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RALPH SLATER

Frontispiece

HYPNOTISM AND SELF-HYPNOSIS

by
RALPH SLATER

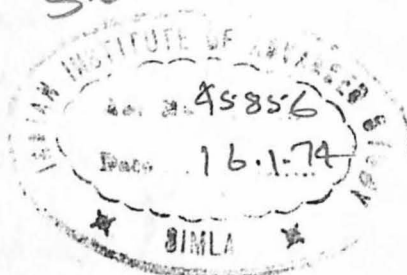


GERALD DUCKWORTH & CO. LTD.
3 HENRIETTA ST., LONDON, W.C.2

First published May 1950
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PRINTED IN GREAT BRITAIN
BY WILLMER BROTHERS AND HARAM LTD.,
BIRKENHEAD

DEDICATION

I DEDICATE this work to all those who, throughout my public career, have so graciously consented to volunteer as subjects for hypnotism during my public demonstrations; also to the members of the medical profession, young and old, who have helped make the book possible.

I wish at the same time to extend my sincerest thanks to all those editors and newspapermen who personally gave me so much help and encouragement during my 1949 tour: among them:

Ralph Champion (*Sunday Pictorial*)
A. Coulter (*News Review*)
Jack Fishman (*Sunday Empire News*)
Arthur Helliwell (*The People*)
Prof. C. E. M. Joad (*Sunday Dispatch*)
Cyril Kersh (*The People*)
Bob Musel (*United Press*)
Rex North (*Sunday Pictorial*)
Dick Richards (*Sunday Pictorial*)
Bill Richardson (*Evening Standard*)
Thomas Richardson (*The Times*)
Arnold Russell (*Reynolds News*)
George Scott (*Daily Express*)
Hannen Swaffer (*The People*)

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PART I

CHAPTER ONE

The History of Hypnotism

HYPNOTISM is by no means a new art. True, it has been developed into a science in comparatively recent years. But the principles of thought control have been used for thousands of years in India, ancient Egypt, among the Persians, Chinese and in many other ancient lands. Miracles of healing by the spoken word and laying on of hands are recorded in many early writings. The priests and medicine men of primitive tribes used these forces widely and still use them to-day, with results sufficiently impressive to maintain their traditional position of authority for successive generations.

The father of modern hypnotism was Mesmer, a native of Vienna, who moved to Paris in 1778, and attracted a large following through reports of thousands of cures. Like many pioneers, the theory which he advanced to explain his work was later discredited. This was called animal magnetism. He believed that a magnetic fluid flowed from the operator to the patient which contained miraculous healing power. Those who followed Mesmer proved conclusively that there was no such magnetic current, but that the force which operated was in reality *mental suggestion*. Mesmer, who was a good showman, also made extensive use of passes and gestures, and of complicated apparatus made up of magnetic wires and rods, quite useless, of course, except as a way of impressing a gullible patient.

Dr. James Braid, born in Manchester in 1795, after much experimentation, discarded the theory of Mesmer, proving that the same results could be obtained without Mesmer's ballyhoo, and without any belief in animal magnetism. At first Braid used no verbal suggestion in putting his patients to sleep, merely having them gaze at a bright object, held a few inches above their eyes, until they became drowsy and fell into a deep sleep, in which they responded to his commands. In his later practice he added suggestion to this physical means of hypnosis with much more excellent results. Braid was the first to use the word hypnotism, coined from the Greek word *hypnos* meaning sleep.

The science of hypnotism was further developed by the work of Doctors Liébault, Bernheim and Charcot some years later in France. Liébault, while using the Braid method of inducing sleep, made much more extensive use of suggestion; he was remarkable in that he practised for twenty years as a poor doctor in a remote country village, always refusing payment for his hypnotic services. Bernheim, at first a critic, later a friend and student of Liébault, organised the science of suggestive therapy into a complete system of treatment. While Bernheim and Liébault in the Nancy School, which they founded together, worked almost exclusively with healthy and normal people, whom they found to be the most satisfactory subjects, Charcot, who founded the Paris School, had his successes mainly with nervous and neurotic patients, who flocked to him in great numbers, and he accepted it as his mission to help these unfortunate people. As a neurologist and an expert in hysteria, Charcot disagreed violently with Bernheim's view that hypnotism worked on the mind of the patient,

and always claimed hypnotism as a neurological rather than a psychological technique.

Outstanding among the scientists in America who have influenced the development of hypnotism were Professor William James, Dr. Boris Sidis and G. Stanley Hall. These thinkers developed the concept of the subconscious mind in explaining the phenomena of hypnotic suggestion. They taught that in hypnotism, the conscious mind of the subject was placed in a state of inaction or suspension, and that the operator was consequently able to direct his suggestions or commands directly to the subconscious.

