and that the injuries clear up much more quickly.

With certain subjects, I have been able to entirely remove the pain by passing my hand over the joint and suggesting that the pain is gone, and that it won't hurt any more.

I once had a patient with a stiff knee (due to rheumatism) who would never let anyone move it because of the excruciating pain. He consented to be hypnotized and suggestions were given for no pain and freedom of movement, and for the condition to subside. While under hypnosis I made him move his leg, flex it and extend it fully. While doing this I suggested that when I snapped my fingers he would continue to bend and straighten the leg another ten times, and then wake up - and after he was awake to continue to bend and straighten the leg for another ten times. This he did and he had no further trouble. In a few days the knee was quite free of pain and other inconvenience.

There is, I think, a great scope in this direction, especially when it becomes necessary for a joint to be broken down and the patient has a natural horror of anaesthetics - as there is no soreness or pain after movement when done under hypnosis, because suggestions are given to remove it, but there is after being broken down under an anaesthetic.

In special work like this, a deep hypnosis must be induced and the patient rendered anaesthetic. When the adhesions have been broken down the patient can be made to move the joint as described in the previous paragraph and suggestions given, for freedom from all pain after waking, regular movement of the joint, etc. This method, to my mind, is far more satisfactory than giving anaesthetics, but it requires a little more time. Also, it may require several attempts to induce the depth of hypnosis necessary for the induction of anaesthesia, though with a good subject one attempt may be sufficient.

## SPONTANEOUS SUGGESTION

At the end of last year I was introduced to a medical student who was suffering from a longstanding facial tic (seventeen years). It was painful to watch him. A friend of his introduced us and after the introduction I took no further notice of him for some minutes. Then I suddenly turned round to him and said: "You don't want to twitch your face any more, do you?" He looked at me rather amazed for a few moments and moved his face evenly, with a dawning light in his eyes. "No," he answered. "I don't, funny enough." "It won't twitch any more!" I assured him firmly. "It will be quite normal now."

For the next half hour, three of us watched him carefully and there was scarcely a flicker of a muscle. I gave him two further treatments by hypnosis the next day, and although he returned home quite normal, I cannot check up results as I haven't seen him since.

## SHIN SORENESS

Is a bugbear to all athletes. It is a very distressing condition, and only those who have suffered from it know how painful it can be.

In quite a few cases I have been able to entirely remove the pain, which never bothered them again, by the spontaneous suggestion: "You have no pain now" and passing my hand over the affected area at the same time.

Before this, the lightest touch caused intense pain, yet afterwards I was able to press deeply and they felt nothing, nor did they ever feel it again.

In two instances, the men concerned were able to get their relay colours a few days later, and in another the man did a cross-country run of seven and a half miles, with no discomfort.

I have since wondered whether this condition is not altogether or at least part functional, i.e., that it was due to the "fear" of not being able to run well, as in each case it was only noticed a few days before some big event. There was no return of the complaint even months later.

## NERVOUS HEADACHES

can be treated in the same way. I look steadily at the patient for a few moments, then pass my hand or sometimes only a finger across the forehead and firmly tell them: "Your headache is gone!" The look of astonishment on the faces of some of them is very amusing when they find that *it has gone*.

Afterwards, I invariably add the injunction to look after the bowels, or to pay a little attention to eating; or if it is due to eye-strain, to get the eyes attended to, as this is very often the cause of nervous headaches.

## NEURALGIC and RHEUMATIC PAINS

can also be treated in a similar manner, though where the pain is at all severe, it is often better to induce a light hypnosis and give suggestions accordingly.

During a recent '*flu*' epidemic, I was able to give sleep and reduce the pulse rate and temperature of a few friends of mine, and let them awake the next morning feeling very much better.

In one instance, a doctor who had been in bed with a sharp bout of '*flu*' for four days, and had had no sleep during that time, knowing the value of suggestion in such cases, asked me to give him some suggestions for sleep, as he did not wish to take a narcotic. By his own request, he wanted a good sound sleep that afternoon till four-thirty, and then for the whole night. (This man makes a bad subject and it is almost impossible to induce a hypnotic state with him, but he is suggestible in the waking state while resting comfortably in a chair.)

I commenced suggestions at twelve-fifteen and left him asleep at twelve forty-five, having given him the suggestion that he would sleep soundly till four-thirty - that he would wake up feeling very fit and the after-effects of the '*flu*' gone - that he would feel very hungry and would eat a good tea, etc. He slept perfectly as suggested and awoke in good form and ate an enormous tea. More suggestions were given that night at nine o'clock and I left him ten minutes later sound asleep. He was quite fit the next day and able to carry on in his surgery.

I have successfully treated three cases of seasickness and two of airsickness. These apparently respond well to suggestion treatment, and now more than twelve months afterwards, none of the subjects had any return of the complaint.

