FUNDAMENTALS OF HYPNOSIS

by

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PREFACE

This is the first in a series of three textbooks on hypnosis following the organization of my three major workshops: INTRODUCTORY HYPNOSIS, SELF HYPNOSIS, and THERAPEUTIC HYPNOSIS. It is designed for persons interested in learning hypnosis to begin by reading the book. The second recommended step is to take an introductory workshop.

As in the case of my introductory hypnosis workshop, the book deals with the possible applications of hypnosis, the nature of the hypnotic state, and how to induce hypnosis. As I shall state on any number of occasions in the book, the key to using hypnosis is not in the induction of the state, but rather the manner of giving suggestions while in the hypnotic state. You can learn how to hypnotize yourself and others in a mere six-hour workshop, but it takes the rest of your life to develop the understanding and skill to effectively use the hypnosis. The other two books are devoted to preparing the foundation for developing those skills. The second book, SELF HYPNOSIS, as the title implies, deals with the use hypnosis on yourself. Though there are exceptions, the best way of using hypnosis is through self hypnosis. The third book, THERAPEUTIC HYPNOSIS, is designed for health and mental health professionals, and teaches how to use hypnosis in those professions.

As I shall point out in Section 4.2, this book does not take the place of a hypnosis workshop. Rather, it is the intellectual content of the introductory hypnosis workshop. After reading this book you may or may not be able to hypnotize yourself or others. However, you will understand much more about the subject of hypnosis. I recommend either reading this book before or after taking a hypnosis workshop. It will clear up many issues that you might be concerned about, and it will allow you to concentrate on the demonstrations in the workshop.

If you take a workshop (either mine or anyone else's) before reading this book, you will still find the material in this book elucidating, and it will reinforce the learning that took place during that workshop. I allow free repetition of any of my workshops because the repetition is strong reinforcement and allows the participant to greatly increase his\(^1\) depth. Each time you read the book or attend a workshop, you will find you have gained significantly.

I tried to write this book in a readable, informal style rather than as a scholarly work. Nevertheless, I have made every attempt to make the presentation objective and scientific. That is, when the material is a matter of conjecture or opinion, I try to present it that way. I also decided to primarily cite case studies based on my personal experience in the practice of hypnosis rather than quoting those of others. Obviously this is anecdotal rather than statistical evidence. Many behavioral scientists do not regard anecdotal evidence to be worth much, but in hypnosis it plays an important role of indicating what is possible. Statistics, by contrast, tells us, in principle, how often we can expect to see a given result, given the equivalent procedure. In hypnosis statistics invariably underestimate the capabilities because very subtle differences in the hypnotist's presentation, which need to be geared to the individual, greatly affect the outcome of an experiment. Experiments conducted with such things as audiotapes to scientifically control experiments show only what is possible with that medium, and that is usually significantly less than is possible with an interacting hypnotist.

While the field of clinical psychology is not greatly scientific because of the tremendous difficulty in performing meaningful experiments under good scientific controls, the area of hypnosis is at least as well researched as any other area of clinical psychology. I am particularly concerned that many "new" psychotherapies and personal improvement

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\(^1\) After carefully considering our various options, I have chosen to use “he”, “him” and “his” whenever there is an ambiguity in gender. I sincerely hope this does not offend anyone.
methodologies are continually being sold to mental health professionals and the public -- not because they don't work, but because they are, in essence, hypnosis. Thus researchers studying these methodologies are "reinventing the wheel" rather than extending the forefront of knowledge. At the time of this writing the latest of such hypnotic techniques being "marketed" under a new name is “EMDR” (eye movement therapy). The techniques are extremely primitive and the capabilities far less than the more advanced techniques developed decades ago by hypnosis professionals.

I sincerely hope that this book will serve to educate many people about the tremendous value of hypnosis, and how safe it is to use. I strongly believe every person can find significant value in hypnosis, and I believe all parents ought to teach their children to be able to use hypnosis when they grow into adulthood. After all, when children are young, they should be treated as if they are in hypnosis -- because for all practical purposes they are!

Finally, I want to acknowledge that an initial version of this book was co-authored with a professional hypnotist, Larry Rice, whom I professionally certified many years ago. While Larry contributed little to the structure of the book, he had a great many case studies based upon his many years of his practice. Shortly after I retired as a university professor and moved to Denver, he moved to an unknown location, and I have been unable to contact him despite significant efforts. In order to complete the project without his participation, I removed all of his contributions and finished the book on my own.
Chapter 1: 
THE POWER OF HYPNOSIS

1.0 Introduction

Most people have some vague impression that hypnosis is sometimes useful in treating bad habits such as smoking and overeating. Most have also heard of the use of hypnosis in recovering forgotten details of a crime or a traumatic event. Some are aware of the use of hypnosis in controlling pain during natural childbirth. Very few people, however, know of the true power of hypnosis. I begin this book by telling a little about the applications of hypnosis to a wide variety of things. In doing so, I emphasize my own personal experience to make the information more credible.

1.1 Undesirable Habits

SMOKING

Perhaps the most common application of hypnosis is in the treatment of the smoking habit. Hypnosis is useful in getting people to stop smoking, and it is easy to get immediate results. However, success rates tend to be somewhat less than is generally touted (39% by one study) when looking at a long period of time -- six months or longer. The success rate would undoubtedly improve dramatically if hypnosis were used to extinguish the new trigger when there is a relapse.

OVEREATING

Overeating is another habit frequently treated by hypnosis, and, like smoking, there tends to be immediate but temporary results. Again, as in the case of smoking, the long-term success rate would dramatically improve if hypnosis were re-applied each time the habit returns.

In controlled experiments subjects are usually given simple suggestions that, for example, they will feel full and wonderful after eating only a small amount. Unfortunately, simple suggestions often do not work in achieving weight loss. Sometimes the root of the problem lies with an event in the past and there is no current need for it. To illustrate, I had a hypnosis student at the University of Colorado who had previously tried all kinds of radical methods to control his weight. Though I always recommend against using self hypnosis for age regression to discover traumatic memories, he age regressed himself anyway, using appropriate safety suggestions, to discover that as a young child he was not allowed to take his favorite teddy bear with him on a trip to Europe. Having gained the knowledge of this psychologically blocked traumatic memory, he quickly lost significant weight and did not gain it back later.

It is also common that overweight people have a psychological need for that weight, and that need must be addressed before lasting weight loss can occur. The psychological need often stems from either not being comfortable with their bodies or not being comfortable with relationships. It might even originate from fear of sexual advances, and in some cases that fear might even relate to sexual abuse, incest, or sexual relations performed under duress at an early age. In such cases the extra weight can act as a protection barrier. Once the true cause of the need for protection is found, it can be remedied and the weight can be permanently shed.

1 I am an emeritus physics professor at the University of Colorado at Colorado Springs. In addition to physics, I taught introductory and advanced courses in hypnosis for a number of years.
**TRICK KNEE**

Hypnosis is much more successful when applied to habits that have no psychological basis. A workshop participant in San Diego came to me with a "trick knee". About once a month she would dislocate her knee as she walked, ran, or turned in place, falling to the ground in severe pain. She then had to use crutches for about a week to recover.

I hypnotized her and suggested that her subconscious mind take the responsibility of preventing her from moving in such a way as to throw out the knee. The next two days she phoned and complained of having problems walking, but by the third day the subconscious mind had figured out how to control her movements to prevent the problem. After that she quickly recovered her ability to walk and run, and at least for the next couple of years (the time I maintained contact with her) the trick knee problem never recurred.

**1.2 Memory**

While hypnosis can certainly be used to recover memorized facts for a school exam or the like, in this section I shall focus my discussion on the recovery of lost memories.

**CRIMINAL INVESTIGATION**

Law enforcement agencies frequently use hypnosis to recall accurate descriptions of perpetrators and other useful information. One famous case broken through hypnosis was the Chowchilla kidnapping in California (1976). 26 children and a bus school bus driver were kidnapped and the entire bus was buried underground. The bus driver managed to escape and contact authorities who then rescued the children. Through hypnosis, the driver recalled all but one of the characters on the license plate number of the kidnappers' vehicle, leading to arrests.

While hypnosis can be extremely valuable in the investigation of crimes, it is my opinion and that of many others that it is not an entirely reliable tool in courtroom testimony due to the potential of an inadequately trained hypnotist to lead a witness into false memories while under hypnosis. Historically, Sigmund Freud gave up hypnosis after he became convinced that many young women were fantasizing childhood sexual molestation under hypnosis. In more recent times therapists have become aware of the fact that childhood molestation is much more common than originally thought, but it can, in fact, be fantasizing.

In the case of children, the problem is particularly acute. (As I shall discuss in my book on therapeutic hypnosis, children behave essentially as if they are always in a state of hypnosis.) In research done after a number of daycare center personnel were wrongly imprisoned for sexual abuse, researchers merely asked children at regular intervals, without any prompting, even subtly, about events at a particular time when it had already been established nothing special happened. Initially the children responded correctly. With each interrogation, though, their fantasies grew, and it was not long before they were falsely remembering bizarre events.

Even outside hypnosis adults are remarkably easily influenced and misled by investigators. For example, a trick that is sometimes used by an unethical investigator who already has made up him mind of the guilt of a suspect is to have a witness look at a book containing a photo of the suspect. If that photo is not chosen, the investigator then slips it into another book to look at, instructing the witness to "see if you recognize any of the photos here". Frequently the witness will then recognize the photo without remembering it was in a previous book, and sometimes be thus led into identifying the suspect through mis-memory.
**AGE REGRESSION**

Age regression is the process of returning the subconscious mind to any age or time to recall events or feelings. Age regression might be used to help people recall the location of a lost possession or the name of someone in their past. I have done numerous demonstrations of age regression, sometimes with parents present to suggest questions for the purpose of ascertaining minute details at an early age, perhaps the first birthday. Research by others has verified that handwriting samples in the age regression are consistent with the regressed age, and even such things as a Babinsky reflex test, generally unknown to all except certain medical doctors, that shows neurological characteristics of a baby less than a year old, are consistent with the regressed age.

The details being recalled under hypnotic age regression need not have been conscious at the time the events of the memory took place. It is not uncommon for a hypnotist to regress a subject to perhaps five or six years old, and have them “see” a license plate number of their parents’ car, even though they never paid any attention to it when they were young. Psychologists call this eidetic memory.

Rigorous experiments show that while the memories stored in the subconscious do reveal significant inaccuracies, it is clear that the subconscious stores an extraordinary amount of detail from the past, all the way back to a very early age.

**BLOCKED TRAUMATIC MEMORY**

Many psychological illnesses such as phobias, anxiety, or panic attacks, stuttering, sexual dysfunction, as well as other neuroses can be cured by hypnosis because they are often caused by a blocked traumatic memory. Because the symptoms are apparently caused by the subconscious mind’s attempt to repress the memory, all that is usually needed to affect a cure is to uncover the relevant information and place it into consciousness. There is no need to re-experience anything. Hypnotic age regression is used to uncover the relevant information about the traumatizing event, and that information, no longer suppressed, frees the sufferer from the symptoms. More on the subject in section 1.8, and I detail explicit methods of uncovering blocked traumatic memory in my advanced book on therapeutic hypnosis.

**PREBIRTH MEMORIES**

Hypnotic regression back to birth and even prebirth is very controversial, for it is questionable just how much information a baby at this age is capable of processing and/or storing in memory. It is difficult to assess the validity of such memories, since the person could have learned them at a later age, but it is at least possible that a mother suffering from depression or anxiety can pass this feeling to her baby in utero. In one case I cured a friend of asthma by regressing her back to birth, where she learned that she was born with the cord around her neck. Her father verified the event, and said that to his knowledge there was no way she could have learned of it except by personal recall.

**PAST LIVES**

Another common phenomenon in hypnosis is regression to another lifetime occurring before birth. Historically, past lives regressions under hypnosis began with the psychic healer Edgar Casey, who under hypnosis could apparently accurately diagnose the physical problems of distant persons and suggest successful treatments. Under hypnosis, he explained that he had acquired his knowledge from a previous lifetime. Being a staunch Christian, he was appalled at what he had said after coming out of the hypnosis. The next famous case of past lives regression came from an amateur hypnotist, Morey Bernstein, who hypnotized a housewife in Pueblo, Colorado, in 1952. She related a detailed life story of being Bridey Murphy, born and raised in early 19th century Ireland. The investigation of
that case is described by the radio personality Bill Barker in his book, *The Search for Bridey Murphy*. (Incidentally, I have a copy of the tape recording made of the original session.)

I've done research in the field and have regressed many people into past lives. Everyone, regardless of their belief system, seems capable of recounting a past life under hypnosis. I conclude that while there might be a chance for some of the information obtained to be paranormal -- that is, to be communicated by a mechanism not yet scientifically explained -- inconsistent aspects such as overlapping lifetimes suggest that the mechanism is not reincarnation. I also conclude that genetic memory\(^2\) cannot explain the phenomena because the persons in the past lives are not even remotely genetically related.

It is interesting to note that persons regressed through hypnosis to a previous life almost never perceive themselves to be famous or noteworthy in that lifetime, and regardless of religious beliefs the description of existence between lifetimes is remarkably uniform. In particular, the existence between lifetimes is characterized more by what one would consider a ghost than anything else: no heavenly surroundings, no body, an awareness of what is going on with close friends and relatives. Interesting, but not convincing.

AGE PROGRESSION

Hypnotic age progression, as the name implies, is looking at the future while within hypnosis. I believe that the information so obtained is most likely pure fantasy,\(^3\) but it is nonetheless very significant in that it shows the expectations of the subconscious mind. Those expectations tend to drive the behaviors and life events of a person, and often people do, indeed, find the future is precisely that predicted by their subconscious.

I routinely age progress anyone going into surgery to ascertain if the patient anticipates any problems with the surgery or subsequent recovery. If the age progression uncovers an expectation of a problem, I deal with it before allowing the surgery to proceed. I also check by age progression after any therapeutic procedure to determine if the subconscious anticipates success. Despite the fact that such expectations are very important, I want to emphasize that the subconscious certainly can, and does, change its mind. All an age progression does is to indicate what the subconscious anticipates at that time.