The great Viennese psychologist, Sigmund Freud, began his career as an admirer of Bernheim and a devotee of hypnotism, but later came to believe that the technique placed the doctor too much in the position of a dictator to his patient, and preferred his own milder psychoanalytical method of "free association", the details of which need not concern us here. I need only remark that the speed of hypnotism gives it certain advantages over the slower processes of psychoanalysis, especially where, as for example in an army hospital in wartime, a large number of patients require treatment at once and the pressure of work is really high.

What these scientists have done for tens of thousands, through the years of the development of the hypnotic art, is being actively accomplished to-day. In the second part of this book I describe in detail the methods which have been used to bring better health, happiness and success to the vast number of modern patients who have enjoyed the benefits of hypnosis.

CHAPTER TWO

This Modern World

IT is a strange world we live in. To me nothing is stranger than the immense part played in our everyday lives by the power of suggestion. The very highly organised industries of advertising and salesmanship are typical instances of this. For example, two large rival chemical combines are selling rival brands of aspirin. Their products are almost identical—they have to conform to the minimum chemical standards prescribed by law. Yet all day long we see advertised all round us “Buy XYZ Aspirin—there is no better”, and next time we buy aspirin, chances are we insist on XYZ brand, because it is easy to ask for, and we cannot remember any other brand at the moment.

Given this power of suggestion on the human mind at all hours of the waking day, it is horrifying to me how seldom the power is consciously used for good, and how our newspaper editors, film makers and others catering for public entertainment seem almost to rejoice in spotlighting the uglier aspects of life. “I have supped full with horrors”, says Hamlet, and the modern man would merely have to alter this to “I have breakfasted full with horrors”, after reading his daily morning newspaper. Floods, earthquakes, air crashes, murders, divorces and suicides are certain of their place in the headlines; while a new advance in public health, or the opening of a new playing-field which will give pleasure to thousands is lucky if it qualifies for two inches at the

bottom of the page. How often we are shown the photo of a man who has recently fallen dead in the street from heart attack; how seldom the photo of a man who got over a heart attack ten years ago, and now enjoys his Saturday game of golf like anyone else!

I have long maintained, in public and in private, that particularly in the health sphere—a subject in which most people are personally interested—this concentration on disaster does an untold amount of unseen harm. I regard heart disease, cancer, and fear of insanity as the three great killers of the world to-day. All three are complaints the mere whisper of which may make a man die mentally twenty-five years before he dies physically. No other complaints induce that paralysing fear of the future which, as every doctor knows, is itself enough to prevent any cure or possibility of arresting the disease if it in fact has got a hold on a patient. Even in tuberculosis it can be clearly demonstrated to the patient whether or not he has the disease; and even cripples, and the blind or deaf learn to adjust themselves to their disabilities, for they know they are going to live.

Do you remember that old story of the Traveller and the Plague? On his way one day the Traveller met a mysterious, cloaked figure hurrying along in the opposite direction, and stopped to ask him who he was. "I am the Plague," came the reply, "going along to the town you've just passed to kill 100,000 people there. At least I myself shall only kill 200. Fear will do the rest for me. Good morning."

So when the ordinary man reads about death, disease, and disasters day after day in his newspapers; when his local cinema runs film after film about life in a lunatic asylum or the activities of paranoiac gunmen; when, as

recently in the U.S.A., he couldn't drive his car to the next town without seeing huge hoardings along the roads shouting at him to beware of cancer (which he would never otherwise have given a thought to)—how can we doubt that a vast amount of unnecessary and easily preventable sickness is caused by the power of a wrong idea to establish itself inside the human mind? And how can we doubt the desperate need in this modern world for a technique which can help to expel such ideas once they become established?

Hypnotism is such a technique.

Psychologists and Psychiatrists

ALL over the world the dominating power of the human mind over the human body is steadily being recognised. I have always wished to use the word "superconscious" instead of the more common subconscious, as I believe "superconscious" better expresses this idea of domination, the full extent of which is even now not sufficiently understood. I would like to see the thousands of pounds now spent on research into treating the symptoms of disease spent instead on further research into these fascinating and all-important matters.

How many of the general public, for example, know that there are two different kinds of perspiration: one physical—when we sweat after violent physical exercise in hot weather—and one nervous, when we sweat with fear or excitement? These two perspirations show completely different reactions to the appropriate chemical tests. The first kind is not under the control of the mind, the second is.

How many of the general public realise that under hypnosis it can be suggested to a subject that he is eating food, so that his gastric juices are stimulated and his intestinal reactions can be shown to be exactly the same as though he was eating a good meal, although not a crumb has in fact passed his lips?

How many members of the general public know that obstinate and long-standing warts and blisters have been removed gradually by suggestion under hypnosis,

and that other physical changes in the skin surface can be induced in the same way? That heart and pulse beats can be raised and lowered in the same way?