## WARTS

Will entirely disappear by conscious suggestion alone, usually within a few days.

One man I treated nearly two years ago, had multiple warts on both hands and fingers, disfiguring him badly. He had tried everything to remove them, without result.

A light hypnosis was induced in this case and suggestions given accordingly. They had entirely disappeared a few days later.

# Chapter V:

## MORE VALUES FOR HYPNOTIC SUGGESTION

In this chapter I am going to give examples where suggestion treatment can be used for other than medical or surgical purposes. Very few books have touched on this side of the subject, other than a very brief mention.

I shall deal with sports, games, athletics and examinations, etc., and other matters of interest to everyone.

From my own experience I have proved that much can be done to give confidence and moral courage in our everyday lives. It is not given to everyone to know just *how* to work, easily and without effort, and to attain that measure of success inherent in all of us, but which, for the want of a little teaching or understanding, lies dormant.

We have seen by the few examples in the previous chapters, that it is the "fear" which inhibits success.

Many people find that they are unable to do a certain thing, usually because they are *afraid* they can't do it, or *think* they can't do it. They lack that little bit of self-confidence in themselves and their abilities, which would make all the difference in the world between failure and success. They are constant victims to bad auto-suggestions and the more they try to remedy the defect, the worse they get, because they have not yet learned the art of giving themselves suggestions in the proper way. (See Chapter I under heading "Auto-Suggestion".)

It is in such cases when the inhibition is so strong that failure is imminent, that I now propose to deal.

## EXAMINATION FEVER

In the previous chapter I quoted an example under "Functional Muscular Spasm", which is an outstanding case showing the results of examination fever.

There, we found, the "fear of the examination" had a subconscious reaction resulting in a violent tremor of the right arm (not the left) as the only possible way the fear could sublimate itself. Had that man been excused his examination, the condition would probably have cleared up in a few days, but the same thing would happen again the next time he had an examination.

Not all cases reach this magnitude of inhibition which is just as well perhaps, but many do reach the stage of being *unable to think ...* where the brain refuses to function. All power of concentration and memory seem to be cast into the background for the time being, by the unreasonable fear which has taken possession of them. The more these people try to overcome this inhibition, the worse they get, until they are in a state almost bordering on panic.

Examination Fever as this state is called, sometimes begins to show itself weeks, even months before the examination is due, gradually permeating itself into the being of the individual and very often reaching amazing proportions. In very marked cases, there is even a rise in temperature and pulse - attacks of "nerves" - irritability and insomnia, the latter often a great source of trouble. How then, when this state of mind arises, can the student ever hope to get through his examination successfully? Even though he may have worked hard and knows his subject, his mind is in such a state of chaos - his thoughts so inhibited, that when he sits down in the examination hall, he is bewildered and at a loss to do anything. He leaves the examination hall knowing that he has failed, yet when he gets back to his room is able to remember every answer to the questions set. On the other hand, another student who probably knows only half as much, will get through by making the most of what little he does know, because he has no inhibitions - no fears...

There are many students who fail who never should fail, and for a long time I have considered this question very closely, feeling that something should be done to help them over such a difficulty.

The most obvious thing to do is to remove their fears, anxieties and worries concerning their examination, and fill their minds with calmness, assurance, courage and confidence. By suggestion treatment this can be done quite easily – the inhibitions removed and success follows in practically every case.

*The non-success* is when the student has not done sufficient work and has left it too late before assistance can be given to him, to help him to work and remember. (See under "Work Urge".) In such cases the examination fever is due to worry, because he realizes that he has not done the work to enable him to pass; whereas, the true examination fever is the fear of the examination results, in spite of work done.

Examination Fever, when treated in the proper manner can soon be rectified and even after the first treatment a marked improvement takes place. As a rule, from two to five treatments are all that is necessary, the number depending on the degree of susceptibility of the patient to suggestions.

A light hypnosis is all that is required for these treatments, as already outlined in a previous chapter. The procedure then is to obtain complete relaxation of mind and body and suggestions given for calmness, assurance and confidence. The desire for work and the urge to work are given ... also for concentration and memory. Memory can be restored, so that everything that has been done in the past, or will be done in the future for their examination, can be recalled without "conscious effort" when required - that they will be able to work without undue fatigue or strain - that it will come to them quite easily and naturally, etc. Suggestions are also given for perfect sleep at night, thus ensuring complete rest and avoiding the effects of possible overwork, so that they will be quite fit for the examination and not be worn out.

While the subject is in the hypnotic state, the suggestion is given to them, that they will be able to revise the whole of their work (see under "Dreams and why given") and will know when they wake up, just how much they really do know and their weak points; they can then concentrate on those weak points and get them up for their examination. This is an excellent method and rarely if ever fails to achieve its object, it being possible for a complete revision to take place in a very short time.