1.3 Learning and Performance

STUDYING AND TAKING EXAMS

Hypnosis can be used for concentration, to combat exam anxiety, and to recall factual information. Using concentration induced by hypnosis, studying can become much more efficient. Using the reduction of exam anxiety and the enhanced memory recall of hypnosis, a student can certainly perform better on exams. For example, I did not study at all for an 8 hour *registered professional engineer’s exam*, but using hypnosis before the exam, I finished hours earlier than anyone else and made close to a perfect score.

A hypnotist that I professionally certified had a client who returned to college to finish her degree, but was having great difficulties. The best-controlled experiments involving ESP over both space and time are probably by physicists Targ and Puthoff at Stanford Research Institute. Their results have been reproduced by other researchers, and their book, *Mindreach*, is recommended for the interested reader.

\(^2\) The idea of genetic memory is that memories can be stored in the genetic material of the cell and passed on to the progeny. Planaria (flat worms) have been shown to have genetic memory in that worms having been taught to respond to very simple stimuli have been ground up and fed to other planaria, who acquire the knowledge directly. Planaria were used because the digestive process does not destroy the genetic material.

\(^3\) It would not be scientific to exclude the validity of the information obtained by age progression on the basis that it is not possible to see into the future. A number of very convincing experiments exist to suggest some clairvoyance might be real.
difficulty figuring even the simplest mathematic equations. It seemed she had a total math block. After working with the client, my colleague found that a teacher the client had as a young girl had punished her severely for failing to give the correct answer to a math problem. Once these details were revealed, the client could not only remember the math problem, but could now answer it. This realization of where the block originally stemmed gave her the ability to continue her college education, and in an impressive way -- with straight A's -- including the math classes! I believe many people have problems stemming from something a well-meaning teacher has said or done in front of all their fellow classmates that has caused great embarrassment. The long-lasting effects were never intended.

I have worked successfully with numerous people on scholastic achievement. In one case a student of mine wanted to learn Chinese from his Chinese wife so he could communicate with her in her native tongue. For some time she tried to teach him, but no matter how hard he tried, he was unable to distinguish the subtle sound differences in the Chinese language. I put him into hypnosis for each lesson from his wife, and because his senses and concentration were greatly enhanced, he was successful in learning the language, at least to his own satisfaction.

**Dyslexia**

Dyslexia -- the inability to read efficiently -- is now known to be very common, and existed in many historical figures such as Einstein, Churchill and FDR. It is somewhat genetic and arises from the lack of development of one or both language interpretation centers in the brain. In fact, I myself was raised as a mentally retarded child because of dyslexia until an IQ test in 6th grade revealed otherwise. After that I was treated as a “late bloomer”.

I had a high school age client who was severely dyslexic and had a long history of very poor school performance. After several sessions of hypnosis, the student was able to successfully complete high school and eventually went on to become an "A" student at the community college as well. His father was so impressed that he enrolled in a graduate psychology program and has since become a PhD with a specialty in treating learning disorders. Neither hypnosis nor anything else currently cures dyslexia, but hypnosis can be used to develop compensating mechanisms that allow the individual to function well despite the handicap.

**Reasoning**

While hypnosis can be extremely valuable in learning and taking exams, there are limitations in what the subconscious can do. For example, while a person under hypnosis might be able to recall information and perform routine tasks in a superior manner, it is unlikely that he would be able to reason well. This is actually not much of a limitation, though, for I recommend that hypnosis only be used before the exam or performance, using posthypnotic suggestion. That way the person's full reasoning power is still available when he needs it.

**Performance**

Certainly hypnosis can be used to greatly enhance performance, particularly when it comes to reproducing some kind of superior performance from the past. Athletes use hypnosis a great deal, though they may be unaware of the fact that it is hypnosis. The famous hypnotist Milton Erickson used hypnosis on the Olympic rifle team, and they won a gold metal. A colleague of mine in the local community college made significant money hypnotizing professional football players.

I have an interesting personal anecdote about sports performance. At a party I attended many years ago a lady asked me to hypnotize her to beat her husband at golf the next day. Both had been retired for several years, and played golf daily. She never once had won against him. I complied, and
she did, indeed, win the next day. Despite the evidence to the contrary, including the fact that after that one event she again found herself losing consistently, she chose to ascribe the victory to coincidence.

Of course athletic performance is not the only kind of superior performance that can be elicited through hypnosis. Once I hypnotized a concert pianist to perform better, and I’ve hypnotized any number of persons wishing to improve their public speaking. Almost any kind of performance can be enhanced by hypnosis!

CREATIVITY

Though creativity is not well understood, it would appear that the subconscious is primarily responsible for creativity. History tells us that many famous literary and artistic persons have used hypnosis -- or at least an altered state of consciousness -- to help them in creative endeavors. An example in the field of literature is Aldus Huxley, who wrote his various novels, such as *Brave New World*, in a self-induced altered state of consciousness. In the field of music, Peter Tchaikovsky visited a hypnotist many times in order to help himself be creative in a number of compositions, and Sergei Rachmaninoff composed his famous second piano concerto using hypnosis.

1.4 Psychological Problems

COMPULSIVE OVEREATING

Compulsive behaviors manifest themselves in many ways. Examples are checking over and over again to see if the iron is turned off, if the door is locked, or cleaning a cupboard, bingeing on food or alcohol, or even shopping. There is usually no logical reason for the behavior, and most often it can be attributed to a traumatic event in childhood, making this disorder easily cured using age regression.

A female client of mine in New York City was so compelled to binge on chocolate that at times she would sometimes abruptly barge into shopping lines or, in her haste, knock someone over to get to chocolate. The woman, after hypnotherapy, is now able to abstain from bingeing on chocolate.

Sometimes compulsive eaters are looking for security. They are looking for the time when oral satisfaction at a very young age keeps them safe. They seek to relive the experience when their mother took care of all there needs and keep them safe. If hypnosis is used to modify a diet without finding the cause of the fear, the result might only be temporary.

NAILBITING AND TICS

Nail biting, a common compulsive disorder, can originate in many ways, but is usually a neurotic problem. There are a number of useful hypnotic techniques to deal with it, but I believe that there is almost always a childhood origin that can be uncovered with hypnotic age regression.

Tics, a subconscious movement of some part of the body in a repetitive manner, are another compulsive disorder. Some tics appear to be someone ducking or trying to avoid being hit. These are sometimes generated from a time in someone's life involving both anger and fear. They may also arise from the feeling of being rejected by someone very important in the person's life.

BEDWETTING

Once when I was hypnotizing a medical doctor to help him stop smoking, the doctor asked whether I could help his son overcome his bedwetting. I agreed to help. The night, after being hypnotized, the son wet his bed more than ever before. That, however, was the last night of the bedwetting. Clearly
the subconscious mind was receptive to doing away with the bedwetting, but there was still a component of anger associated with it. Frequently bedwetting is associated with suppressed anger that needs to be dealt with.

POSTHYPNOTIC SUGGESTION UNDER ANESTHESIA

It is probable that surgery patients occasionally suffer psychological damage while under the anesthetic. There is scientific evidence to suggest that a patient under anesthetic hears and subconsciously processes at least some information. In fact, I once met an anesthetist who always talked to her patients while under anesthetic, and was quite convinced that it made a difference.

Thus what a surgeon or nurse says while a patient is anesthetized can act as a hypnotic suggestion to the patient, sometimes causing significant trauma. Patients being conditioned by hypnosis for surgery should be given instructions regarding what they should accept and what they should ignore from the doctors and nurses. And, given the opportunity, the medical staff should be instructed on what and what not to say during the surgery and in the recovery room. Finally, it may be that a patient not doing well after surgery needs to be hypnotized to learn the cause, and new suggestions given to replace suggestions received while under the anesthetic.

1.5 Pain and Other Physical Symptoms

Hypnosis can be used to relieve virtually any symptom of any ailment. These might include nausea, gagging, itching, and stinging. A powerful tool is an imaginative "control panel" that allows the subject to control each symptom with the rotation of an imaginary knob. I'll treat that as well as other hypnotic techniques in my books on self hypnosis and therapeutic hypnosis. Relief of pain can be controlled in the same way, whether it be short-term pain from a surgical incision or a pain that has become chronic over an extended period from such things as severe injuries, arthritis, or "phantom limb pain" (pain perceived as originating from an amputated limb.)

DENTAL PAIN

Hypnosis in dentistry is particularly valuable because there is usually a strong component of fear of pain, and typically there is no psychological need for the pain. Moreover, the dentists themselves suffer a lot of stress in their own lives because of causing their patients pain, and self hypnosis can alleviate a lot of that.

As in all professional utilization of hypnosis, dentists need to be adequately trained. In one application, for example, a dentist, having just learned to use hypnosis, told a patient that he would not bleed after a tooth extraction – and he did not. The result was a "dry socket", which is not optimal for healing. A statement such as "you will bleed only as much as you need to" would have been far more appropriate so as not to cause unnecessary problems. The subconscious mind knows how much that is, and it can be trusted to keep things in balance as long as the suggestion is appropriate. As you will learn later, my own hypnosis involves safety suggestions that take care of most of the inappropriate hypnotic suggestions.

CANCER

There are researchers who claim that hypnosis and guided imagery can cure cancer. The results are controversial, and I’ll discuss the problems in Section 1.9. There is absolutely no doubt, though, that hypnosis can be extremely helpful in dealing with the symptoms of cancer. For example, I had a girlfriend who died of breast cancer after five years with the affliction. She had terrible chemotherapy treatments, and I took care of almost all of her symptoms by just putting her to sleep during the worst 12-16 hours.
NATURAL CHILDBIRTH

A common application of hypnosis for pain control is in managing childbirth. Women can be conditioned to have “natural” childbirth with complete comfort, control, and awareness of the entire process. Because the relief from pain permits them to avoid the use of chemical anesthetics and analgesics, the mothers recover much faster and their babies come into the world unanesthetized because no chemicals have been introduced into their bodies. In one natural childbirth, I was videotaping an expectant mother that I had conditioned. She was certain it was time for the baby to be delivered. Since there were no symptoms of pain normally felt by mothers, the nurses continued to assure her it must be a false alarm. Shortly thereafter, it became obvious that the mother was right: she promptly delivered.

SURGERY WITHOUT ANESTHETIC

Hypnosis is particularly valuable for Cesarean section childbirth where a general anesthetic is shared by both the mother and her child. If the infant is in poor health or at risk in some way, the avoidance of a chemical anesthetic can mean the difference between life and death.

In my introductory hypnosis workshop, I show a film of a mother giving birth by means of Cesarean section without an anesthetic. She sings throughout the entire delivery is expresses delight when recognizes the sex of her child. While surgeons and hospitals are reluctant to approve such surgeries, necessity prevails when there is significant risk arising from the chemo-anesthesia. Except in a dire emergency, there is always an anesthetist or anesthesiologist in attendance checking the vital signs and prepared to use chemical methods should the patient come up from the hypnosis.

HEART ATTACKS

For health care professionals, the techniques of hypnosis can be an extremely effective method in providing relaxation to patients who are under the stress of pain and the unfamiliarity of the hospital surroundings. To carry the idea a step further, imagine being able to use hypnosis to stop or reverse the effects of a heart attack. An acquaintance of mine who worked in the hospital emergency room administering EKG’s to cardiac patients said she could bring most patients out of a heart attack by hypnosis. Did she tell anyone she was hypnotizing them? No, indeed! To do that might only add to the patient’s anxiety. She would say, “In order to do the EKG, I need to have you relaxed, so follow my instructions ...” Because she could get the patient to relax, the body required significantly less blood flow and the stress to the heart muscle was lessened, thereby inhibiting the heart attack.

DRUG ADDICTION

I’ve helped a number of people free themselves from drug addictions using hypnosis. Most typically I use hypnosis to have them recall the experience of the drug high without the use of the chemical itself. They usually also require counseling, but that aspect has not fallen on my shoulders. I theorize that the same method could be used to provide paraplegics and quadriplegics with the enjoyment of sex by revivication of earlier experiences using age regression, but I’ve had no occasion to try it out.

1.6 Circulation and Bleeding

In recent years we have begun to understand how many bodily functions we once thought automatic and controlled by the autonomic nervous system are controllable through hypnosis. This system can greatly affect heart rate, circulation,
blood pressure, bleeding, chemical secretions such as hormones and enzymes, and the immunity system. Because the autonomic nervous system is controlled by the subconscious mind and hypnosis provides a direct line of communication to the subconscious mind, in the hypnotic state one has significant control of the autonomic nervous system, including such things as enhanced circulation to warm the hands or feet, slow the heart rate in panic situations, including shock and even heart attacks, and regulate blood pressure.

**HIGH BLOOD PRESSURE**

A number of years ago there was a period of time when I was under great stress and on medication for high blood pressure. Inexplicably, after several years the medicine ceased to be effective. Before going on the original medicine I had tried hypnosis, but only with limited success. Now being really motivated, I gave my subconscious mind the self-hypnotic suggestion to take control of all aspects of my health in whatever ways were necessary. The blood pressure immediately became normal, and has remained normal ever since. Moreover, since that time in roughly 1985 I have not suffered from high blood pressure or anything else other than a very occasional cold or flu. Moreover, without any conscious intent or effort, I have become very exercise oriented, gone to eating just one meal a day, and maintain a completely stable weight. (I am 6’1”, weigh 172 lb, and consume far less than the 3000 calories per day recommended for my body and lifestyle.) I eat a relatively low carb diet, which was considered to be very unhealthy until recently when the virtues of the diet were documented.