How many members of the general public realise fully the psychological factors involved in stomach ulcers, hyper-acidity and the many other internal disorders in which the mind and emotions of the sufferer have taken complete charge of his heart, liver, pancreas or lungs—the normal action of which is entirely involuntary? Isn't it this extraordinary ability of the mind to effect changes in the organic tissue of the body which particularly needs research?

I do not think the public have much idea of these things, though the rise of psychoanalysts and other practitioners who concentrate on the mind factor is a welcome sign; and I myself am often asked by ordinary people for my advice about them.

I regard hypnotism as the tool of psychiatry, perhaps the best tool it has. I claim personally to have hypnotised more men and women than any man living, and my work—especially my experience in U.S. Army and Navy hospitals during the recent war—has shown me what a wonderful tool it can be, in what a vast variety of different cases; so that I say boldly hypnotism should be within the power of every medical man making any claim to eminence in the psychiatric field. It is little use for a doctor to ask questions about the colour of your grandmother's underwear, whether you ever remember falling out of your perambulator, and other questions about things past and forgotten (and often better forgotten too) if he cannot do something practical to offer you hope for your present and future.

Therefore I would say there are three qualities that

every good psychiatrist must have—and indeed every good doctor, whether psychiatrist or general practitioner, knows from his own experience the value of these points:

- (i) He must be a good listener. He must realise that his patients are mostly lonely people bursting to pour out their woes to him, and find in him that pillar of sympathy and friendliness which we all of us need so much.
- (ii) He must be a direct talker and not wrap up his opinions in incomprehensible jargon. "You have a chronic inferiority complex" sounds unnecessarily damning to any patient; "you are rather a shy sort of chap" says the same thing much better.
- (iii) He must be a man of the widest possible experience and understanding. There is nothing so heartening to a patient as to hear his doctor say: "Well, you're not the only one, you know; I had this trouble and got over it after a bit, and look at me now! We'll fix it for you."

I am not myself a deeply religious man, but I cannot help seeing that in the modern world the psychoanalyst has to some extent replaced the priest—except perhaps in the Roman Catholic church, which in its ritual of confession and absolution still makes official provision for that deep-seated human desire to "get things off one's chest". The psychoanalyst, therefore, has responsibilities as serious as the priest. Let him discharge them in the same spirit of gravity and humility, in the knowledge that the material passing through his hands is that most precious, delicate and wonderful of all created things—the human mind.

CHAPTER FOUR

About Myself

THIS is the least valuable chapter in the book, and may be skipped by all those who are interested in hypnotism from the professional point of view. As I have often explained, there is nothing personal to me in my methods of hypnotism, and the technique generally has nothing to do with the personality or the character of the hypnotist. Given the necessary self-confidence, hypnotism and self-hypnotism can be taught to all and sundry. It is like swimming: once take the first plunge and the rest is easy.

Some people, however, are always interested in "how it all began", and since most of my ideas are naturally the result of my parentage, environment and upbringing, I give the following few facts about myself.

I am the eldest of six children. My childhood in Upper Clapton, then one of the pleasanter suburbs in London, was not a particularly happy one. My father, who was a very wealthy man, gave me every opportunity for education, but because of his tremendous interest in my mother and in his very successful business life, he did not give me the thing I needed most—understanding. I was always alone and was considered by my family as a strange boy who refused to take advantage of his parents' desires to see him as a great surgeon or successful business man, and who instead spent most of his time reading books on psychology and the science of the mind, which, to my

parents, made me a "hopeless case", destined to come to no good.

It had been one of our neighbours in Clapton—a retired writer in the late seventies, who first influenced me towards the study of psychology. When I was only twelve he lent me my first books on the science of the mind, which has been my preoccupation ever since. He remained for many years my friend and when, at about the age of twenty, I left for America to seek my fortune there, I still continued to correspond with him on the subjects which interested us both.

At this time it was my father's idea I should train to be a surgeon, while my mother, who was very much under the spell of the famous violinist Mischa Elman's playing, was determined I should be a violinist. I took a few lessons but couldn't make a go of it, although I have remained interested in music ever since. At that age I was a bit of a rebel against my parents anyway—most young men are—and after my very casual and haphazard upbringing it would have been a miracle if I had settled easily to anything. For many years in America I was just too busy trying to survive to study anything or immerse myself in anything seriously. I took various jobs—radio announcer, actor (for one day only), composer of light music and assistant to a man on an ice-cart. (This last job didn't last long, since I weighed only 90 lbs. at the time and was called on to lift blocks of ice so much heavier than myself that I collapsed one day.)

Then I began to practise on a few of my friends the ideas about hypnotism that had been simmering in my mind all these long years. I was determined for a start to eliminate 95 per cent of all the vast accumulation of stuff I had read on the subject. No nonsense about soft

lights and sweet music for me. I wished to perfect a technique of double-quick hypnotism, so I could hypnotise a patient in about the time it takes a doctor to give an injection, or less if possible. And as I believed in myself this was indeed the technique I perfected and have since demonstrated on the stage of many theatres on both sides of the Atlantic.