One subject completely revised his physiology and anatomy course in less than five minutes by this method, and on waking said that he was a little doubtful about the anatomy of the head and neck, but knew the rest. This "quick revision" if it can be so called, can be brought into the conscious mind on waking, and retained. *It is never forgotten!*

Another subject I had, was doing aeronautical engineering, but was unable to remember his formulae right up to the last two weeks before his exam. With the formulae in front of him he could answer any and every question, but without it, he was hopeless. Three treatments were given and now, *he cannot forget them*. He passed his examination

## THE WORK URGE

So many students find it difficult to settle down to work for any length of time, that they cannot concentrate on what they are doing -that their thoughts continually wander from one thing to another - that they read a few chapters and do not know anything of what they have read when they have finished. In spite of making a great effort to do so, they fail dismally, and this usually is the beginning of examination fever. That is the whole trouble ... making the effort to do it, instead of just doing it ... *easily and without effort*.

Under a light hypnosis, this can all be rectified and suggestions given for work ... the urge for work ... new interest in their work ... concentration ... memory and so on. As a rule, I ask the subject how many hours a day he is free for work. Sometimes it is four hours, sometimes six or even more. With his consent, I give the work urge for

those number of hours each day, and he finds that he can settle down and work hard for that period, that he can get through much more in the given time, because he is concentrating on what he is doing and his thoughts are not wandering all over the place.

One very good subject I had, was very much behind with his work and was willing to settle down for twelve hours per day if necessary for the last four weeks prior to his examination. I told him that was too much, but as he had nothing else to do except attend two lectures during the week, I saw no reason why he shouldn't work for ten hours each day. As long as he had good sound sleep at night and a certain amount of exercise each day, he would come to no harm. So I gave him the suggestions accordingly. He averaged ten and a half hours every day for nearly four weeks and felt extremely fit. He got through an incredible amount of work and never had to keep going over it time and time again. Once only was all that was required. In spite of what his tutor said, that he would be lucky if he got a third, he got a second easily and the work urge is still potent.

With all subjects treated like this, they are amazed at the ease with which they can work and concentrate - that they can pick out the essential points and grasp facts quickly, without having to *think* about them. Their brain is always alert in spite of the extra amount of work - the feeling of confidence and freedom from brain-fag, and general fatigue invariably associated with strenuous study.

## ATHLETICS

Many athletes suffer from a condition not unlike examination fever, especially before some big event, where the result may mean them getting colours or some other honour.

Most good athletes suffer from a certain amount of nervous tension before a race, but it is not wise to allow that nervous tension to develop into one of apprehension, as is sometimes the case.

I have known several good athletes to be bordering on a state of hysteria and to be so worked up, that they could hardly keep a limb still just before some big event; yet, once they have taken off, they were able to overcome this nervousness. On returning to the dressing-room, some have even vomited considerably, their nervous energy being entirely out of control.

Some people may think that this is a natural sequence to a hard race; but that doesn't mean to say that it cannot be avoided by suitable treatment. This acute state of nervous tension can always be toned down by suggestion, with just sufficient left to keep them "up to scratch" so to speak. It must not be entirely removed, a certain amount of nervous tension is necessary to all good athletes if they are going to do their best, because, most of them run on nervous energy.

One often sees a competitor after a strenuous race, collapse completely, or even vomit considerably. It is, of course, purely a nervous reaction, sometimes lasting for a considerable time, the man feeling listless and worn out. This nervous state is akin to examination fever and more often than not, is brought on through the fear that they are stale or not fit, and will not be able to run well, and so they go on thinking this and that until they hardly know where they are. Some athletes find they are unable to sleep, especially the last one or two nights before their event. This is not, of course, the case with every athlete, but it is common enough, although found chiefly in a very highly strung individual.

Treatment is given on similar lines as for examination fever and the results are good. The exhausted feeling and after-sickness is corrected - the athlete will finish comfortably and a few moments later is none the worse for his race, no matter how strenuous it has been. By removing the anxiety of the race the effects are also removed and the confidence

restored. When suggestion treatment is given, special care must be taken to ensure perfect sleep, confidence and the removal of any fears or apprehensions concerning the event, vomiting, etc., the man is then more fitted to run a really good race.

Other sports and games can be treated in a like manner, but these will be dealt with in a subsequent chapter on "Dreams and Why Given". It will be shown how a mind picture is built up for the subject to see himself playing or running well, with faults, if any, corrected.

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## Chapter VI:

### POST HYPNOTIC SUGGESTIONS

A POST-HYPNOTIC suggestion is a suggestion given to the subject while in the hypnotic state, to take effect after waking. These suggestions can be delayed for almost any period and in most cases are forgotten after being carried out; but they can always be recalled by the suggestion that "he can remember" or by re-inducing a fresh hypnosis. These suggestions can be of the utmost value to the patient, in that, for example, to sleep at a certain time and for a certain number of hours - to feel no pain after waking up - have a good appetite at all meal times - that the bowels will act at a certain time each morning - that he will fall deeply asleep when the operator snaps his fingers and commands him to sleep, thus saving time to the operator and the patient and so on.