**BLOOD CIRCULATION**

Interestingly, the subconscious mind has control over the muscles surrounding the blood vessels, and through hypnotic suggestion both circulation and bleeding can be controlled. As an example, on a ski trip a friend of mine had a problem with cold hands and feet. On this particular occasion, she wanted to take a break to warm her hands. I suggested trying hypnosis as an alternative. She was surprised and delighted to learn she could, in fact, warm her own hands by simply imagining the blood flowing to them. Since that time she has been able to warm her cold hands and feet when needed.

**BLEEDING**

Nosebleeds, while possibly caused by stress, dry air, and thin nasal tissue, can be controlled with hypnosis. I had an elderly gentleman as a patient who came to me with a long list of physical ailments he wanted to deal with, starting at the top of his head and working down. The first item was to grow hair on top of his bald head. The second item was to be able to see without glasses. The third item was to stop recurring nosebleeds. The list continued down his body all the way to his toes, with such things as muscle cramping. After only two weeks of self-hypnosis training and practice, the man had accomplished everything on the list except one. You guessed it! No hair grew on the top of his head!

A year later I met the man in a grocery store, where he related how he had been working in his shop and almost cut off a finger. It was close to being completely severed, and the bleeding was profuse. For a moment he was very frightened and felt like he was going into shock. Then he remembered how he had stopped his nosebleeds and hypnotized himself to stop the bleeding. It worked! Moreover, the man's finger was saved and its use restored.

A colleague of mine had a similar experience. While working with a nail gun he put a hole completely through a finger, severing a small artery. He simply used hypnosis to stop the spurting blood, and subsequently suggested that the wound would heal rapidly without scarring. It was invisible after eleven days!
It should be obvious now to understand how people who have inherited life-threatening hemophilia (an inability of the blood to clot) can benefit from hypnosis, especially self-hypnosis. Hemophiliacs bleed easily and profusely, often internally as well as externally from the slightest trauma making them extremely vulnerable to bleeding to death. With control of bleeding as dramatic as I have illustrated, it is no wonder hemophiliacs are commonly taught self-hypnosis to control their bleeding -- a life-saving practice.

**CONTROL OF BLEEDING UNDER ANESTHETIC**

Posthypnotic suggestions for minimal blood loss, as well as a rapid recovery, can be successfully given to persons undergoing surgery. On one occasion I got to objectively test the effectiveness of the suggestion of minimal blood loss. A student of mine was scheduled to have surgery to remove a portion of his lower intestine. This student had already undergone an earlier surgery identical to this with significant blood loss. I suggested minimal blood loss in a preoperative hypnosis session, and indeed, his blood loss was a very small fraction of that in the earlier surgery.

1.7 Hormone Control

**DIABETES**

Textbooks on hypnosis speak to how hypnosis can be used to treat diabetes, at least in some instances. A colleague of mine had the opportunity to perform a scientific experiment to demonstrate how hypnosis can control the secretion of insulin in a diabetic. He had a client who had suffered from severe diabetes for several years. She received insulin injections twice a day to regulate the sugar in her bloodstream. My colleague asked her permission to participate in an experiment while she was being regularly monitored in a hospital. Through hypnotic suggestion the woman maintained completely normal insulin levels without injections for three days. At that point she left the hospital and the experiment was concluded.

**BREAST ENLARGEMENT**

There exist a number of books telling women how to enlarge their breasts using hypnosis, and I have done hypnosis for breast enlargement for a number of clients. Some of them have claimed success, while others have been unsuccessful. In a number of cases they decided they did not want to carry through with it (a fruitful outcome as well.) Because the issue is controversial, and because I have not been able to personally verify my success with any kind of scientific certainty, I resort to quoting the results of the original research that took place in the 1970s.

In 1974 JE Williams reported on a study of 13 women who increased the circumference of their breasts by an average of 2.11 inches (2 cup sizes) using age regression and age progression. In 1977 A. R. Staib and D. R. Logan verified Dr. Williams’ result using imagery and coincidentally found that the waist size decreased by 1.4 inches. They also did a follow-up study that showed 81% of the breast growth was retained several months after the women quit using the visual imagery. Also in 1977, R. D. Willard reported that in his group of 22 volunteers, all increased their breast circumference, and the average increase was 1.44 inches. Finally, in 1979 Roy Beran, a neurologist, reported to a hypnotherapy convention in

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Adelaide, Australia that during his three-month study, every subject was pleased with the results, and felt her breasts were firmer. The average breast volume (measured by displacement of water) more than doubled, and those women who began with one breast smaller than the other found them equal in size at the end of the study. I encourage the skeptical reader to read the details of these studies as well as the more recent literature.

**LACTATION**

Natural childbirth free of pain is an obvious advantage of hypnosis. A further benefit of hypnosis to mothers of new babies is the well-documented research that the lactation process can be established earlier than normal. Generally, the new mother’s lactation begins about three days after delivering; using hypnosis, it is reduced to two days. Moreover, hypnosis can be used to enhance or suppress lactation when desired.

**GENERAL HORMONE ENHANCEMENT**

Hypnosis can also be used to regulate hormones in both pre- and post-menopausal women. Through hypnosis I have successfully taught women to discontinue taking hormone supplements because of renewed natural hormone release through hypnosis. Likewise, women who suffer from menstrual cramps, agitation, fatigue, weight gain, headaches and other symptoms of what is commonly known as Pre-Menstrual Syndrome (PMS) can be greatly helped through hypnosis. A combination of age regression therapy and a program of self-hypnosis are strategic in treatment allowing women to enjoy normal activities before and during their menstruation, totally without the use of hormone supplements or other medications.

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7 Baran, Roy, a neurologist at the Adelaide Children’s Hospital in England, presented his study to the Feb 1979 National Convention of Hypnotheapists in Adelaide, Australia.
The reason is simple. Hypnosis is an extremely powerful tool to uncover lost memories, and stress-related disorders -- at least those to which I refer -- can be cured merely by uncovering the appropriate details of a so-called blocked traumatic memory, originally discussed in Section 1.2. The prevailing theory is that the stress-related disorder is a symptom that the subconscious mind uses to prevent the conscious mind from remembering the blocked traumatic memory. Clearly it is a complete overreaction, particularly in view of the fact that most of the events occurred at an early age -- almost always before age ten and often before the age of five -- and would probably not be remembered anyway. Regardless of whether the theory makes sense, however, it is a fact that when the memory of the specific event is uncovered and put into the conscious mind by hypnotic age regression, the symptom disappears forever!

As I just mentioned, the blocked traumatic event usually occurs at an early age. The earlier the trauma, the more impact it had on the child. When recalled as an adult, the event frequently is hardly deemed worthy of such pain and suffering. Many clients have said something like “Do you mean to say that is all that caused me to suffer all these years?” Also interesting is that frequently the client, unable to accurately recall the symptoms, tends to forget just how traumatic the problem was, and later telling friends and relatives "it was no big deal”.

To illustrate, I now present a few examples of the blocked traumatic memories I have encountered.

**PHOBIAS**

Common phobias are fear of insects, snakes, and birds, flying, leaving the house, heights, and small closed areas. I’ve cured a great many phobias, and the vast majority were due to blocked traumatic memory of a single event in childhood. To illustrate, I worked with a colleague who had a phobia against flying, and it certainly hampered his professional career. It turned out that the blocked traumatic memory was of him being cornered in front of his garage by a group of boys shooting BB guns at him. He was traumatized by his lack of control, and apparently he re-experienced the lack of control as a passenger on an airplane.

There are, of course occasional instances when the phobia is not due to a specific event. I did an age regression on a woman who also was very afraid of flying. When regressed in the usual manner I learned the cause of her phobia was her mother's fear of flying, which as a girl she picked up.

**MIGRAINE HEADACHES**

Somewhat surprising is that often a person, after being regressed, finds the actual event causing the headaches seemingly inconsequential or even trivial! One of my subjects related that the cause of her severely debilitating headaches was something her mother said to her on December 23, 1972. In another case where the woman had become a doctor-prescribed drug addict to avoid the headaches, it was something said to the teacher by a classmate on the second day of Latin class during high school. Rather than the blocked traumatic memory being a severe physical or emotional trauma, it appeared that the subconscious mind was merely taking literally the comments of another person never intentionally meant to cause harm.

I referred the wife of another colleague to a hypnotist I had professionally certified. She told me that what came out of the hypnosis was that when she was a young girl, her daycare provider punished her for watching while the provider changed the diaper of a baby boy. The daycare provider placed a great deal of shame on the young girl in front of all the other children.
ASTHMA

While asthmatics have a definite physical propensity to the affliction, asthma attacks are mentally triggered through an exposure to a physical, chemical, or emotional stimulus. Hypnosis can be used to extinguish those triggers, typically through the same mechanism as for phobias and migraine headaches: age regression. As an example, recall from Section 1.2 that I age regressed an asthmatic friend of mine all the way back to revealed that during the birth process the umbilical cord was wrapped around her neck choking her. With that knowledge, and being able to understand that the danger was long past, her symptoms of asthma never returned.

1.9 Physical Healing

INFLUENZA

It is generally believed that stress has a significant impact on the immune system. Though hard to prove, I believe that I have had success improving the natural immunity of clients through hypnosis. A dramatic illustration of how rapidly this can be done comes from two occasions in my hypnosis workshops. On each of these two occasions one of the participants came down with intestinal flu during the session and was preparing to leave. On both occasions I suggested he let me try hypnosis, and within 20 to 30 minutes the symptoms completely disappeared, not even to return later.

Of course it would not be fair to withhold another very similar situation where I failed. In this case a party was being given for a professor visiting from another university who had given a talk that afternoon. He was coming down with intestinal flu and was receptive to my doing hypnosis on him to treat or cure the illness. It did not work. I think there is a good chance that it was because there was no opportunity to establish a good rapport, but there is no way to tell for sure.

CANCER

In section 1.5 I discussed the value of hypnosis in treating the symptoms of cancer and the side effects of treatments like chemotherapy. Now let me talk about the possible cure of cancer through hypnosis. Though there are various books and research papers written on the successful cure of cancer through hypnosis and guided imagery, there is no general agreement on the validity of the studies. The argument against the conclusion is that the statistically favorable results might well be due to the self-selection of participants. That is, the patients volunteered for the treatment using hypnosis, and those patients might well have gotten favorable results even without the guided imagery. This is a common problem in researching the effectiveness of various mental healing techniques: distinguishing between “statistical correlation” and “cause.”

SCARS

While hypnosis cannot heal dead tissue any more than it can grow a new limb, the healing process can certainly be speeded up via the normal body mechanisms. By using hypnosis, the same mechanisms of hormones, blood supply, and circulation that have been discussed earlier can also be used as a tool to heal the physical deformation of scar tissue. A woman who had deep scarring from acid burns on both thighs sought hypnosis therapy from me. Recognizing the unique opportunity, I asked if I could initially treat just one leg to compare the healing progress. Unfortunately, the client could only think of the scars, which she had endured for over a year, and refused. After only a month of hypnosis therapy, the scars had healed significantly, giving the woman a tremendous gain in self-esteem.

8 For example the book, Simonton and Simonton, Getting Well Again, provides an account of the couple’s success in treating cancer patients.
MUSCLE REJUVENATION

In the area of muscle rejuvenation, I was a witness to another hypnotist treating a victim of polio in her youth. After just one week of hypnosis I measured one inch (in circumference) of new muscle tissue on the atrophied leg. In another case, a colleague of mine worked with a national arm wrestling champion who had torn the muscles across his chest and was told he should no longer enter competitions in the sport. After just two sessions he was not only ready for competition, he won The World Police and Fire Games and continued successfully in the sport.

BROKEN BONES

A student of mine was told by her doctor that she had a broken arm. Upon her request, I provided hypnosis for rapid healing of the break. On a subsequent visit, just one week later, the doctor decided the bone “couldn't have been broken because it isn't broken now!” One can only speculate as to whether the arm was broken in the first place or whether the hypnosis could have healed the break so dramatically.

1.10 Limitations of Hypnosis

While I have illustrated the phenomenal powers of hypnosis in this chapter, it must be understood that there are in fact limitations. First of all, not all people respond to hypnosis -- even though virtually anyone can be hypnotized if they have the desire to and are properly motivated. It is actually the suggestions exercised in hypnosis that may not be effective, although we can never be certain that it is not simply the technique. Even famous hypnotists such as Milton Erikson had a significant portion of clientele who were not receptive to hypnosis. And while some subjects do not respond to hypnosis, there are still others who could respond, but don't because of the need to make a change in their lifestyle before hypnosis can be effective. In these cases, mere suggestion is not capable of doing the job. It may require a change such as getting out of a bad job or a relationship as illustrated next.

To illustrate, I once had a client who had red blotches appear on her face and arms at various times, making her appear disfigured as if she had been badly burned. Being amnesiac after hypnosis, she would come out of a session asking what had occurred. In the hypnosis, her subconscious mind would say, “Tell her she doesn’t love her husband.” I asked why the subconscious mind did not tell her itself. It replied, “She doesn't listen to me!” Time after time the subconscious mind repeated this, and each time I dutifully related it to her in the conscious state. Each time she rationalized it until finally one day she realized the truth in what her subconscious mind was saying. After a significant amount of distress, she divorced her husband and the infirmity went away.

Chapter Summary

In this chapter I presented a list of dramatic and profound applications of hypnosis, largely relating my own anecdotal experiences. In particular, I related how an individual can use hypnosis to modify habits; improve memory, learning, and all kinds of performance; treat psychological problems, such as compulsive disorders and phobias; control blood circulation and bleeding; control hormones; and positively cure a host of ailments, such as migraine headaches and asthma, for which ordinary medicine is relatively ineffective. It is important to understand that while the induction of hypnosis is easy to learn and apply, the beneficial results come about by means of the effective use of the hypnotic state, and that requires extensive training and skill development. Finally, it is important to know that hypnosis may not, in itself, be enough to solve a psychological or physical problem. The individual may have to make a lifestyle change to achieve the desired result. Even in that case, however, hypnosis is an invaluable tool to determine just what needs to be done.
Chapter 2:

NATURE OF THE SUBCONSCIOUS

2.0 Introduction

The power of hypnosis comes about from the subconscious mind. Hypnosis provides a means of consciously tapping into the power of the subconscious mind, but it is in no way the only means to that end. The same results as hypnosis can be achieved through religious fervor, meditation, chanting, and other techniques, both spiritual and nonspiritual. I prefer the use of hypnosis rather than other techniques because (1) there is a great deal of research in the area developed over a long period of time, and we can benefit from that research; and (2) there is no need to buy into a set of religious beliefs or a particular philosophy of reality. Also, in some cases like meditation, the ability to "program" the subconscious mind for very specific responses is limited. More on that in section 2.4.