I gave my first public demonstration to a restricted group of five physicians. Among the group was a famous New York doctor, who was at once tremendously impressed by what he saw. He took me aside afterwards to give me some advice. "Young man," he said, "I have been greatly interested by your performance; but you understand that if I was to proclaim publicly my belief in your methods, my official doctors' association would step on me like a cockroach, and probably on you too. The thing for you to do is to go out into the world and make a big name for yourself with the public. Remember that when you're downstairs shouting up, no one hears you; when you are upstairs shouting down, they all hear you—and come back to ask for more."

So I took this doctor's advice and he gave me during all my early years as a hypnotist his constant help and support for nothing. I said to myself, "Well, why not start at the top, if it's the top we're aiming at?"—and though I had to beg and borrow the money, I took New York's huge Carnegie Hall one night and gave there a demonstration to a selected audience—all guests personally invited by me—including 1500 doctors and disabled servicemen. Later I played Carnegie Hall seven times in one year, and I am the only man in the world to have done that.

On one of these occasions I found myself billed next to Mischa Elman, who had appeared there just before me. You may be sure that I had the notices photographed and sent a copy to my mother in England who had been so keen for me to follow Elman's steps as a violinist!

You can imagine too the great feeling of satisfaction which it gave me, on my return to Britain in 1949 as a star, to see my mother and father proudly stand up and take bows at every opening night, whether it was in a theatre or an auditorium like the Empress Hall, Earl's Court, where I set a new precedent by appearing "solo" at this huge arena for an entire week, with no other scenery but twelve chairs.

People often ask me why I appear in theatres. There are two answers: (1) that desire for security which influences us all in more or less degree, and (2) the feeling that I have a definite mission to interest the public, and especially the informed medical public, in the vast possibilities of hypnotism. During the recent war I spent practically all my time in U.S. Army and Navy camps working on disabled men and giving demonstrations to groups of doctors. For this all I have to show is a series of beautiful diplomas. One cannot unfortunately pay one's rent with beautiful diplomas.

Again, I know that a theatrical performance is the quickest, most dramatic way of demonstrating my burning faith in the curative power of hypnotism. There are by now thousands of people in Great Britain—people who would otherwise have dismissed hypnotism, if they thought of it at all, as unreliable black magic—who have *seen* such "miracles" as this happening *before their own eyes* on the brightly lit stage of a public theatre:

- (i) a cripple walking with a stick, who had to be helped up the stairs on to the stage by others, leave the same stage walking steadily and proudly under his own steam. (I still have that stick, which he left with me as a souvenir!)
- (ii) a confirmed chain-smoker (60 cigarettes a day) throw away two cigarettes running with every sign of disgust immediately after the first puff, after I had given him post-hypnotic suggestion to this effect.
- (iii) an old man shaking all over with some functional nervous disorder, who was regarded by himself and others as unemployable and had drawn a war-disability pension for years at his country's expense, stand up straight and strong again like the fine young soldier he once had been.
- (iv) a well-known journalist stretched stiff like a board between two chairs—head on one chair heels on another and nothing between—so that I myself could take my stand on him, and he could bear my whole weight on his unsupported stomach with ease. (See illustration.)

All these things were unrehearsed by-products of my ordinary stage show; for when at each performance I call for volunteers to come up on the stage, I have no way of telling what sort of people will come—and they are a mixed lot, believe me! Such “miracles”, then, have been witnessed by thousands—general public, medical men and newspapermen alike—and it is only natural that these many thousands will be wondering to themselves, in sickness and in health, *how can hypnotism help ME?* It is to try and satisfy this very natural curiosity that I have written this book.



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RALPH SLATER DEMONSTRATES "CATALEPSY"—STANDS ON BODY OF HYPNOTISED JOURNALIST AS DOCTORS AND NEWSPAPERMEN LOOK ON

I feel that for a few more years at least I must consolidate the little bit of reputation I now have and build up a position for myself in which I shall be free to forget my own troubles, and set to work relieving some of the pain and misery we see about us in the world. I already have plans for clinics where I can teach my methods personally, but it takes time to organise things just how I want them.

In another book one day I shall describe my early adventures more fully; but every author should be prepared to come forward and take his bow before his public, and I hope that I have done so well enough in this chapter, for those who are interested.