I will quote a few examples.

I have often been asked by students to give them suggestions to enable them to work for a number of hours each day during the vacation. With home life and other attractions during the vacations, many find it difficult to settle down to work, and when they do, it is not for long at a stretch and they remember little of what they have done. So I give these subjects the suggestion that they will work, say, for four hours each day, consistently and to the exclusion of all else ... that outside influence will not detract their attention ... that they will be able to concentrate on what they are doing and remember everything.

This is an example of post-hypnotic suggestion, to be carried out in the waking state, with no definite time fixed to carry it out, and by giving the suggestion that "They will remember everything they do", *the act is not forgotten*.

In one instance, I hypnotized an undergraduate on the night before he left Cambridge and gave him the post-hypnotic suggestion, "That

when he next thought of coming up to Cambridge, he would write and tell me the date and time of arrival ... and that when he saw me for the

first time, he would laugh and say: "You funny little man, you've grown a moustache." This was at the end of a Michaelmas Term and after Christmas he wrote to say that he was coming up on the fifth of January, in order to get some work done before term actually started. I called at his rooms some fifteen minutes after he had arrived. A few minutes later he came out of his bedroom and stood at the door of the sitting-room, then suddenly burst out laughing ... "You funny little man," he said, looking at me. "But you ... *you haven't* grown a moustache."

Here again the suggestion was carried out well, with the exception that he knew I hadn't grown a moustache, which may be due to the fact that I had previously told him that I hated moustaches. He said that it never entered his head about the suggestion until he saw me in his room - that he felt he just had to laugh and knew that he ought to see me with a moustache, and had to look twice to make sure, remembering at the same time that I disliked them.

I will sometimes tell a subject that the next time lie sits in the chair which I use for hypnosis, he will at once fall deeply asleep. The suggestion is carried out whether it is the next day or weeks afterwards. He does not fall asleep in any other chair.

When dealing with examinations for instance, I always give the post-hypnotic suggestion that the night before the examination, they will sleep deeply and soundly and that they will wake up perfectly fit. Also, that they will enter the examination hall feeling confident, etc. The suggestion is often given days, sometimes weeks before their examination is due, yet it is always carried out.

Post-hypnotic suggestions can be given too, to help the subject to help himself, and not to rely on the operator for everything. I give the suggestion something like this: "If at any time he wants to go to sleep in order to give himself suggestions, he will be able to do so by breathing in

deeply five times, each time deeper than the preceding one, and that when he breathes out for the fifth time he will fall deeply asleep. While doing this he will fix his time of waking and can give himself suggestions for anything he requires.

I gave this suggestion to an undergraduate nearly two years ago to date and it is still effective. He will fall deeply asleep at the fifth exhalation, in spite of the fact that he has not been hypnotized since then. He is now a brilliant student, having trained his powers of concentration to such an extent, that everything comes easily to him and without effort.

This same subject makes good use of this power of suggestion when travelling by train, especially between London and Cambridge at night when the train is slow. Once the train is under way, he will settle down as comfortably as possible, breathe in deeply five times and fall deeply asleep. While doing so, he gives himself the suggestion that nothing will disturb him - that he will wake up fit as the train draws into the station at his destination. He told me only a few days ago that this has never failed and that he remembers nothing of the intermediate stations.

This example, I think, shows definitely how a subject can be made to help himself and make good uses of the power that has been given him by post-hypnotic suggestion. Long and tiresome railway journeys can be made quite comfortable and sleep suggested, etc.

A certain undergraduate had strained his heart while running and was kept off all strenuous exercise for more than six months. Being very neurotic and temperamental the least bit of exertion brought on palpitation, often accompanied by pain in the chest. Later he was told that he was quite all right and could start exercise again, all to no purpose. His mind was so centred on his heart that he could think and talk of nothing else.

When he first came to me last year, he had recently passed his medical examination for the R.A.F., so obviously there was nothing the matter with his heart. I went round to see his doctor who told me that

there was no reason at all why he shouldn't run or do anything else he chose. His heart was perfectly sound.

Now, knowing that I was on safe ground I proceeded with the experiment. Hypnosis was induced at the first attempt and his fears removed - new confidence given to him - the heart business very carefully explained to him. Suggestions were given to the effect that he could now take as much exercise as he wished and that the heart wouldn't bother him any more - that he could swim, run and so on.

During the following week, he went on the river and punted from Cambridge to Grantchester and spent approximately two hours in the river swimming, thoroughly enjoying himself, and not once did he think about his heart. It was not until the end of the week when I next saw him and questioned him, that he suddenly realized what he had done and that he hadn't even thought about getting winded. He realized then that I had given him the suggestion to that effect. Another treatment was given to him that evening and no further trouble has occurred. He can now run and do any exercise he wishes without the slightest inconvenience.