2.1 Models of the Mind

To understand what hypnosis is (and what it isn't), it will help to focus our attention on a model of the "control center" of our bodies: the mind. The human mind houses our thinking processes which, for our purposes, are divided and defined as the "conscious mind" and the "subconscious mind". It is important to distinguish a model from a theory. A model serves only as a simplification that allows us to integrate many properties. In the words of Bandler and Grinder, developers of neurolinguistic programming (NLP), "the map is not the territory." However, to treat the subconscious mind as a completely separate entity from the conscious mind is extremely valuable in trying to understand the complexities of the human mind. As we shall delineate, each "mind" has specific functions, and while it will be obvious that the two portions must communicate with each other, they really do not overlap as much as one might think. They even have their own independent ideas about things (for example, the subconscious mind might, in fact, have a different favorite color than the conscious mind.) When you begin to see their differences, it will become more and more clear as to why the subconscious mind can control so many of our day-to-day functions. It also gives credibility to the idea that hypnosis is the altered state in which you can communicate directly with the subconscious mind, making it an invaluable tool for creating and maintaining a healthy and happy existence.

Let me present two simple models of the subconscious mind that will help you to understand its characteristics. The first is that of a child-like genie. It is child-like because its language and its interpretation of events are limited to a child's understanding rather than the reasoning capabilities of an adult. Also, in some cases like meditation, the ability to "program" the subconscious mind for very specific responses is limited. More on that in section 2.4.

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1 Keep in mind that I frequently refer to the "the subconscious mind" to just the "subconscious".

2 There are a number of models that distinguish the mind from the brain and central nervous system. Other models distinguish the unconscious mind from the subconscious mind. I make no such distinctions.
psychology and physiology of the person. I have shown examples in Chapter 1. Because of the lack of ability to tell reality from fantasy, in hypnosis it is possible to construct a reality for the subconscious mind that is more functional than the current one (but which may also be highly inaccurate). For example, in hypnosis one might convince the subconscious mind that an eye tick is due to a problem in the big toe. The subconscious mind could completely accept this, and the hypnotist could then use that model of reality to cure the problem.

The second model of the subconscious mind is what I call the *control room model*. It treats the subconscious like the control room of a nuclear power plant. There is a massive selection of knobs, dials, meters, levers and controls and indicators of every conceivable variety. There are, of course, many safety mechanisms built into the controls. If you were to turn the wrong control, usually nothing bad happens. However, if you are able to find the right knob, switch or lever, significant changes in behavior can be accomplished with essentially no effort. The challenge, of course, is finding the right combination. That is what requires significant training and experience on the part of a hypnotist or therapist.

### 2.2 Conscious versus Subconscious Minds

A better understanding of the conscious and subconscious minds requires that we know what characteristics are associated with each. First, here are the characteristics of the conscious mind:

- **Logical Reasoning**
  Logical reasoning is a critical function of the conscious mind in that it allows you to draw sophisticated conclusions without direct experience. No human being can safely function in our society without logical reasoning, and it also answers the common question of "if hypnosis is so worthwhile, why don’t we remain in hypnosis all the time?" Examples of logical reasoning are arithmetic and higher mathematics, and general problem solving.

- **Limited Sensory Awareness**
  I list normal sensory awareness under the conscious mind because at least within certain limits, a person can indeed consciously choose which sense on which to focus. However, the subconscious mind processes far more sensory information than the small fraction that passes through to the conscious mind.

- **Distinguishing Reality from Fantasy**
  Closely related to logical thinking, the conscious mind can perceive the difference between something real, like a human, and something make-believe like a cartoon. However powerful the imagination might be, the conscious mind can clearly distinguish between imagination and what is actually occurring.

- **Voluntary Muscle Movement**
  While the subconscious mind actually allows for coordinated movement, the conscious mind, as the master, is the *initiator* of the voluntary muscle movement. For example, the conscious mind might decide that you want to move from the couch to the television. It will not happen without conscious decision. As I shall state below, however, the actual muscle movements are coordinated by the subconscious mind.

Next, here are the characteristics associated with the subconscious mind:
• **Control of Emotions**
  While we consciously *experience* emotions such as anger, fear, sadness, and happiness, we have only a slight degree of conscious *control* over them. The subconscious mind has the primary control of the emotions, although emotions are also greatly influenced by factors such as drugs and hormones. Emotions are often referred to as *subjective experiences*.

• **Memory Access**
  You might be surprised to know that remembering is considered a function of the subconscious mind. True, we consciously remember things, but the information is provided by the subconscious! Merely wanting to remember something is not enough. The conscious mind, in essence, "asks" the subconscious mind to provide it with a certain memory. Sometimes the subconscious complies; sometimes it does not.

  A simple model for memory is that the memory is a large filing cabinet filled with files containing information. The conscious mind might ask for the information, but subconscious mind is in charge of the *access* to the files. Remembering might be a problem because the subconscious might not have a good indexing system. It may also be a problem because the subconscious doesn’t want to cooperate. I already discussed cases of blocked traumatic memory in Section 1.2. In either case, hypnosis can be useful to recover memories that the conscious mind desires but cannot access.

• **Coordination**
  As I mentioned under voluntary muscle movement, it is the conscious mind that decides to walk to the TV set. However, it is the subconscious mind that works out the details of just how that takes place. It is somewhat akin to having a computer program that calls on a frequently used subroutine to tend to the details of some step in the main program.

• **Autonomic Nervous System**
  As I have illustrated before, the autonomic (meaning automatic) nervous system helps control respiration, circulation, hormones, digestion, and immunity. This autonomic nervous system is almost totally controlled by the subconscious mind, though using biofeedback and hypnosis we can learn to at least partially control it. Our subconscious mind monitors and regulates many body functions, even when we are asleep or unconscious.

• **Primitive Language**
  The subconscious understands concepts primarily through basic senses such as images. Its interpretation of language is primitive. Where the conscious mind can understand humor and sarcasm, the subconscious mind more readily comprehends the literal use of words and phrases. A nice example was provided by a hypnotized subject in one of my workshops who was age regressed to an early childhood event with her mother in the kitchen. When asked if her mother was cooking, she responded, "No, she is watching the cooking." Only the subconscious mind would interpret the question as relating to scorching flesh! Because of the power to reason, the conscious mind treats language in a much more sophisticated way.

The table below summarizes the distinctions I’ve just gone through.

<table>
<thead>
<tr>
<th>Conscious Mind</th>
<th>Subconscious Mind</th>
</tr>
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<tbody>
<tr>
<td>Logical thinking</td>
<td>Primitive reasoning</td>
</tr>
<tr>
<td>Sense of reality</td>
<td>Memory access</td>
</tr>
<tr>
<td>Voluntary muscle movement</td>
<td>Control of emotions</td>
</tr>
<tr>
<td>Sophisticated language</td>
<td>Muscle coordination</td>
</tr>
<tr>
<td></td>
<td>Autonomic body functions</td>
</tr>
</tbody>
</table>
The above shows just how surprisingly different the conscious and subconscious minds are. Each separately is extremely powerful and contributes significantly to our functionality. Imagine how much more powerful our mind is when we teach the two portions to communicate and cooperate with each other through hypnosis!

2.3 Development of Reasoning

When a child is born there is no so-called critical factor or ability to reason. The ability to reason objectively develops over a period of time and is complete only in the mature adult. For this reason children can often be treated as if they are in hypnosis without any induction. Parents and teachers should use this knowledge in dealing with children. As an example: I. "cure" children of warts by negotiating a price for the warts -- often something like a popsicle. An adult would have to be hypnotized, but the child is completely capable of performing the healing without any hypnotic induction. Unfortunately, this also makes the child extremely susceptible to negative and destructive suggestions, which can lead to major problems as an adult. Parents should always be aware of the enormous enduring influence of their remarks, however casually intended.

2.4 Altered States of Consciousness

Hypnosis is an altered state of consciousness.\textsuperscript{3} However, it is by no means the only altered state of consciousness. Sleep, inebriation, drug-induced "highs", and transcendental meditation are also examples of altered states. Each such altered state has its own characteristics. For example, \textit{transcendental meditation}, or TM, is characterized by a lack of focus and an EEG pattern of synchronized electrical signals throughout the brain. Hypnosis has no special EEG patterns, but is characterized by a focusing of attention. All altered states, however, share the characteristic that the conscious mind is more or less passive and the subconscious is in control. As such, some of these states, such as TM, can be very beneficial. In fact, we reiterate, as in Section 2.0, that religious conviction, faith healing, meditation, and various occult practices can produce the same dramatic results as hypnosis.

Once again, however, I want to state my personal belief that hypnosis is the best means of tapping into the power of the subconscious. Hypnosis has well-established research that has been objectively and scientifically studied for many decades (at least to the degree that any area of clinical psychology is an objective science). This research has been built up step by step, tested and retested, and the results published for others in the profession. This is in contrast to other methodologies of which there has been little or no objective scrutiny, and the procedures are passed from person to person as ritual not only requiring rote, but belief or an appropriate mindset on the parts of both the giver and the receiver.

A technique of tapping the power of the subconscious mind without an altered state of consciousness (or at least not requiring an altered state) is \textit{neurolinguistic programming} (NLP). In NLP, the human brain is modelled as a "black box" with inputs and outputs in various sensory modes (sight, hearing, touch). NLP then provides a technical set of rules wherein if you do "this" you get "that," and if you do something else, you get something else. While NLP proponents say that hypnosis is a technique to enhance the use of NLP, I prefer to think of NLP as one of many valuable valuable tools to use in conjunction with the hypnosis.

\textsuperscript{3} Theodore X Barber and some other researchers claim that hypnosis is not an altered state of consciousness. They use a highly technical definition of altered state, however, and do not dispute any of the characteristics that I claim are associated with hypnosis. Thus I regard their claims as being more a matter of definition than of substance.
2.5 Definition of Hypnosis

Now that I have provided a model of the conscious and subconscious minds as well as discussed altered states, I am ready to provide you with a formal definition of hypnosis:

Hypnosis is an altered state of consciousness in which the conscious mind is passive and the subconscious mind is in control of the body and provides the conscious mind with selective awareness.

2.6 What Hypnosis Feels Like

So you now know what hypnosis is, at least in some formal sense, but what does it feel like? Do you lose consciousness? Do you know what is happening around you? While different persons experience hypnosis somewhat differently, the basic answers are simple: Hypnosis feels like a state of deep relaxation. No, you do not lose consciousness, and you are aware of everything while in hypnosis. Hypnosis is not sleep. While some hypnotists use the word "sleep" in their inductions, you should not infer that hypnosis is actually sleep or even similar to sleep. Though extremely relaxed, you are, in fact, much more alert in hypnosis.

I once induced hypnosis in an office with a jackhammer going outside the window. While I was bothered by the racket, the subject was not troubled by it at all, even though she was fully aware of the street work going on outside. How can this be if the senses are more alert than normal? It is the phenomenon of selective awareness that is a characteristic of the hypnosis.

Hypnosis is subtle at first. You feel good and may not know why. Many people don't even think they are hypnotized because they feel so natural. I observed one demonstration of hypnosis in which the hypnotist told the subject to forget the number four. The lady was then asked to count her fingers. The response was, "one, two, three, four, five, six, seven, eight, nine, ten, eleven." When asked if she was hypnotized, the answer was no. When asked why she had eleven fingers, she said she didn't know -- but continued to swear she wasn't hypnotized! It is not unusual for subjects new to hypnosis to claim afterwards they were not in hypnosis. However, observers can recognize the signs and know that they were indeed hypnotized. As people begin to put pre-conceived notions about hypnosis aside and learn what hypnosis really is, they also begin to understand it, enjoy it, and recognize they are in an altered state!

In addition to hypnosis having a distinct feeling of complete relaxation, there are also physical signs to indicate to a trained hypnotist that a person has been induced successfully. Besides the obvious relaxation of facial muscles these can include fluttering of the eyelids and tearing of the eyes. (The subject may comment that he does not know why he is crying. It is then necessary to explain that is just a part of the hypnosis.) It is also not uncommon for the pupils of the eyes to dilate, and the whites of their eyes may also appear a pinkish color due to the increased peripheral blood flow. Sometimes if the eyes are open or partially open you will notice the eyeball rotating in an upward position toward the forehead.

A subject may sit in the same position for an extended period of time without moving, or you may place the subject in an awkward position where they can remain without discomfort. If you were to sit in the same position in a conscious state, you would feel fatigued very quickly. The hypnotist may also notice subtle changes in skin tone, especially in the face. If the hypnotist were to ask the subject to move his hand or arm in hypnosis, it would appear rather jerky as opposed to the smooth movement of the conscious state. There are other signs as well, but these are the most common and easiest to recognize.
It should be noted that in addition to the relaxed state you feel in hypnosis, other feelings such as very heavy limbs or very light, floating limbs, numbness, anesthesia, forgetting numbers, hallucinations or suggested smells are all possible, but not so common in the first use of hypnosis. Hallucinations and suggested smells, especially, are more likely to be experienced in a fairly deep state of hypnosis and usually after some practice. Numbness or anesthesia to an arm or leg are common feelings induced by a hypnotist to portray to the subject or an audience that a person is in hypnosis. It is common for many people, however, to feel a heavy sensation then a floating feeling as they drift into a hypnotic state. My book on therapeutic hypnosis elaborates on the characteristics associated with various depths of hypnosis.