PART II

CHAPTER FIVE

Methods of Hypnotism

(including the Ralph Slater Method)

I SHOULD like to begin this chapter on methods of hypnotising by making clear a few very important points. What I am about to say now may surprise the reader, but the hypnotist actually does not hypnotise the subject; *the subject hypnotises himself*. The hypnotist merely acts as the instrument through whom the suggestions for sleep are given. With this thought in mind, it can be readily understood that the first law of hypnotism is to make the subject *believe* that he is going to be hypnotised. This is achieved by the manner and bearing of the hypnotist, who, by his very actions and confidence, impresses the subject with his ability to hypnotise him. Therefore, the hypnotist must have complete confidence in his ability to hypnotise any normal person. If this sense of confidence is ever relaxed so as to admit the slightest doubt, he may fail. Do not be discouraged if you do not succeed in hypnotising the first few people upon whom you experiment. Once you have hypnotised successfully, you will undoubtedly gain the confidence that is necessary to make you an expert hypnotist.

I mention this point in my first paragraph, and wish to dwell on it, since I believe the lack of this necessary confidence to be one reason why hypnotism is so comparatively little used therapeutically to-day. Such

confidence is in no way peculiar to me, or a mysterious part of the Ralph Slater method, but just one of those basic rules of life. In this world other people accept you at your own valuation of yourself; thus it is your first duty to desire sincerely to help your subject, and your second to make your subject realise that this is your desire.

Of course, most ordinary practising doctors are already certain enough of their ability to relieve suffering, and they are already accustomed to taking responsibility often at the shortest notice, and issuing clear-cut orders for the good of their patients. This is all in the day's work, and such men will already have the fundamental confidence to embark without hesitation, and with complete success on the regular practice of hypnotism, which may become, as I suggest elsewhere, the most useful weapon in their whole armoury of healing. But there is no reason why medical students too, though they are young and have less experience of the rough and tumble of a doctor's daily life, should not become proficient hypnotists. Indeed, as in most other spheres of life, the young have the immense advantage of youth and energy over their elders, and the acquiring of this technique early on in life will enable the young doctor to bring his skill to greater heights of perfection than his seniors can hope to.

I have seen cases where several people in a row have failed to respond to hypnotism; and by the same token, where thirty or forty people consecutively can be placed in a state of deep hypnosis without any difficulty whatsoever. All disturbing elements must be removed. When you practise hypnotism, try to do so in an environment which is conducive to the concentration

of your subject. Avoid draughts. A draught will sometimes keep a subject awake, where he normally would fall asleep. Also, distracting noises should be so far as possible avoided.

Some subjects, who cannot be hypnotised at the first attempt, will fall into a hypnotic state after two or three tries. I would strongly recommend that for his initial attempts at hypnotism, the operator should practise on strangers instead of on his friends, because the psychological effect is so much greater. Someone who knows the hypnotist too intimately might not fall into the passive state of mind which is necessary for hypnosis.

I cannot stress too strongly the importance of reading each chapter over and over until the reader has thoroughly acquainted himself with every detail. The confidence gained by his thorough study of this book will enable the hypnotist to be much more successful. And now for some of the methods of hypnotism.

THE BRAID METHOD

As indicated in the first lesson, Dr. Braid, who gave hypnotism its name, used the method of focusing the attention of the subject on some mechanical object, held a few inches above the eyes; so as to create an optical strain, which would aid in making the eyelids heavy, and in inducing the hypnotic sleep. This method is still used by some practitioners. The main objection is that it requires considerable time, usually from six to twelve minutes, and the strain on the eyes might possibly give the subject a slight headache. The direct suggestive method seems equally effective, and is much quicker. I have demonstrated in my radio programmes, and in many public and private demonstrations, that it



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RALPH SLATER HYPNOTISES GROUP OF PEOPLE IN AUDIENCE AT EMPRESS HALL, EARL'S COURT



RALPH SLATER DEMONSTRATES MASS HYPNOSIS AT THE FAMOUS CARNEGIE HALL IN NEW YORK. SLATER HAS THE ENVIABLE RECORD OF SEVEN APPEARANCES THERE IN ONE YEAR

is possible to hypnotise an individual in a matter of a few seconds, without resorting to any mechanical means whatsoever. With the Braid method, in addition to the focusing of the eyes on a bright object, suggestions to induce sleep, which will be explained a little later in this lesson, are also given.

THE CANDLE METHOD

The subject is seated in a comfortable chair, and told to relax completely. The operator holds a lighted candle in his hand and stands about three feet in front of the subject. He instructs the subject to gaze at the candle, and tells him that soon he will begin to feel drowsy and sleepy. And then, the operator says in a quiet, firm voice, "You're beginning to feel yourself getting sleepy—your arms and legs are beginning to feel numb and heavy—your eyelids are beginning to feel heavy—your eyes are closing—you feel yourself going deeper and deeper asleep—your body feels like lead—sleep—you are sound asleep." The operator can use his own words more or less. The basic idea is to suggest the thought of sleep to the subject; that his body is heavy, that his arms are heavy, that his eyelids are heavy, etc., and that he will soon be asleep. When the eyes of the subject close, there is usually a sigh, and an obvious relaxation. When the eyes are closed and the operator feels that the subject is asleep, he should gently lift the right arm of the subject, saying as he does so, "I am going to lift your right arm, but you will stay asleep." When the arm is outstretched, the operator says, "Your arm is now rigid—like a bar of steel—you cannot bend your arm—Try—You cannot bend it." If the subject does bend his arm, go back to the sleep-inducing suggestions. If

he is unable to bend his arm, tell him that he may do so and stay asleep; and, as the subject bends his arm and puts it down, the operator proceeds to give the subject any instructions he may desire.