This man was also cured of hay fever in one treatment.

We find, then, that several days had elapsed before the post-hypnotic suggestions were put into effect, and even though he knew he had been swimming and taking other forms of exercise, he had no re-occurrence of the fear.

Another subject I had last year, I was able to help with his music. He was a moderately good pianist but had been having a great deal of trouble with a particular piece, one part of which was extremely difficult. He always passed over the page he thought he couldn't play. In other words he had lost confidence and was therefore afraid to even try. I got him to go over it but it was hopeless.

Hypnosis was induced easily and I suggested to him, that when he woke up he would sit at the piano and play the piece through perfectly,

with no mistakes and without any hesitation. His fears regarding it were removed and confidence given. On awakening, he played it perfectly and made no hesitation when he saw the page which had frightened him before.

I have been able to help many students in this way, by giving them confidence and removing their fears - so that no matter how difficult a piece of music may be, they will be able to play it well with very little practice. As long as the man has the potentiality to be a good musician, his potentiality can be developed very quickly and advantageously to him. Other potentialities can be developed likewise.

I have only given a few examples where suggestion treatment can be used in one's everyday life, and by making use of the suggestions by means of the post-hypnotic acts, the suggestion becomes a natural act and is carried out in a perfectly natural manner, the subject believing it comes from within himself.

## POST HYPNOTIC APPRECIATION OF TIME

A suggestion is given to the subject while under hypnotic influence to carry out a certain act at a given time after waking, and in the majority of cases the time will be more or less correct.

To wake up at a fixed time in the morning is one of the easiest suggestions to be carried out.

One subject I had specially wanted to go to bed at eleven o'clock each night and wake up at eight o'clock in the morning. He was in the habit of working till all hours of the night and then found that he was unable to sleep when he got to bed. The suggestion was given as requested. A few minutes before eleven o'clock each night he would suddenly become very sleepy, prepare for bed and within a few minutes would be sound asleep, remembering nothing more till eight o'clock the next morning, when he would awake feeling very fresh and bright and more ready for a day's work than he had ever been before. A second

treatment was given the next day to ensure success, and now, some twelve months after, he can still sleep the whole night through and work better than ever.

I once gave a man a post-hypnotic suggestion, that: "Five minutes after he awoke, he would fall deeply asleep again, no matter what he was doing, and that he would remain asleep for two minutes. He was sitting in a chair smoking and talking when the five minutes expired, in the act of taking his cigarette to his lips. His hand remained poised in mid-air and his eyes closed, and thus he remained till the two minutes expired. He then continued smoking as though nothing had happened, nor did he remember falling asleep. This was carried out to time as suggested.

I suggested to "B" that sixteen minutes after he awoke, he would open the door, look outside and close it again. Carried out one minute too late.

To another, that seventeen minutes after waking, he would stand up and sing, "God save the King" and conduct. Carried out to time.

To "K" I suggested that he would call and see me at twelve-fifteen three days hence. Carried out four minutes too soon. When asked why he came to see me, he commenced some long-winded excuse, until I told him.

"Mac" was told that every two minutes after waking he would whistle a few notes and that he was to do this four times. Carried out to time except the first one, which was ten seconds late. He was also told that twenty-five minutes after waking he would complain of neuralgia, which would last for two minutes, then disappear. Carried out to time ... pain lasting approximately three and a half minutes, but this was more difficult to judge.

## Chapter VII:

### DREAMS AND WHY GIVEN (The mental picture)

In many cases where suggestion treatment is given, it is advisable to build up in the mind of the subject, a mental picture of the required condition, so that the subconscious mind can realize what is expected of it. It is not sufficient merely to give the subject suggestions to remedy his trouble ... he must be made to "see it" and to "see the results". Unless this is done the treatment is not lasting and a relapse is almost certain to occur. The mental image of the required condition must be clear and vivid, so that it is not forgotten ... it must definitely impress itself on the subconscious mind for all time; then, and then only, can we hope for a permanent cure.

In Chapter IV we saw how the mind picture was built up when dealing with habits, how the patient was shown both pictures and his mind directed to the one of exaltation ... which was made stimulating, uplifting and so on; but that type of mind picture is rather different to those I shall now describe.

In order that the reader might more easily understand why dreams are given under hypnosis, it will be better, I think, to give actual cases, showing how this comes about and the effect produced.

Even though I have called them dreams for the sake of convenience, they are not really dreams, such as occur in natural sleep, but mind pictures built up by the subject at the suggestion of the operator.

I have found this an excellent method, especially when dealing with functional disorders, games and so on. The suggestion is given to them: "That as they see themselves in their dream, so will they play, run, etc., as the case may be, and that they will remember their dream on waking.