2.7 Indirect Suggestion and Subliminal Communication

*Indirect suggestion* occurs when a message is sent to the subconscious and the conscious is unaware of the content of that message. Frequently indirect suggestion is done outside of hypnosis in such ways as telling stories (so-called bibliotherapy or therapeutic metaphor). The basis for most indirect suggestion is that the communication contains a distraction for the conscious mind and an embedded message for the subconscious mind.

Subliminal messages are a form of indirect suggestion where the conscious is unaware of the message because of nonverbal distractions. The most common subliminal messages are short phrases or images flashed on the screen of a movie theater. For example, in the movie *The Exorcist* images of the Devil are flashed on the screen at appropriate times to heighten the scary effects. It is easy to program subliminal messages displayed briefly on the screen into computer programs, and I shall deal with the technicalities of that in my book on self hypnosis.

The technology (i.e. the details for how to do it) for visual subliminal messages is well established. In the case of auditory subliminal messages it is much less definitive. For example, audio recordings are sold with a very soft subliminal messages in the background, but it is not clear if they are effective. Bi-aural audio recording *are* effective, though. They require headphones and typically provide the right ear with the message for the conscious mind because the right ear is connected with the left side of the brain, where more of the language processing takes place. The left ear then receives the message for the subconscious at normal volume. The material to the right ear is designed to be a distraction.

There are many other ways of providing indirect suggestion. Milton Erickson, the creator of indirect suggestion, once had a secretary who had migraine headaches, but refused to be hypnotized for them. (You’ll learn why she refused in my book on therapeutic hypnosis.) He prepared a manuscript for her in which he embedded various suggestions in a very subtle manner. Whenever she got a headache, she pulled out the manuscript and typed it, thereby doing away with the headache. The reader can find many such stories in articles and papers written by or about Milton Erickson.4

Chapter Summary

The power of hypnosis is really the power of the subconscious mind, and hypnosis is but one way of tapping into this power. In this chapter I have characterized the conscious mind as possessing reasoning, a sense of reality, and intentional actions, while the subconscious mind controls the emotions, memory, and various autonomic (i.e. automatic) nervous system functions. Moreover, I discussed altered states of consciousness, and defined hypnosis as an altered state of consciousness characterized by bypassing the conscious, reasoning mind and establishing selective thinking. Finally, I briefly introduced the concept of indirect suggestion, where the communication is directed at the subconscious without the conscious being aware of the content.

4 I recommend the book *Uncommon Therapy*, by Jay Haley, which relates a number of interesting stories about the famous hypnotist.
Chapter 3:
MYTHS AND MISCONCEPTIONS

3.0 Introduction

Most people think of hypnosis as a mind-altering process that involves the subject giving up his consciousness and control to the hypnotist. Those persons who have seen hypnosis demonstrations have usually seen it on stage, where the hypnotist "makes" the subjects behave in outrageous ways. Occasionally, they have seen it used for painless childbirth, dentistry, or to recover forgotten memories. The common view is that hypnosis might be useful in certain situations, but it involves giving up complete mental control to another individual, and could perhaps lead to some weakening of the mind or mental self-control.

This view is highly inaccurate, and remarkably enough, I have even met a number of clinical psychologists and psychiatrists who are as ill-informed. It is highly regrettable that most mental health professionals have had only the most superficial introduction to the subject, often by equally uninformed teachers. Since most of the misperceptions about hypnosis deal with control, I shall deal with that issue in great detail in this chapter, breaking it down into various special cases.

3.1 Self-destructive Acts

Is it possible for a very good hypnotic subject to injure himself under hypnosis, either by accepting a suggestion to do so, or by being fooled into not believing the suggestion is injurious? Not at all! In a test of this, researchers recruited a group of their very best hypnotic subjects and induced a deep trance. While on a stage the subjects were told the stage continued out into the audience and they should walk out on it. All the subjects walked to the end of the actual stage and refused to go further. You see, the conscious mind is overseeing everything that is going on in the hypnosis (even though it may forget afterwards). No matter what the subconscious may be imagining, the conscious mind is (passively) observing, and has ultimate control. It will simply override the hypnosis if it objects to what is going on. In order for a hypnotized person to be fooled, the conscious mind would also have to be fooled, and that, of course, has nothing to do with the hypnotic state.

The most common way for the conscious mind to step in and override the hypnotic suggestion is to bring the person out of hypnosis. Unfortunately, a person coming out of hypnosis prematurely often experiences fright and various anxiety symptoms, such as headaches and nausea. While temporary and certainly not serious, such symptoms can, indeed, be unpleasant. The safety suggestions I present in Chapter 5 allow the subconscious mind to reject any suggestion while remaining in the hypnosis, thereby eliminating this minor problem. In my opinion, the greatest damage done in such an event is in scaring people away from hypnosis, thereby denying them the tremendous benefits.

I had a colleague who gave demonstrations of hypnosis in a psychology class to whomever wanted to participate. On one occasion he had a student prematurely come out the hypnosis with significant anxiety symptoms. As a result, he concluded that such demonstrations were "dangerous" and stopped the practice. Like many mental health professionals, he was
merely undertrained. First, he should have only demonstrated on large groups if all those involved had already experienced hypnosis, or he should have limited his demonstrations to one or two "new" subjects at the front of the class to keep in better touch with what was going on. Then, if one came out of the hypnosis prematurely, he could have eliminated the anxiety symptoms merely by putting the person back into the hypnosis and then immediately bringing him out in a controlled way. The same applies when someone in the audience spontaneously goes deeply into hypnosis and prematurely comes out. (Persons in the audience typically go into hypnosis during my demonstration.) More about this in Chapter 6.

3.2 Psychotic Individuals

An exception to the protective abilities of the conscious mind exists in the psychotic person. Psychosis is characterized by a lack of perception of reality that is normally associated with the conscious mind. A reasonable model of the psychotic state is that the conscious mind is somehow damaged so that it does not dominate, and cannot intervene. The natural safeguards associated with hypnosis are then not operative, and it is not clear that the altered state experienced is, indeed, hypnosis. During a psychotic break, the person is clearly in an altered state of consciousness in which logical reasoning and a sense of reality are not present -- even in the background. The individual is clearly out of control, and I recommend only hypnotists acquainted with psychopathology hypnotize or psychologically deal with persons who are prone to psychotic states of consciousness. Some hypnotists worry unduly about accidentally hypnotizing a psychotic individual. This is unwarranted, for psychotic individuals are usually very easy to identify. However, it would be a mistake to label a person a psychotic who merely has a far-out viewpoint of religion or spirituality, or has a lot of personal problems. Such people may (or may not) be neurotic, but those are not signs of psychosis.

3.3 Embarrassing or Antisocial Acts

Most people are familiar with the stage hypnotist who brings a group of people from the audience up on the stage and has them perform such acts as barking like dogs or even taking off their clothing. A stage hypnotist might select five of the most promising people, bring them to the stage, put them into hypnosis, and tell them they are going to take a shower and to remove their clothes. Perhaps three of the five, being adverse to nudity, will just come out of the hypnosis. Two might carry through with the suggestion.

Are these otherwise normal people under the absolute control of another person? Not at all! Why then, you ask, do those two people take off their clothes? Because they wanted to! That is the key to stage hypnotism: get the best hypnotic subjects who want to do outlandish things up on the stage -- "closet exhibitionists" in the words of one of my clients: persons who use the hypnosis to remove their inhibitions.

3.4 Seduction

Every year newspapers tell stories about women being seduced by their hypnotist. Are these stories true? Absolutely yes! Like the stage hypnosis, however, this is not due to lack of control! It is the reduction of inhibitions as you might see in being drunk, and probably involves rationalization on the part of the victim that she is not responsible for her actions. It is amazing how hypnosis becomes ineffective in seduction when the recipient learns that she cannot use hypnosis to alleviate her responsibility. (Incidentally, even though seduction under hypnosis is not due to lack of control, it is highly unethical for the hypnotist to take advantage of the special trusting relationship between therapist and patient.)
3.5 Rejection of Random Suggestions

What about the case where the hypnotic suggestion is not injurious, embarrassing, or antisocial? Even in such cases the subject may choose to reject a suggestion. As I mentioned in chapter 1, in my introductory workshop I show a videotape of a hypnotized woman singing away during a cesarean section surgery using hypnosis as the sole anesthetic. When given the suggestion to imagine taking a cold drink, she declined. When asked about it after the surgery, she explained, "Oh, no, I couldn't drink it. I didn't know what it was!"

3.6 Being Hypnotized Unwittingly

While you cannot be hypnotized against your will, you can be hypnotized without knowing it. The hypnotic induction only requires that you cooperate -- not that you know it is hypnosis. Silva Mind Control, est, and other personal empowerment programs all use hypnosis, but they do not tell people that they are being hypnotized. In fact, some trainers (out of ignorance or for reasons of deliberate deception) deny using hypnosis. It is very easy to convince people that they are not being hypnotized if they have never before experienced hypnosis and have the usual misconceptions associated with it.

Because medical doctors and nurses would have to fight the misconceptions that the general public has about hypnosis, much of the medical hypnosis is done without the patients being aware of it. A doctor or nurse might say, "I am going to help you. Just relax and follow my suggestions." To have to explain the myths and realities of hypnosis would take a lot of time and would not be particularly productive. I know a number of health care professionals who regularly use covert hypnosis.

3.7 Awareness in the Hypnotic State

Hypnosis is not like sleep. In hypnosis a person's senses are much more acute than in the normal state of consciousness, and the conscious mind is fully aware of what is going on. It is just passive.

To illustrate how it works, let us consider three situations of natural hypnosis that virtually every adult has experienced. The first is what I call being on "autopilot". That is where you arrive home from work and you do not remember the drive home. Your subconscious mind was controlling your actions. Even though your conscious mind was passive, it was still observing what went on. If you had needed your reasoning to avoid an accident, your conscious mind would have been aware of your surroundings, and would have immediately stepped in to take control.

A second example of natural hypnosis frequently occurs while watching television. The viewer is engrossed in the program and is in a state of natural hypnosis. If there were to be a fire in the house, the overseeing conscious mind would bring the person out of that state of deep concentration and act appropriately.

Daydreaming is a third example of natural hypnosis. As you daydream, the scene you are looking at and the people around you all disappear into the background. You find yourself focused on your fantasy. No matter how deeply engrossed, however, your reasoning conscious mind brings you out if there is a need to do so.

3.8 Remembering after the Hypnosis

While the conscious mind is aware of everything that is going on in the hypnotic state, that does not imply that it remembers the events occurring in the hypnosis. Certainly a
characteristic of autopilot is that you do not remember the details of the trip home.

Remember that memory is controlled by the subconscious - not the conscious mind. Hypnotic amnesia is typically associated with deeper states of hypnosis, and may come about spontaneously or by suggestion. In either case, however, it is possible to eliminate the amnesia by suggestion. Thus if a hypnotic subject comes out of the hypnosis not remembering what went on, the hypnotist can simply put him back into hypnosis and suggest that he will remember. While not forced to take any suggestion, that will usually reverse the amnesia.

### 3.9 Overusing Hypnosis

Can hypnosis be overused? If hypnosis feels so good, is it possible for a person to essentially become addicted to hypnosis? Moreover, if the hypnotic state is so useful, why don’t we walk around in hypnosis all the time?

Let us deal with the last question first. We do not remain in hypnosis all the time because in hypnosis we do not have normal, critical, logical thinking, and that logical reasoning is extremely valuable to us. Without reasoning, we would exist very much like animals, who operate much more on the basis of instinct. For example, we probably could not calculate the change owed in a financial transaction to save our lives. Clearly it is the use of both the conscious mind and the subconscious mind working together that benefits us most, and that requires that we divide our time between the normal reasoning state of consciousness and in hypnosis.

Now as to whether hypnosis is addictive or can be overused, the answer is no. However, it is not clear just why. There appears to be an automatic regulatory mechanism in the mind that prevents people from overusing hypnosis. As an illustration, on a number of occasions I have had very well conditioned, knowledgable persons who desired to do something that could be greatly aided with hypnosis. When I asked why they did not use hypnosis to achieve their ends, they replied that they simply had not thought of it. The subconscious mind will not allow a person to overuse hypnosis, and consequently hypnosis cannot be addictive.

### 3.10 Brainwashing

How does hypnosis correspond to brainwashing? Brainwashing is indeed an altered state of consciousness, but that is not the key characteristic. The key to brainwashing is punishment should the victim come out of the altered state. Typically this is done in two ways. The North Koreans did it during the Korean Conflict with physical torture. If the prisoner came out of the altered state of consciousness, he would suffer from the torture. The punishment can also be psychological, such as guilt or fear of God. Either way, the victim remains trapped in the altered state in order to avoid the punishment. While the reasoning power of the conscious mind might be present, it chooses to remain passive. The reader is referred to a book called *Snapping*\(^1\) for more details, but the reader should also know that I do not agree with many of the conclusions drawn in that book.

Brainwashing should not be confused with the blind, unreasoning faith of religious zealots. To begin with, such zealots are usually not in an altered state of consciousness. They simply have a "far-out" model of reality that allows them to reason normally outside the religious content, but permits them to illogically cling to their religious ideas. While such religious beliefs can be instilled by threat of punishment, more often emotional rewards form the foundation of such a belief system.

3.11 Personality of the Hypnotist

A common misperception is that in order to be effective in performing hypnosis, the hypnotist must have a dominant personality or be very persuasive. Perhaps the persuasiveness is a factor, but by far the primary requirement for the hypnotist is to have good rapport with the subject. Without sufficient rapport and trust, the subject will constantly be judging what is going on, and that works against the hypnosis.

In my hypnosis workshops I usually recommend that married couples do not initially work together in hypnotizing each other. This is not a rapport or trust issue. It is an issue of whether the established relationship might be threatened by the process, just as, for example, the established relationship might be threatened by the demands of starting a business together. Once the hypnosis is well established, the couple can decide if they want to work with each other on hypnosis.