These sleep suggestions are also used in conjunction with the shining object that I mentioned in the Dr. Braid method.

THE RECLINING METHOD

In this method of inducing hypnosis, the subject is told to stretch out on a couch with his eyes closed. The operator then gives the suggestions for sleep, which were explained a moment ago in the Candle method. The suggestions are given until the subject seems to be asleep. Then the operator should place his thumb between the eyes of the patient, and press downwards quite hard, saying, "You cannot open your eyes—Try—Never mind—Sleep." Should the subject succeed in opening his eyes, the sleep suggestions must be resumed. If the subject does not open his eyes, the operator then gently lifts up the right arm, also explained in the Candle method, and tells the subject that his arm is rigid, etc. The subject, after trying unsuccessfully to bend his arm, is told now that he can do so, and then the suggestions desired by the operator are given.

THE COUNTING METHOD

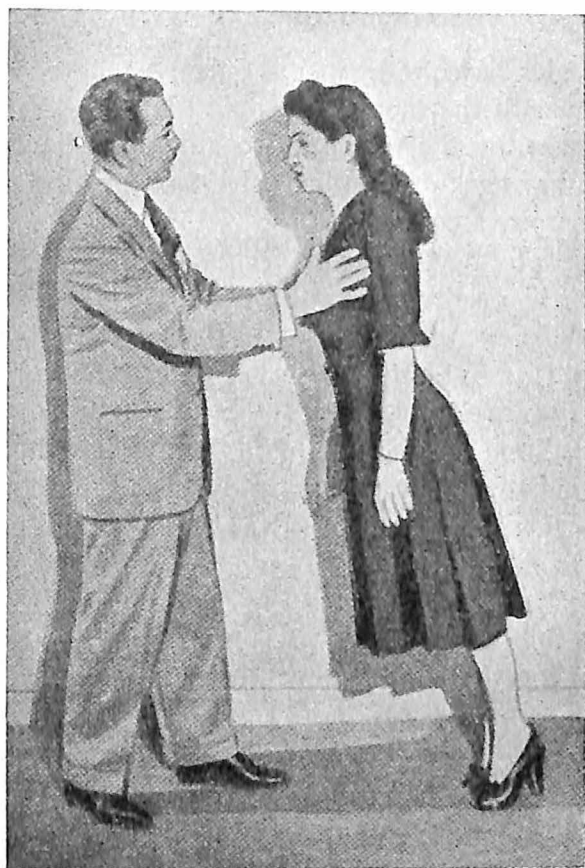
In this method the subject is either seated in a chair or reclines on a couch. He is told by the operator to take slow deep breaths, and as the operator counts out loud, the subject is instructed to open his eyes on the count of one, close them on the count of two, open them on the count of three, and so on. In between the



SUBJECT FALLS BACKWARD

counting, the operator gives the suggestions of sleep, as described in the previous methods, until the subject is asleep.

There are many variations of these methods I have just explained. Many of them are cumbersome and laboured. When the simple and direct methods can achieve the same results, it seems unreasonable to make the operation difficult and complicated. I wish to stress that whatever method is employed, its success depends



RALPH SLATER DRAWS SUBJECT FORWARD

upon the receptivity of the subject, and the confidence of the operator that he will succeed!

THE RALPH SLATER METHOD

In my work over many years I have naturally experimented with many methods. Personally, I have come more and more to discard the mechanical methods, not because they did not work, but because it seemed sensible to use the quickest and easiest technique, when

results are shown to be just as effective, and even more so than with the more studied and laboured methods. While I still use a variety of techniques, I have found the following to be most effective for use on the ordinary private patient.

I begin by having the subject stand with his back to me, and his feet together. I stand directly behind him, and with my hand I tilt his head back as far as possible, and tell him to close his eyes. I then tell him to relax his body completely. I put my hands on his shoulders, one hand on each shoulder, and say that in a moment I am going to withdraw my hands, that I want him to think he is falling backwards, and as I withdraw my hands from his shoulders, I say, "You are falling back—Do not be afraid—I am going to catch you." As the subject falls back, I catch him and turn him round with his feet together, and his eyes looking into mine. I put the tips of my fingers on his temples, and instruct him to gaze into my eyes, and tell him that when I remove my fingers, he will fall forward. I remove my fingers slowly from the temples, and then I repeat several times, "You are falling forward—You are falling forward", and, as he does, I catch him.