During the time I am outlining the dream to the subject, I press lightly in the centre of the forehead, with the suggestion, that when I take away my thumb, they will commence to dream and that when the dream is over, they will raise their hand or other such signal, as arranged.

When I take away my thumb, I press my stop-watch to time the dream, though as to the accuracy of the time of the dream, I am unable to say. I do know, that suggested dreams take from five seconds to a minute and a half. This gives a rough estimate and acts as a guide to the operator, so that he doesn't break in on it. If, perchance, no signal is given that the dream is over, I know then that the subject hasn't dreamt at all, and I act accordingly. Most subjects will, especially if suggestible and fairly deeply asleep, respond to a dream suggestion.

Last year a medical student came to me for massage treatment for stiff forearms after rowing. Relief was given him, but it did not remove the cause.

His case was this:

For some weeks he had noticed that he had been rowing badly - holding the oars awkwardly, was out of rhythm and so on. He was due to row at Putney the following week and this worried him to such an extent, that his rowing got steadily worse. After an outing on the river he was utterly exhausted and had little or no strength in his fingers and arms to even pick up his pull-over. A nervous reaction followed but the man was determined to carry on. This was, then, a condition known as an "occupational cramp " or "occupation neurosis" due to the anxiety and fear of not being able to row well, consequent on his over-stressed effort. His over-anxiousness trying to combat his failure, caused the "fear" of future failure, and so interfered with the harmonious automatism. By

hypnotic suggestion we can remove the anxiety and so remove the effect. I explained this to him and how it could be rectified by suggestion treatment and he consented.

I treated him in his own rooms and, at his own request, two medical students were also present. He made an excellent subject and went very deeply asleep in a few minutes. Suggestions were given to him to calm his nervousness, remove fatigue - for health, strength and vitality followed by confidence in himself and his abilities. His faults while rowing were carefully explained to him and his fears concerning them, removed.

After having gone over all these suggestions very carefully and thoroughly, I allowed him to rest for some minutes.

I then proceeded with the dream part of the treatment. Placing my thumb in the centre of his forehead, I suggested to him that he was going to dream. In his dream, he would see himself rowing perfectly ... with perfect stroke ... perfect rhythm ... holding the oars correctly ... to see himself rowing with confidence and without fatigue or strain ... and that when he woke up he would remember his dream. Also, that at any time in future, every time he got into the boat, his dream would come up before him, and he would row as perfectly as he did in his dream, with the same confidence and without fatigue or strain.

After a short rest, I went over the suggestions again, briefly, emphasizing now, that he would be able to row quite well and that his old trouble would cease to worry him any more.

He awoke soon after feeling very fit and confident - all his fears gone. He related his dream in full., and in less than a minute he dreamt that he had rowed a six-mile course and "rowed like a king".

The next day, he actually did a six-mile course, returning from it perfectly fresh and with no sign of fatigue whatsoever. The trouble has never returned. He rowed at Putney the following week as per schedule.

Each time he gets into the boat, his dream comes to him and he knows that he is going to row well, and this gives him a great deal of confidence and removes any possibility of fear.

Another subject I treated about the same time, was having trouble with his tennis. His back-hand stroke was most troublesome - he was always faulting and playing badly. In this case there was a similar condition as mentioned above and the correction was carried out in the same way.

Having done the preliminary work and explained his errors to him, I suggested the following dream

"That he was going to dream and in his dream he would see himself playing tennis perfectly ... perfect stroke and footwork ... keeping his eye on the ball and using keen judgement and precision ... he was going to play a crack man, but the crack man couldn't beat him."

In one minute and five seconds he dreamt that he played six sets of tennis perfectly and that the crack man "did not beat him". In his dream he saw himself using marvellous strokes - absolutely precise in every detail and he never faulted once. The same suggestion was given to him, that as he saw himself in his dream, so would he play. Nearly two years have elapsed and he always plays well and has had no more bother.

In these two cases we find that the dream picture built up in the mind of the subject at the suggestion of the operator, to be of the utmost value in each instance. By making the subject "see himself" in his dream, playing well and full of confidence, gives the subconscious mind the emotional atmosphere or background and therefore knows what is expected of it. This is remembered on waking and inspires him with confidence for future efforts.

In both cases, one treatment only was given and that at a first hypnosis. Both men were good subjects and went deeply asleep in a few minutes.

Even when a light hypnosis is induced, the same results can be obtained, though it may not always be quite so clear or vivid as when the deeper state is induced.

In yet another instance, of a certain rugby footballer, I used the same method. He had been playing for the most part of the term and had not scored once. This annoyed him, because he realized that he often missed opportunities when they occurred and so had failed to score. He lacked confidence in himself to cut through and thought he was off form. Here again, in his dream, he saw himself play a good game, full of confidence and score easily, with no apprehensions of any sort.