3.12 "Trapped" in Hypnosis

People worry about what might happen during hypnosis if the hypnotist were to keel over with a heart attack. Would they then be trapped in hypnosis? Absolutely not! After all, the conscious mind, although passive during the hypnosis, is always overseeing what goes on and can at any time regain control. You will not be trapped in hypnosis. Left without the guidance of a hypnotist, you will simply come out of the hypnosis whenever you desire or need to do so. Will that be immediately? Not necessarily! Without external direction, the time to come out of the hypnosis will be determined by your conscious and subconscious minds.

On rare occasions a person will reject the suggestion to come out of hypnosis and remain in the altered state for some time, perhaps more than an hour. After all, hypnosis feels extremely relaxing, and many people, including myself, greatly enjoy the experience. Is there any problem, other than possibly an inconvenience to the hypnotist, in not coming out of the hypnosis when directed? Not at all! However, for the convenience of the hypnotist—not the subject—I shall present a couple of gentle methods of forcing a person out of hypnosis in my book on therapeutic hypnosis in section 5.4. When you, the reader, have experienced hypnosis for the first time, you will realize that being trapped in hypnosis is simply not an issue!

3.13 Hypnotic Susceptibility

There is no doubt that some persons are able to hypnotize themselves or be hypnotized by others a first time more easily than others. That is called hypnotic susceptibility. Typically people who practice meditation or other consciousness-altering methods have a high hypnotic susceptibility. Moreover, persons with a high IQ and persons who have good powers of imagination and concentration tend to have a high hypnotic susceptibility. It is not true that certain persons, other than possibly those severely mentally deficient, cannot be hypnotized. For example, a person who has been resistant to hypnotic induction for years will readily go into hypnosis if, following a critical event like a heart attack or automobile accident, has the choice of significant discomfort or hypnosis.

I know of a famous hypnotist who tests all new clients with a susceptibility test. If a potential client does not do well, the hypnotist proceeds no further. I strongly disagree with this viewpoint! Since motivation is the most important factor in achieving hypnosis, and since "failing" a susceptibility test would erroneously discourage a potential patient, I do not even believe in giving susceptibility tests. What's more, neither I nor people I train have any problem hypnotizing people. If the subjects are motivated and there exists rapport, the hypnotist can always get by resistance.

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2 I stress being hypnotized for the first time because after a properly done initial hypnosis, everyone should easily be able to re-establish the hypnotic state.
3.14 The Importance of Depth

Many people mistakenly believe that all that is necessary to get good results in hypnosis is to obtain a "deep" trance. Only a limited number of phenomena are depth dependent. Pain control, detail in age regression, and ability to hallucinate are the primary ones. More on that in my book on therapeutic hypnosis. In general, the effectiveness of posthypnotic suggestion is not dependent on hypnotic depth. Usually it is the rapport with the hypnotist and the wording of the suggestions that determine the effectiveness of hypnosis in making changes.

3.15 The Role of Conviction

Many people believe that they need to believe the hypnosis will work in order for it to be successful. Nothing could be further from the truth! All that is required for the hypnosis to work is that the subject be motivated and not resist the hypnosis.

I am able to demonstrate this in workshops when a person having just been hypnotized the first time has doubts about whether he can be hypnotized instantly by three words and a touch on the shoulder. It is always true that he can achieve instant hypnosis under those circumstances.

3.16 Influence versus Control

As I mentioned in section 1.2, hypnotic subjects, while not controlled by a hypnosis, are easily influenced by a hypnotist. While this might give rise to concern on the part of many people, and claims by others that we are simply arguing semantics, it is not really the hypnosis that is responsible for the influence. The sad truth is that the vast majority of people are enormously influenced by others almost all the time. For example, successful salespeople learn those techniques and regularly apply them.

3.17 Adverse Effects of Hypnosis

While most of the perceived "dangers" of hypnosis turn out to be myths, there are, indeed, two adverse effects of hypnosis that are real. To call them "dangers" is probably an overstatement. The first is symptom masking, whereby hypnotic suggestion, a useful symptom is done away with through hypnotic suggestion.

As I mentioned in section 1.5, a dentist had just discovered how to use hypnosis in his practice (not, incidentally, through one of my own workshops). For a patient allergic to chemical anesthetic the dentist used hypnosis to do away with the pain during a root canal. He completed the procedure with the suggestion that the patient would go home and continue to not feel any pain from the tooth.

The suggestion worked like a charm. The patient felt no pain, but after ten days the side of his face became severely swollen. It turned out that the hypnosis had masked the symptom of an abscess. While a real possibility with improperly trained hypnotists, symptom masking is easily avoided through one of the safety suggestions provided in the initial hypnosis session, as described in the next chapter.

The other adverse effect associated with hypnosis is trauma suffered by hypnotic subjects before, during, and occasionally after searching for a blocked traumatic memory. Such feelings can be very unpleasant, but are temporary and never dangerous to the body or mind. Properly done, the age regression performed to uncover the blocked traumatic memory can eliminate such unpleasant feelings. Once again, my book on therapeutic hypnosis teaches the methods.

Chapter Summary

In this chapter I have discussed the many common myths and misconceptions about hypnosis. Most of these myths concern being controlled by the hypnotist, and are utterly untrue. The truth is that hypnosis is not at all the scary, mysterious phenomena that most persons imagine before they experience being hypnotized for the first time.
Chapter 4:
THE INITIAL HYPNOSIS SESSION

4.0 Introduction

This entire chapter is devoted to the initial hypnosis session, with an emphasis on the induction process. Additional sessions are not treated because only in the initial session is the induction important. In the first session the subject receives a post-hypnotic suggestion as to how to become hypnotized instantly in the future by a hypnotist, and how to instantly hypnotize himself anytime he so desires. In subsequent sessions it is the use of the hypnotic state that is important, and that will be treated in the next two volumes of this series of books.

4.1 The Induction Method

Most persons think of the hypnotic induction process as staring into a candle flame or at a spot or looking into a crystal or even following a swinging watch. Formally, this is the "fixation method" of inducing hypnosis, but I prefer to call it "boring them into hypnosis." Such a long process is tedious and completely unnecessary. Hypnotists know today that all those methods only served to fatigue the eyes to achieve what is called "eye closure."

Whole books have been written on the multitude of techniques for inducing hypnosis. However, learning many techniques is entirely unnecessary, and if you ever see a hypnotist who spends significant time or effort on the induction, you know you are dealing with an undertrained individual. With a few minor exceptions, such as when dealing with blind, deaf, or other specially disabled individuals, induction of hypnosis should be easy.

What is necessary is just a single, good induction method that is easy to learn and can be applied universally (at least with minimal modifications). Thus in this book I present only one form of induction: the Elman rapid conditioning method. The method was developed by the late Dave Elman, who trained tens of thousands of medical doctors in applications of hypnosis during the 1950's and 60's. Medical doctors typically cannot afford even 15 minutes to induce hypnosis and tap its power. They must get the entire job done in less than 5 minutes, and the Eman method gets the job done.

4.2 Value of a Hypnosis Workshop

As I mentioned in the preface, this book contains basically the same intellectual information as my introductory six-hour workshop. You might, then, wonder whether reading this book takes the place of attending such a workshop. The answer is an emphatic no! Such a workshop is far, far, more than just an intellectual presentation of the factual material contained in this book. It provides the appropriate atmosphere for the subconscious mind to observe the hypnotic process and determine for itself what is going on. While the workshop lecture is didactic and directed to the conscious mind, most of the presentation is really directed at the subconscious.

In particular, let me tell you the secret of a successful hypnosis workshop: proper modeling. You see, the subconscious mind observes far greater detail than does the conscious mind, and in observing what goes on, it learns just how to do what is required. If the demonstrations provide the subconscious with a model that it likes and feels comfortable with, it will successfully reproduce that model and achieve the same success.

Perhaps an example of modeling is in order. I gave a workshop in San Diego and used the young lady who had the trick knee (Section 1.1) to demonstrate the initial hypnosis. Quite innocuously, every time she went into hypnosis, she cocked her head to the right. The result was that in that particular group, everyone learning hypnosis for the first time likewise cocked their heads to the right when entering hypnosis. When possible, I always give the very first demonstration on a person I have hypnotized before and know his reactions. Next I choose a person who has prior hypnosis experience but have not hypnotized myself. After that, I can demonstrate the procedure on anyone.

4.3 Preliminaries

Many hypnotists believe the subject should be sitting in a straight-backed chair with their feet flat on the floor in a very quiet room staring at an object on the wall. In reality, the subject could be standing, sitting, lying down or in any other position. The room can be noisy or quiet, brightly or dimly lit. Or, as in cases of emergency, working with a critical patient, you may find yourself outdoors with no control over the environment whatsoever, possibly with the patient in extreme pain. The comfort level of the subject is actually more a courtesy than a necessity.\(^2\)

I recommend that the subject sit in a comfortable chair rather than lie down because I don't want there to be even the hint that the subject should become so relaxed as to fall asleep. I recommend that the subject not cross his legs, as the pressure on the legs can sometimes become disagreeable after a while, and a subject frequently will not adjust his body or spontaneously ask the hypnotist for permission. Moreover, I like to sit beside the subject and hold his hand during the induction for two reasons. First, a rapport is established with the subject, and second, I receive information from the warmth and tension in the hand.

There are a number of other factors, such as the tone and pace of the voice, but those things are more easily learned from a workshop or, to a lesser degree, by an audiotape. In a workshop setting all those things are dealt with merely by watching the process demonstrated.

Finally, I recommend against hypnotizing someone who is tired, drunk, on drugs, etc, at least doing the initial hypnotic induction. While it is good to be relaxed, the hypnosis process is much more effective on a person who is wide awake and fully alert. After all, hypnosis is not sleep!

4.4 The Initial Induction

I have learned that the Elman technique is particularly easy to learn because it does not involve developing sensitivity to subtle cues and accurate timing. Instead, the subject effectively does his own timing. The essential steps of the Elman technique are as follows:

- Relax eyelids until cannot open
- When the eyelids cannot open, test to make sure cannot open
- Allow relaxation in eyes to pass down over body
- Mental relaxation exercise
- Count backwards from 100, doubling relaxation with each number, until the numbers disappear
- Make numbers disappear by 95
- Ask if the numbers have disappeared after the subject quits counting

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\(^2\) To illustrate, the state of euphoria experienced by the runner, called second wind, is actually an altered state of consciousness -- probably hypnosis. Clearly relaxation is not required for hypnosis!
At this point I present a verbatim transcript of a typical first hypnotic induction, using italics for the spoken words and ordinary type for the comments. While the spoken words will refer to you as the subject, the comments will refer to "you" as the hypnotist. The verbatim transcript is included in Appendix A without comments.

**BODY RELAXATION EXERCISE**

I'd like you to get comfortable and relax and take a deep breath. (pause) Exhale. Now take another deep breath. As you exhale, close your eyes. Relax the muscles around your eyes. Relax them to the point where they are so relaxed, they're so relaxed that your eyelids just won't work. Get them so relaxed that your eyelids just won't work without doing away with that relaxation. And when you get them so relaxed that your eyelids just won't work, test them to make sure that they won't work without doing away with that relaxation. (pause)

If your subject opens his eyes, you simply say, You misunderstood. This is a subtle but important point. I don't want you to test to make sure you can open your eyes. I want you to test them to make sure you can't open them ... at least while keeping that relaxation. (If they still have a problem, say ... Just pretend that you cannot open them.) Have you tested them? ... Now allow the feeling of relaxation that you have in your eyelids to pass down all the way to your toes. Imagine all of the tension in your body just flowing out through your toes.

Even though we have referred to this as body relaxation, in many cases people will already be in a light state of hypnosis (for example, they may have fluttering eyelids and perhaps some tearing -- both physical characteristics of hypnosis). It might interest you to know that what has been done so far, currently referred to as "eye closure", was the full induction technique that began medical hypnosis in the U.S. It was used as an adjunct to chemical anesthetic in the days when primitive methods of body function monitoring lead to many overdoses of the anesthetic and needless deaths. Using hypnosis as an adjunct permitted a lesser dose of anesthetic and completely eliminated the problems.

**MIND RELAXING EXERCISE**

Now let us go on to a mind relaxing exercise. In this mind relaxing exercise, I want you to count, out loud, backwards from one hundred. Each time you say a number, I want you to double your relaxation. Now as you become more and more relaxed it will be harder and harder to get the numbers. When you have difficulty getting the numbers, just let them go. Let them go from your mind completely. And make that happen by 95 or before. (If the subject counts too rapidly, slow him down and suggest greater relaxation. If subject gets to 95, instruct them to Get rid of the numbers now, put them out of your mind.) Just let all the numbers go. Have you gotten rid of them?

At this point the subject is clearly in hypnosis if they state the numbers have disappeared. Some people will be lighter in hypnosis and some will be deeper in hypnosis. It does not matter, as one can now use deepening techniques to achieve any desired depth of hypnosis. (Keep in mind that depth of hypnosis is most frequently not important anyway.)

**4.5 Yardstick Scale**

Now as you continue to go even deeper into relaxation, I'd like you to visualize a yardstick, with a zero at the top and 36 at the bottom. The zero at the top of the yardstick represents a state of alertness out of the hypnosis, and the 36 at the bottom represents a state of deep hypnosis and relaxation. Now your conscious mind does not know where your state of hypnosis is, how deep your hypnosis is. But your subconscious mind does. So as you look at that yardstick, I want you to get a
number bubbling up in the subconscious mind. Don't figure it out. Just allow it to come to you. You may see it, hear it, feel it. That number represents your depth on the yardstick scale. The number can come to you in any way, and that number represents your current depth on the yardstick scale of hypnosis. From now on any time you wish to learn your depth in hypnosis, you have only to look at the yardstick and get a number. If the number is higher on the yardstick, you will be less deep in the hypnosis. If the number is lower on the yardstick, you will be deeper in hypnosis. You will maintain that yardstick forever or until you choose to change it through a hypnotic suggestion, so that you can tell, at any time you wish, your depth of hypnosis. Now look at that yardstick again, and tell me the number that represents your depth now. (Typically that number will be larger as the subject is spontaneously going deeper in the hypnosis.) After the subject responds, continue. That number represents your new depth in hypnosis and I'd like for you to continue to go deeper and deeper and deeper into the hypnosis.