Once I have reached this stage of the falling backward and forward tests, I stand in front of the subject and instruct him to clasp his hands and interlock his fingers, and to keep his eyes fixed on mine. I then instruct him to think to himself that his fingers are locked together tightly, that he cannot take them apart. I tell him to place them together, tighter, tighter, and when I see them pressed together tightly, with my eyes fixed on his eyes, I say, "You cannot take your hands apart—You cannot take your hands apart." Never allow

your gaze to wander away from the eyes of the subject during this time. As he tries unsuccessfully to take his hands apart, I snap my fingers and say briskly, "Now you can take your hands apart", and he does so.



HYPNOTISED AMERICAN SOLDIER TRIES UNSUCCESSFULLY TO PULL HIS HANDS APART. HE HAS BEEN TOLD BY RALPH SLATER THAT HE COULD NOT DO SO

After these preliminaries, in most cases the subject is completely ready for hypnosis. I instruct him to sit on a chair, close his eyes, and then I begin with the sleep suggestions. "You are getting sleepy—Your arms and legs are numb, etc." After the above preliminaries, it is

usually only a matter of seconds before the subject is in a hypnotic state. As soon as the subject is hypnotised, I lift up his right arm and tell him it is rigid, he cannot bend it, and when he unsuccessfully tries to do so, I snap my fingers and tell him he can bend his arm, and that he will fall into a deeper sleep.

I then place my hands on the subject's shoulder, and tell him he is stuck to the chair, that he cannot get up. When he tries unsuccessfully to do so, I say, "Never mind—Stop trying—Sleep." By this time, the subject is in a state of hypnosis, and ready to carry out the orders of the hypnotist. The operator then gives the instruction, according to the purpose of the hypnosis. If, for example, the purpose is entertainment, any suggestions similar to those we are about to mention can be given. If the purpose is therapeutic, it is necessary to give post-hypnotic suggestions, which are explained in a later chapter.

If, at any time during the tests mentioned at the beginning of this method, falling backward and forward, etc., the subject should fail to respond, relax him and try again; *do not be discouraged*. The beginner may well find it easier to use one of the other methods I mentioned earlier, in his first attempts at hypnosis; there is no reason why he shouldn't, if he feels more confident that way. Remember, hypnotism is an art like playing a violin, and only with *practice* and *perseverance* can one become an expert.

You may however be quite sure that there is no mumbo-jumbo about hypnotism. If anyone tells you it is necessary to darken the room completely, or to play soothing music, or to beat drums softly, to assist the business of hypnotism, you may be sure he doesn't know

what he is talking about. It is like saying that in order to drive a car you must wear a yellow tie or put your hat at a certain angle.

THE LIGHTER SIDE OF HYPNOTISM

For those who are interested in hypnotism mainly for amusement at social gatherings, I would say that there is nothing, within reason, that you cannot impress upon your subjects, once they are under proper control. As those who have heard my radio broadcasts and witnessed my personal performances may recall, I put my subjects through an almost endless routine of fun and fantasy, which convulses the audience and does the subject no harm. These stunts are too numerous to mention. Each operator can work out, with a little creative imagination, his own variations. A few which seldom fail are:

Tell him he is a great pianist—he is sitting in front of a piano—(it may be just a kitchen table) then say the audience is waiting with breathless expectancy for his performance—tell him to start to play when you count three—give him the count—he will play with great concentration and enthusiasm, as though the table were actually a piano.

Sometimes I suggest that ants are creeping all over his body. He will show great aversion, attempting to brush the supposed ants off, scratch his legs and perform other antics to the delight of the audience.

Then you tell him that we are at a famous fishing place—we must catch some fish—give him a piece of wood and tell him it is a fishing rod—say, “You’ve got one—it must be a big one—pull him in.” He will work at it desperately while the audience howls.

Tell him he can’t say his name. Then say, “By the

way, what is your name?" He will struggle and try; but he will be unable to give his name.

Tell him he is feeling hot and terribly thirsty. You can put an empty tumbler in his hand, and watch him



PUZZLED GIRL IN CENTRE DRAWS A CIRCLE ON HER FACE WITH LIPSTICK. THIS IS A POST-HYPNOTIC SUGGESTION GIVEN TO HER BY RALPH SLATER WHILE SHE WAS HYPNOTISED

drain it off with every appearance of enjoyment. Carry this one stage further, if you like, by suggesting to him that what he has just drunk was a glass of neat whisky; you will find he begins to reel and stagger about the room like a drunken man.



THESE TWO HYPNOTISED GIRLS HAVE BEEN TOLD BY RALPH SLATER THAT
THERE ARE MICE ON THE FLOOR

Another convincing stunt is to tell your subject that he cannot say a certain number—let us say eight. Then get him to count from one to ten. Each time he will skip eight.

These are just a few; you can work out your own variations. Development of the ability to use this lighter side of hypnotism for entertainment purposes will enable you to add greatly to the enjoyment of those attending any social gathering; and will add to your popularity and prestige.