The next day he played the best game of his life, scoring practically the same as he did in his dream. He said that he felt a different being when he went on the field and wasn't worrying a bit, because he felt that he was going to play a rattling good game. He now plays very well indeed and makes the most of every opportunity that occurs.

A certain athlete always found that when he came to the bend before coming down the straight, he invariably got wedged or had to slow up. In his dream he saw himself rounding the bend in good style ... it never bothers him now.

Many such and similar cases could be quoted, but the few already outlined will serve to show the value of the mental picture, and how it is necessary in some forms of treatment and can be made a permanent advantage to the subject.

A similar mental picture is aroused by the operator during the induction of hypnosis. The operator creates in the mind of the subject the idea of sleep ... of peace ... tranquillity ... all extraneous thoughts are banished for the time being, and a quiet, restful state of mind induced ... a restful mental picture is suggested in order to bring about the required state of mind necessary for therapeutic treatment.

Very often, by means of a dream picture, memory can be recalled fairly easily, and I will now quote one or two instances where this has taken place.

Two years ago, a man came to me and said that he was anxious to remember the name of a certain restaurant in Soho, but for the life of him he could not do so. He knew that it was in Wardour Street and that was all.. A light hypnosis was induced and the dream suggested:

"That he was walking down Wardour Street towards the restaurant ... he was now standing outside the restaurant ... and that even though he did not know the name of the restaurant when he went to sleep, he would wake up knowing the name of it and that he would never forget it. I gave him the suggestion that when he knew the name of the restaurant he would wake up of his own accord. "

In about half a minute he began to smile and woke up.

"Do you know the name of the restaurant now? "

"Yes," he answered, "but let me tell you the dream."

He dreamt that he was walking down Wardour Street. Arriving outside the restaurant he looked up at the fanlight over the door to see the name. The fanlight was broken. (Symbolical of loss of memory.) He paced up and down the road trying to think of the name of the restaurant and couldn't. All that was worrying him in his dream, was, what excuse was he going to make to me when he woke up without knowing the name? Soon after, an old man came up to him and asked him the name of the restaurant. He told him ... that was when he smiled and woke up. He has never forgotten it since.

A subject came in one evening with a friend and asked me if it were possible to make him remember what had happened at a certain tea-party sixteen months previously. These two men had met for the first time at

this tea-party, the one could remember almost everything, but the other - my subject - could remember nothing.

I induced a deep hypnosis quickly (a snap of the fingers and the command to sleep) and suggested the following dream:

"That he was now at the tea-party which took place sixteen months previously ... that he could now recall it quite clearly and distinctly... and that he was to tell me everything that was said and done ... ";

While under hypnosis, he gave a very accurate account of what happened that afternoon ... every scrap of conversation ... who was there and what they did. He recalled conversation that his friend had forgotten, and who verified every word. He can still remember what happened that afternoon.

Although I have called these two instances dreams, they are in reality, merely an artifice to recall memory of forgotten events by suggesting to them that they *can* remember.

In yet another way can the mental image or mind-picture be used for the benefit of the subject, but this time while in the conscious state and without the aid of hypnosis. I am thinking of one instance in particular, where the man came to me some years ago, and asked if something couldn't be done for him to help him to control his temper. He was a full-blooded Irishman, hasty-tempered and with it, sulky. Sometimes he would sulk for days on end for practically nothing. He found that something would upset him and if only he could get at the man who was the cause of it at the time, he would be quite happy. He was ever ready for a good scrap on the least provocation, as the only way to give vent to his feelings. If the opportunity were not available to do this, he sulked for days.

I instructed him as follows:

That when next anything like this occurred, he was to go to his room and sit down in an armchair or lie on his bed, and endeavour to get comfortable. Then to recall the particular instance that had upset him ... to let his mind dwell on that instance and everything appertaining to it. He was to let his imagination run riot for the time being ... to "see" himself doing with the man exactly as he would like to do ... hit him ... fight him ... no matter what ... but always maintaining in his thoughts that he was master of the situation ... and when he had finished with him to get up and wash, and go out. He would then be able to meet the man in the street with a smile instead of hatred, because his subconscious mind had already done all, that he wanted to do, and therefore there was nothing left to do. There was no passion or hatred left ... the subconscious mind had pictured the required condition and worked itself out.

This man tried this several times with great success and was amazed at the relief it gave to his feelings. After a time he was able to control completely his temper and ungovernable attitude towards minor things which had at one time upset him. He ceased to "boil inwardly" and suppress his emotions until it made him feel wretched.

An author, for instance, "sees" his characters, by building up in his mind their image and what they are doing or likely to do ... he "sees" them acting their part quite vividly ... the whole plot of his story is but a picture in his mind, which he interprets and puts into words or writing.

The same can be said of the artist or composer.