Let me tell you now that the yardstick doesn't end at 36. You can get numbers that represent depths much greater than 36 because there is no maximum depth of hypnosis. You can continue to go down deeper and deeper and deeper into hypnosis. There is no point at which you are at the deepest. You can always go deeper in the hypnosis. And as you condition yourself in the hypnosis, you will find yourself going deeper and each time you practice your hypnosis, you will learn that you can go deeper than you could before.

The yardstick scale that has just been established is, of course, different for each individual. At 15 some people will be deep and some people will be light. In my third volume where I shall deal with aspects of hypnosis that are dependent upon absolute depth I shall show how to calibrate the yardstick to the traditional absolute levels of hypnosis.

4.6 Safety Suggestions

Now as you continue to go even deeper in the hypnosis, I want to give you some safety suggestions. These suggestions will remain with you for the rest of your life, not because I say so, but because your subconscious will recognize how useful they are and how they will help you in your future hypnosis.

The first suggestion is that you can never be accidentally hypnotized. You will only become hypnotized after you have consciously decided to do so. Is that okay with you? Asking if it is okay is necessary because a person in hypnosis usually finds it difficult to volunteer information. (An exception is when you don't want to give the idea that the subject has any control over it, such as bringing him out of the hypnosis.)

The second safety suggestion is that no matter how deep the hypnosis, you will automatically reject any suggestions that might be harmful to your mind, to your body, or to anyone else, and you will be able to do so without coming up in the hypnosis. ‘Is that okay with you?’ To reject a suggestion is actually natural. However, rejecting a suggestion under hypnosis most frequently results in coming up in the hypnosis, and even possibly completely out of the hypnosis. This suggestion makes sure that coming up from, or out of, the hypnosis does not accompany the rejection of a suggestion.

The third suggestion is that upon coming out of the hypnosis you will feel relaxed and very good. That is a natural result of the hypnosis. You will also carry out all posthypnotic suggestions that you have accepted while in the hypnosis. However, in all other ways you will return to normal following the hypnosis. In particular, you will do away with all suggestions that were not posthypnotic. Is that okay with you? This safety suggestion is designed to make sure that unintended posthypnotic suggestions are not acted on, and that there are no other problems after the hypnosis. It also reinforces the good feelings after the hypnosis.
4.7 Future Hypnotic Inductions

At this time I am going to tell you how I can put you into hypnosis instantly, just as deep as you are now. All I have to do is just say ONE ... TWO ... THREE. (Touch the subject on the shoulder during the word THREE. This establishes what is called a touch anchor to go together with the words.) Is that okay with you?

And if at any time you wish to hypnotize yourself, all you have to do is imagine me saying ONE, TWO, THREE and in your mind feel the touch on your shoulder. You will instantly go deeply into hypnosis. The fact that the subject imagines both the words and the touch, and that this is exactly the same as you use, is very powerful! It may be that your subject will later establish his own method for self-hypnosis, usually spontaneously. This is perfectly all right. All that matters here is that he now have a method that works.

4.8 Coming Out of Hypnosis

If at any time you need to come out of the hypnosis instantly, you will be able to do so, becoming completely alert and wide awake. On the other hand, if you wish to come out of the hypnosis feeling very, very relaxed and benefitting to the maximum degree from the hypnosis, you may do so by counting from 1 to 10 while slowly, gently, and comfortably coming up out of the hypnosis. By the count of 10 your eyes will be open and you will be completely alert, clear headed, and very refreshed. (A colleague of mine discovered the specific words "clear headed" seemed to eliminate the grogginess that can accompany the relaxation after the hypnosis.) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. In counting from 1 to 10, the hypnotist starts with the tone of voice he uses in hypnosis and slowly progresses to the tone of voice he uses while the subject is out of hypnosis. This is called an tonal anchor.

4.9 The Second Induction

After discussing any concerns or questions the subject might have regarding the induction just performed, you are now ready to demonstrate the instantaneous induction of the subject. It is important in this first hypnosis session to have at least three inductions: the one we have just described, an instantaneous one by the hypnotist, and an instantaneous self induction. It is also important that the subject practice the self hypnosis at least once in the next 24 hours. More on that in Chapter 6.

You might now ask if the subject believes he will instantly become hypnotized with the ONE, TWO, THREE and touch on the shoulder. If the subject responds that he does not believe it, it will afford an opportunity to illustrate the fact that conviction is not necessary for hypnosis to work. Everyone is able to instantly go into hypnosis at this point, whether they believe it or not. They have only to cooperate!

Now have the subject close his eyes and prepare to go back into hypnosis. Say ONE, TWO, THREE and touch the shoulder on the count of three in precisely the same way as previously demonstrated. Keep in mind that while some people may interpret a touch on either shoulder as equivalent, it may be that some might not consider a touch on the left shoulder to be equivalent to a touch on the right shoulder. It is safest to make the touch feel absolutely identical to the manner it was suggested in the first place. The same applies to the tone of voice and how the suggestion was given. With the touch of the shoulder the subject should return to the hypnotic state. When you have become sensitized to the signs of hypnosis, you will notice the instantaneous result. After the subject is in hypnosis, ask for a yardstick reading.

Despite the suggestion that the subject will go at least as deep as they were before, an unconditioned subject will usually not achieve that depth on the yardstick scale right away, though they then usually proceed to deepen spontaneously over a short period of time. The fact that the
subject does not usually achieve the full depth as suggested is a
good test to see if the subject is really in hypnosis. In fact, as
the third volume will attest, many tests of hypnosis are made
by giving suggestions that are not anticipated to be followed,
and it is important for the subject to appreciate the fact that
there are no dire consequences as a result of not following
suggestions. When you see that the subject is in hypnosis,
merely suggest that he go down to a nice comfortable depth
and tell you when he gets there. When the subject so indicates,
you can just bring him out again by counting from one to ten.
This entire portion of the session should only require a minute
or two, but as stated before, it will ensure the subject’s
capability of going into instantaneous hypnosis in the future.

4.10 The Self Induction

After again discussing any questions or concerns of the
subject, you are ready to set the suggestion for the subject to
perform instantaneous self hypnosis. To do this, have the
subject imagine you saying **ONE, TWO, THREE** with the
touch on the shoulder at the sound of the word **THREE**. Some
people ask if they should physically touch their shoulder in the
process. The answer is no. While the method of induction
seems very simple, this very powerful technique that I
developed is most effective when done precisely as I have
instructed. Suggest to the subject that they close their eyes and
prepare for hypnosis. Then tell them to put themselves into
hypnosis as instructed. Usually it will be obvious when they
enter hypnosis. If it is not, it is okay to ask them if they are
now in hypnosis. When they are in the hypnotic state, have
them go deeper until once again they reach a comfortable level.
Then instruct them to slowly, gently, and comfortably bring
themselves out of the hypnosis by counting to themselves from
1 to 10, coming out of the hypnosis clear headed and refreshed.
Emphasize to them that they must count all the way from 1 to
10 and not quit counting early, even if they believe they are
already out of the hypnosis. People at this stage of learning are
typically not aware when they are completely out of the
hypnosis, and, in fact, a person’s only real method of telling
their hypnotic depth is to use the yardstick. Now as they count
themselves out, it should be obvious as you observe them when
they come out of the hypnosis.

4.11 Post Hypnotic Discussion

Now that you have completed the three hypnotic
inductions, you should explain to the subject that it is very
important for him to practice the self hypnosis at least once in
the next 24 hours. It is not necessary that he remain in
hypnosis for any length of time, and, in fact, it is advisable that
the hypnosis sessions typically be kept short -- perhaps a
minute or so. The subject should practice hypnosis as
frequently as he likes and learn to use it to make himself
relaxed and feel good. Explain that at this stage it is useful to
concentrate on the hypnotic process without trying to achieve
any particular end. Once the subject has established a clear
ability to hypnotize himself, then it will be time to start
learning how to make use of the hypnotic state. The next
volume of this series, on self hypnosis, will deal with that
process.

4.12 Chapter Summary

This chapter detailed the initial hypnosis session. It
consists of the following:

- Eye closure
- Counting backwards from 100 until numbers disappear
- Establish the yardstick scale
- Safety suggestions
- Method of additional hypnotic inductions
- Method of self hypnotic induction
- How to come out of hypnosis
- Bring out of hypnosis
- Reinduce hypnosis
- Bring out of hypnosis
- Have subject do self hypnosis
- Have subject bring out of hypnosis
Chapter 5: POSSIBLE PROBLEMS

5.0 Introduction

In the last chapter I presented a standard initial hypnosis session. In the process I assumed no particular difficulties. In this chapter I shall deal with some of the problems that might be encountered in that initial hypnosis session.

5.1 Lack of Motivation

Lack of motivation refers to the lack of incentive on the part of the conscious mind to be hypnotized or to use the hypnosis. This situation occurs, for example, when a man comes to a hypnotist after his wife told him he should do so. He clearly has an incentive to show her that he was right all along, and the hypnosis will not work.

One of the ways of dealing with lack of motivation is charging a significant amount of money for the hypnosis services. By doing so, it guarantees that a hypnosis client is at least motivated to spend significant money before pursuing the hypnosis.

In summary, I recommend that if you determine a potential subject is not properly motivated you do not proceed with the hypnosis. Even the best hypnotist in the world can not effectively use hypnosis on an unmotivated subject. As a hypnotist, you not only set yourself up for failure, but the subject as well.

5.2 Resistance

In contrast to lack of motivation, which involves the conscious mind, resistance involves the subconscious mind. It may well be that a person is very motivated to be hypnotized and intellectually knows that hypnosis is not harmful, etc., but the subconscious mind still has strong reservations. This is referred to as resistance. There are three common reasons for resistance:

(1) Fear of lack of control. Despite any intellectual information to the contrary, the subconscious mind might still be hesitant and believes that hypnosis represents control of it.

(2) Fear of revealing something personal. Once again, the subconscious mind may be concerned about the fact that under the hypnosis he might reveal something that would be embarrassing to him after the hypnosis. For example, it might be that the subconscious mind believes that in the relaxed state, as with inebriation, he would speak much more freely than he would like.

(3) Fear of not being able to come out of the hypnosis. Many people fear the inability to come out of hypnosis before they have experienced it. As discussed in section 3.12, they fear possibly being trapped within the hypnotic state.

The method of dealing with each of these forms of resistance is basically the same. First, it is worthwhile for the potential subject to observe hypnosis and be able to discuss the experience of the hypnosis on another person. If unexpected resistance occurs at the beginning of a hypnosis session, it is probably useful to simply move ahead. If even a light degree of hypnosis can be established, that is good enough. If the resistance is great, however, it will be necessary to expose the person to more hypnosis before attempting the induction. Keep in mind that the subconscious mind is not intellectual, i.e., it has extremely limited reasoning, and is often not convinced by the same kind of evidence that would convince the conscious mind.
5.3 Prematurely Coming Out of Hypnosis

A frequent complication during the initial hypnosis session is prematurely coming out of the hypnosis. As stated before in section 5.3, this is not harmful, but is frequently accompanied by anxiety symptoms such as headache and nausea. In many cases this is nothing more than the subconscious mind wanting to assure itself that it can indeed come out of the hypnosis.

Usually the safety suggestions take care of the problem, but if it does occur, the hypnotist should tell the subject that he can take care of the problem by merely putting him back into hypnosis and bringing him out in the normal way. The subject should then be reinduced (by the instantaneous method if that has been established) and brought out without further ado. That will take care of the symptoms.

The hypnotist can then discuss the situation with the subject, and with permission, the hypnotist can reinduce the hypnosis and carry on with the session. If that is not possible, the session can be continued at another time. The important thing here is that the subject be made aware of the fact that the anxiety that was experienced is not a normal part of hypnosis and there is no reason to believe that it will re-occur.

5.4 Refusing to Come Out of the Hypnosis

Normally I recommend that in the initial hypnosis session the suggestion to come out of the hypnosis not be given permissively. That is, the hypnotist flatly states that the subject will come out of hypnosis by the count of ten. It is a fact, however, that the subject does not have to come out of hypnosis and may choose to reject the suggestion to come out. As I stated in Section 3.12, there is no danger in this. It may be only an inconvenience or a sign that something is left unsaid.

By simply asking the subject, the reason for refusal to comply will become apparent to the hypnotist.

It may be that a professional hypnotist does not want to wait for the subject to come out of hypnosis on his own, most likely because another patient is scheduled to arrive. I have two ways of dealing with this. In one case I ask how long the subject wants to remain in hypnosis. If the subject says two hours, I tell him that I shall return in two hours. I then walk out of the room, wait one minute and re-enter, claiming the two hours have past. Time distortion can be easily achieved by suggestion for a subject in hypnosis. As an alternative, I tell the subject that my fee is $125 per hour and he is welcome to remain in hypnosis as long as he likes. Typically, the idea of paying that much for merely being in hypnosis is enough inducement to do the job.

5.5 Inability to Visualize

A major aspect of developing skill within hypnosis is recognizing that different people have very different mental make-ups. Among those different make-ups is the dominant sense. Most Americans, and in fact most people in the civilized world, have vision as their primary sense. However, there is still a small fraction of the population that has problems visualizing. For these people there may be difficulties in visualizing the numbers to count from 100 down in the induction process. Similarly, there may be difficulty seeing the yardstick. In this situation as well as other situations, the hypnotist has to make some accommodation by giving the subject an alternative. Alternatives to “seeing” the numbers, for example, might include hearing or feeling numbers or other sensory queues, such as the diving to greater and greater depths. In the worst case, it is possible to just ignore that part of the hypnosis. If there is even the slightest hypnosis established, as with eye closure (not being able to open the eyes), then most people will go deeper as the session progresses.
5.6 Chapter Summary

A person might be hard to induce hypnosis in initially because of lack motivation, such as doing the hypnosis because someone else wants him to, or because of resistance. The most common reasons for resistance are (1) fear of lack of control, (2) fear of revealing something personal, and (3) fear of not being able to come out of the hypnosis. All three are unfounded, and after an initial hypnosis there will no longer be a problem.