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## Chapter VIII:

### CONCLUSION

In the foregoing chapters I have purposely omitted to mention any Theories of Hypnosis, other than a few quotations which were necessary, and then only in an indirect way. To say the least, hypnotic theories are confusing in their diversity and invariably lead nowhere in the end. To anyone intending to take up this work seriously, I would recommend them to read all the theories, early and recent, in order to get a thorough knowledge of the possibilities of hypnosis and its attendant phenomena. The reader will find it extremely interesting, perhaps a little confusing at first; then he can adopt any theory he wishes - it won't make a great deal of difference to his hypnotic practice. But I do very definitely state to any intending operator ... "Know something about hypnosis before attempting to induce it. Watch as many demonstrations as possible, until you have some idea of what to expect. Get to know the different methods employed, see them used and the effects of those methods on the subjects. Get some idea too, of the particular method in certain types of subjects. This is absolutely necessary. Otherwise it will mean working in the dark. Then when you feel confident enough, choose a good subject to begin with. If, perchance, you unfortunately get hold of a difficult subject in the beginning, it is more than likely to shake your confidence and hypnosis would be relegated to the background."

Personally, I read all the books I could get hold of dealing with the subject, on and off for more than six years, including psychology and a certain amount of psycho-analysis, before I ever attempted to hypnotize anyone.

The same applies to methods. There are numerous methods which can be used to induce the hypnotic state, and each operator will have his own pet method, which he finds suitable and in which give the best results.

In the chapter on methods, I have given those which I have thoroughly tested out and have always found good and sufficient; but one must, of course, vary the method according to the subject and prevailing conditions.

We have seen in the previous chapters that the essential conditions for inducing hypnosis, are a quiet, restful state of mind and body; surroundings conducive to sleep - the room in semi-darkness and so on. Contrary to all these conditions, I induced hypnosis in two subjects who were very excited and laughing hysterically. As they are of a certain amount of interest I will quote them

At a private demonstration this year, I was asked by one of the spectators if I would hypnotize him. He was excited and unable to stop laughing while sitting in the chair. He had already seen a good performance of phenomena with other subjects, and I judged him to be a good subject too. While he was laughing I turned round to the rest of the men in the room and told them, that in spite of "M" laughing, I would put him to sleep. Turning to "M" I looked at him quite steadily for a few moments and then told him very firmly to "Stop laughing". He did so at once. "Now you are fixed in the chair and can't move." (He had already seen several others fixed in, the chair and unable to move, so this was probably due to *imitation*.) "Now you are suggestible, close your eyes and sleep!" I added energetically. His eyes closed and he went deeply asleep, remembering nothing on waking. Later on in the evening he would go deeply asleep at the command to do so.

The other subject too, was of a very excitable nature and a similar condition arose with him, though in his case, I gave suggestions for sleep in spite of the laughter being present, then commanded him firmly to stop laughing and sleep.

He became quite quiet and still, but not for long however, even though he was apparently under hypnotic influence. I picked up his hand and suggested that it was becoming quite stiff and rigid. The suggestion was obeyed at once, but not only the hand and arm went stiff, the whole

body went into a typical hysterical spasm. His jaws locked - he was unable to speak or open them, or even move. I managed to relax his jaws for him, but the rest of his body refused to budge at any suggestion. I woke him up in that state and he was no better; the man kept apologizing for the utter fool he was making of himself and still laughing hysterically.

After a while of being in this state, I decided to take more drastic measures with him. Sitting him on the piano stool, I stood behind him and dug my thumbs into his neck and shoulders unmercifully, nor did I relax for one moment for all his cries, until he relaxed a few minutes later. I was now very firm indeed with him and got him quite quiet and told him that I would never hypnotize him again unless there was a doctor present, and that at the first sign of a smile I would stop.

About two weeks later I made the attempt again, this time having no bother with him. The mere command now to "sleep" was sufficient and he will fall deeply asleep when told to do so. By suggestion I was able to remove any association of his first hypnosis for any future treatments, and even though he still remembers it all quite clearly, there has been no return of the symptoms

Without doubt this was an unusual experience and the only one of its kind I have had. Had a novice been hypnotizing that man, he would in all probability have found difficulty in removing the influence or not have known what to do. "M", even though similar, had no spasm, in spite of the hysterical laughter being present.

## PUBLIC OPINION

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## Chapter X: OTHER RESOURCES

Here is a look at some of the other books and or courses I have written with the websites, so you can get more information.

[www.mindforcesecrets.com](http://www.mindforcesecrets.com)

- Closed Door Hypnosis Files
- Manipulation
- Internal Power Centers
- Magneto
- Mind Portal
- Goal Setting Fomula

[www.chipower.com](http://www.chipower.com)

- Chi Power Plus
- Mind Portal
- Internal Power Centers
- Advanced Chi DVD
- Chi Power Inner Circle Membership