One possible complication of the initial hypnosis might be prematurely coming out of the hypnosis, particularly before the safety suggestions are given. Although not harmful, there are often anxiety symptoms associated with it, and those symptoms are easily done away with by putting the subject back into hypnosis just long enough to bring out in the normal manner. Unfortunately, some subjects are so alarmed that they will not allow themselves to be put back into hypnosis, even for that short time. In that case they usually refuse to have anything more to do with hypnosis.

Another possible complication in hypnosis is that the subject does not come out of the hypnosis upon command. The subject can always be safely left to come out on his own.

Occasionally a subject will have trouble visualizing numbers, and for that matter, other things like the yardstick. That circumstance warrants a slight modification of the hypnosis that makes use of other sensory modalities. With experience, the hypnotist learns to be creative in dealing with these relatively rare circumstances.
Chapter 6: SOME THINGS TO DO WITH THE HYPNOSIS

6.0 Introduction

As I have previously stated, this book is intended to provide a background on what hypnosis is, the kinds of ways you might use it, and how to induce the hypnotic state. It is not intended to give you significant instruction in how to use the hypnotic state to achieve your desired ends. That is covered by the other two books in my series (Self-Hypnosis for using hypnosis on yourself, and Therapeutic Hypnosis for using hypnosis on others as a health professional). However, I appreciate the fact that someone who has just learned self hypnosis will want to immediately begin exploring its uses. For that reason, I devote this chapter to getting started on your own self hypnosis.

6.1 Practicing Hypnosis

If you were just hypnotized for the first time in a workshop or by a hypnosis audiotahe, it is extremely important that you practice the self hypnotic induction that you were given at least once in the next twenty-four hours. This “sets” the posthypnotic suggestion for the instantaneous self induction and ensures that you will be able to continue to use hypnosis as needed.

After that, I suggest that you practice putting yourself into hypnosis at least once per day—even better several times a day. For the first couple of weeks just put yourself into the hypnotic state, go down to a comfortable place, remain there for just a few seconds, and bring yourself out. Keep the sessions short (one or two minutes is usually adequate), and don’t try to make suggestions to yourself yet. The more often you practice, the better you will be, but staying in the hypnosis for an extended period may be counterproductive.

You may well have doubts about how successful you are with the hypnosis. In fact, you may well doubt that you are even going into hypnosis, for in light hypnosis, which is probably your depth, the hypnotic state is not that distinct from the normal state of consciousness. Do not be discouraged! First, keep in mind that the effectiveness of hypnotic suggestions is usually independent of the depth. (In the Therapeutic Hypnosis book I shall state that the only major depth dependent phenomena are hallucinations, pain control, and detail in age regression.) It is the wording and manner in which the suggestions are given that primarily determines the effectiveness of hypnotic suggestions.

Also, you may not be achieving the depth on the yard stick scale using self hypnosis that you did with heterohypnosis (i.e. another person or audiotahe inducing the hypnosis). This is quite natural, and as you achieve deeper states in self hypnosis, you will probably experience even much deeper states in your next heterohypnosis.

6.2 Keeping a Journal

You should never make any judgments about how things are working while in the hypnotic state. Making judgments is a logical function that requires the conscious mind and tends to counteract the hypnosis. However, you should make judgments
about your success and keep detailed records while out of the hypnosis, particularly including the following:

(1) exactly what you want to achieve (when you start giving yourself suggestions),

(2) what you did within the hypnosis, including the exact wording of your suggestions, and

(3) your opinion of the results you are getting from each of your suggestions, your wording, and anything else that might be due to the hypnosis.

I suggest you keep a detailed journal telling the date and time of each session, your depth on the yardstick scale, the results of previous hypnosis, and a details of what you suggested, the precise wording of your suggestion(s), and any feelings you might have as well as objective information about the session. The greater the detail, the better.

It is amazing how, without the journal, your perceptions can be swayed as time passes. Without the journal a person is often misled into thinking that the hypnosis is not working because the results take place so naturally. I suggest that you assign a rating of 0-10 for the degree of success in a given suggestion, and be mindful of the fact that the results might not be achieved in a manner that was expected by the conscious mind. Very frequently the subconscious mind follows hypnotic suggestions in a completely unexpected manner.

Finally, it is important to record the changes that occur, essentially always positive, that are possibly a result of the hypnosis, but not suggested. The hypnosis process serves to integrate the conscious and subconscious minds, and not infrequently leads to dramatic and unexpected improvements.

### 6.3 Procedure for Giving Yourself Suggestions

As I stated earlier, the effectiveness of a hypnotic suggestion depends strongly on the wording of the suggestion and only slightly on the depth of the hypnosis. While there are many rules that can be applied to wording suggestions, the wording has to be largely individualized, and learning how to use hypnosis on yourself is largely learning how to word suggestions that your own subconscious mind will accept and act on.

Merely getting a general idea of what you want is hardly enough. You must spend significant time planning not only what you want from your subconscious, but precisely how to word the suggestions. To ensure that you act on a precisely worded suggestion, I suggest the following method of giving yourself a suggestion.

First, write out on a piece of paper the exact wording of your suggestion. Keep in mind that just because your conscious mind knows what you are trying to say, your subconscious mind, because it does not interpret language the same way, may interpret a suggestion very differently. Once you have the suggestion (or suggestions if you wish to do more in one sessions -- you have to see if that works), hold the paper in your hand(s) and put yourself into hypnosis. Tell your subconscious that you will accept and follow the suggestion(s) written on the piece of paper. You don't have to read the paper; your subconscious is well aware of what is written.

After you have given yourself the suggestion, allow yourself to drop down in the hypnosis to reach a nice comfortable place and get a signal that the suggestion is being accepted. Not only will this help set the suggestion, but it also allows you to learn if the subconscious expects to carry it out. If a suggestion is not acceptable, you will probably have trouble dropping deeper into the hypnosis. Incidentally, merely because the subconscious accepts a suggestion at that time...
doesn't mean it will ultimately carry it out. The subconscious, like the conscious, can change its mind -- and frequently does.

After you have been in the comfortable place of deeper hypnosis for a few seconds and received the agreement from the subconscious, bring yourself gently and comfortably out of the hypnosis.

One last comment on the hypnotic process. Don't every try to make something happen. Trying is a function only of the conscious mind. In hypnosis what you do is get out of the way (in a mental sense), and let it happen. Remember also that conviction is not necessary for hypnosis to work; only cooperation is necessary.

6.4 Wording Suggestions

I'll devote considerable space in the volume on self hypnosis talking about what constitutes effective wording for a hypnotic suggestion. Here I'll just give you three important rules to apply to the wording of your suggestions:

First, treat the subconscious mind as if it is a young child. Use simple words and concepts that a young child would understand. Remember that the subconscious mind is the only part of the mind that exists when you are young. What I am calling the conscious mind in this book, i.e. the logical, rational mind, develops over a period of time as a child grows up.

Second, avoid referring to the problem. Refer only to the desired outcome. For example, don't say that you will no longer hurt, rather, say that you will be comfortable. In fact, be very cautious about using any kind of negative words, for negation requires logical processing that is more difficult for the subconscious. Parents should keep this in mind for young children as well. For example, if you tell a child, "Don't forget to take out the trash," the child might only process the "forget to take out the trash," disregarding the negative word. Instead, say something like "Remember to take out the trash."

Third, link the suggestions to positive emotions. For example, if you suggest that you will be able to stand in front of a group and speak clearly and smoothly, add that you will feel relaxed and self confident as you are speaking.

As I commented earlier, effective wording is relative to the individual. A hypnotist learns to listen to a person's use of language and mimick certain aspects of the style in making suggestions. In your own case, just word things as you would to yoursef as a child, and carefully keep track in your journal as to what works and what does not work. For example, whether you use "I shall ..." or "You will ..." is a personal matter that has to do with your mental model of your subconscious mind. Find out which works best for you.

There are numerous books available that are entirely devoted to “hypnotic scripts”, i.e. exact wording of various hypnotic suggestions. These may prove useful in your early practice before you become knowledgable about what works and what doesn't work in your particular case.

6.5 Some Things to Avoid

Frequently people use hypnosis to go to sleep. I suggest you do not allow yourself to ever go to sleep within the hypnosis. While the hypnosis may be very effective in putting you to sleep, if you get used to falling asleep within the hypnosis, it may prevent you from going deeper and using the hypnosis for other things. The way to put yourself to sleep using hypnosis is to tell yourself that after the hypnosis you will rapidly fall deeply asleep, sleep comfortably the entire night, and wake up completely refreshed. Then allow yourself to sink down to a comfortable depth, get the signal that the suggestion has been accepted, bring yourself out of the hypnosis, and then fall asleep.

As you develop the depth necessary to achieve the ability to relive (called "revivicate") past experiences, you may be tempted to get information on traumatic experiences. I recommend that you not try that, even when you become very
good at the hypnosis. You probably would be unsuccessful because the subconscious is very protective, and success promotes more success in hypnosis, while failure impedes the progress. Blocked traumatic memories are easily and effectively brought out with heterohypnosis, so if you feel you need to deal with trauma in your past, just go to a professional hypnotist. (I'll deal with the treatment of blocked traumatic memory extensively in the volume on therapeutic hypnosis.) In my book on self hypnosis I describe the use of the Chevreul pendulum, which may be used outside of the hypnotic state to get some factual information about blocked traumatic memory. Hopefully that will allow you to decide if you need to get heterohypnosis.

Despite the safety suggestions, also be careful about masking symptoms. In making your suggestions, remember to suggest awareness of problems when you are treating symptoms. Though symptom masking is not all that common, even the rejection of a suggestion because the subconscious is doing what is good for you rather than what you suggested is counterproductive to your progress in effectively using hypnosis.

### 6.6 Recommended Reading

Once you have learned how to hypnotize yourself and begun the practice of hypnosis, you will probably want to learn more about it from books. Unfortunately, if you go to your local bookstore or library, you will likely find a lot of books, all of which are introductory (as this book is), and simply repeat the basic information I have provided in this book. Once you have read one of the books, at least a good one (and I believe this book will serve that purpose), what you need are more advanced books.

Such books do exist. Unfortunately, they are most often only available through specialized bookstores or by mail, or through interlibrary loan. I provide a short bibliography in an appendix that will get you to the next step in learning about the hypnosis process. A number are out-of-print so they must be obtained in libraries and through used book finders.

### 6.7 Chapter Summary

I recommend the following:

- Practice in very short sessions several times a day. For the first couple of weeks just work to establish the hypnosis. Don’t try to make use of it.
- Do not try to make any judgments about how the hypnosis is working while within the hypnosis.
- Keep a journal with many details, including the exact wording of the suggestions, and your judgment of the success of those suggestions and anything else relevant to the hypnosis.
- When you begin giving yourself suggestions, write them on a piece of paper, paying close attention to the wording, and then put yourself into hypnosis and tell yourself you will act on the suggestions you have written.
- After making a suggestion, go deeper into the hypnosis and get a signal that the subconscious has fully accepted that suggestion, at least for the present.
- In the wording of suggestions, treat the subconscious as if it were a young child, refer to the desired result rather than the negation of the problem, and link the suggestion to positive emotions.
- In your selfhypnosis, avoid symptom masking and attempting to uncover blocked traumatic memory. Leave the latter to heterohypnosis, though the use of the Chevreul pendulum can help you gather information to help make a decision about the heterohypnosis.
APPENDICES

A. Bibliography

General introductory:


Elman, *Hpnotherapy*, Westwood, 1964. The author developed the method of inducing hypnosis that I provide in this reprinted book. Incidentally, there exist audiotapes of his extensive course for physicians that are quite good.

Introduction to self hypnosis:


General purpose how-to books:


Advanced general information:

Kroger, *Clinical and Experimental Hypnosis*, 2nd ed, Lippincott, 1977, ISBN 0-397-50377-6. This is a very old book, but it has encyclopedic coverage of applications with references to the research literature. I see nothing comparable to it in more recent books.


Gaining control of the body:


Laccinole, *1-10-10 Method for Allergy Control*, American Media, 1980, ISBN 0-912986-12-3. Simple techniques, but the real power of hypnosis is in curing allergies and asthma, rather than just treating the symptoms as is done by the methods of this book.


Pain control:


**General hypnosis scripts:**

Hammond, *Hypnotic Suggestions and Metaphors*, Norton, 1990, ISBN 0-393-70095-X. Almost any book on hypnosis has hypnosis scripts, i.e. precisely worded suggestions, but this is a large compendium of such scripts.


**Indirect suggestion and NLP:**


**B. Author Biography**

Richard A. Blade, PhD

Dr. Richard Blade has been teaching university courses and professionally accredited workshops in applied hypnosis since 1979. Emphasizing medical applications, he has taught hundreds of health professionals how to control circulation, bleeding, and blood pressure in their patients; do surgery and deliveries without the need for anesthetic; cure migraine headaches and asthma; and treat disorders as diverse as anorexia and diabetes. He also shows how they can use hypnosis on themselves for such things as the control of anxiety, memory recall, concentration, and fatigue.

Dr. Blade considers himself a hypnosis trainer and consultant to health and mental health professionals. After learning the tremendous benefits of using hypnosis on himself many years ago, he studied hypnosis under such leaders in the field as Bandler, Barber, Craselneck, Grinder, Kroger, and Weitzenhoffer. He is now an emeritus physics professor at the University of Colorado - Colorado Springs. He continues to offer hypnosis workshops and deals with difficult cases of others, but no longer takes private clients.