NARCO-HYPNOSIS

Many physicians and psychiatrists use special drugs to put their patients to sleep, and to explore the sub-conscious mind with a view to locating early experiences which may have caused mental and emotional disturbances. These include sodium pentothal, sodium amytal and the barbiturates. As certain dangers are involved, these drugs must be used only by a qualified medical practitioner.

Some practitioners have even been able to use water, coloured with some harmless substance to make it look like a medicine. The subject is told that it is a very powerful drug which will put him into a sound hypnotic sleep in a few minutes after drinking. So strong is the power of suggestion, that the subject may fall into a deep sleep after drinking this supposed drug. My only reaction to this method is: interesting, but only necessary in extreme cases.

TRANSITIONAL HYPNOSIS

This is another “half-way house” technique by which the doctor changes his patient’s normal sleep into

hypnotic sleep. The doctor should first tell the patient before nightfall what he proposes to do. Then when the patient is normally asleep, the doctor begins gentle suggestions of this kind: "You can hear me—I'm going to lift up your arm—tell me when you can hear me", and so on. The moment the patient replies to him, the battle is won, and the doctor can proceed to whatever therapeutic suggestions he wishes to make.



EDDIE CANTOR AND RALPH SLATER IN LIGHTER MOOD—CANTOR "EYES"
SLATER

CHAPTER SIX

Dangers of Hypnotism

THE dangers of hypnotism are more fanciful than real—but there *are* dangers, and no one should undertake hypnosis without careful study and preparation, so as to be on the alert, and know exactly what to do under every circumstance.

To admit there are possible dangers in hypnotism does not lessen the fact that it also can be productive of great benefits. As a matter of fact, there are few human activities without some element of danger. There is danger in eating if one eats too much, or the wrong food. There is danger in travel whether by land, sea or air, but no one would suggest that travel should be outlawed. There is danger in the use of drugs; doctors and nurses make mistakes in prescribing and administering drugs: many deaths have resulted. Yet no reasonable person would suggest that the practice of medicine should be stopped.

Most of the supposed dangers of hypnosis are mere misconceptions, growing out of the years of distorted fiction stories in which villains were supposed to use hypnotic powers for evil ends.

It is an accepted principle of hypnotism that *no one can be made to do under hypnosis anything opposed to their moral or religious principles*. No hypnotist can successfully suggest to a normal subject that he should go and murder someone. This fact, incidentally, illustrates perfectly the point I made earlier that, in fact,

the subject hypnotises himself, and is therefore quite incapable of acting under hypnosis in a manner in which he would not be able to act when awake.

Contrary to general belief, it has been my experience that the more intelligent the subject, the easier it is to induce hypnosis. It is not a sign of a weak character to go quickly into a hypnotic state. Hypnosis is not a struggle or battle of the wills, but a matter of co-operation between two people. Children under three, morons and completely insane people—those, in fact, who cannot consciously co-operate with the hypnotist—are not hypnotisable at all.

A supposed danger is that the mind of a person will be weakened while under hypnosis. On the contrary, the mind is strengthened. The patient's ability to concentrate is essential to success. Under hypnosis, there is shown to be an amazing quickening of mental power.

Another supposed danger is the fear that the subject may not respond to the command to wake and thus remain asleep. This alleged danger may be disregarded; it is no more probable than that a person will not wake from an ordinary night's sleep. In all the history of hypnotism, I have never heard of a case of a person remaining permanently under hypnosis. In the vast majority of cases, the subject will wake immediately after the proper command to do so. In a very few cases, the subject may not respond to the command to awaken immediately. This will be covered thoroughly in a later chapter.

Never allow anyone else to touch a subject while he is under your hypnotic control because when a subject is under hypnosis, he is *en rapport* with the hypnotist. This means that his subconscious mind is attuned to

accept suggestions given only by the hypnotist himself. Should anyone else touch the subject while he is hypnotised, the subject may become *en rapport* with the person who touched him, and respond only to the suggestions given by that person; which means that he would no longer be under the control of the hypnotist. Then the other person would have to be the one to awaken him, or tell him to go back under the influence of the hypnotist.

While laymen may use hypnosis for entertainment purposes, I wish here to emphasise that there is always an element of danger in any attempt upon the part of a *layman* to use hypnosis for therapeutic purposes: this is definitely the function of the physician. The layman is apt to treat symptoms rather than causes. For example, if his friend has a persistent pain in the stomach, through hypnotic suggestion the operator may make the patient unconscious of the pain. But, if he should be suffering from appendicitis, the appendix might burst and the patient die, even though the pain had been stopped. Thus it should be evident how dangerous it is for unqualified persons to attempt to use hypnosis in treating sick patients. In the chapter of this book which deals with suggestive therapy, it will be seen that a wide range of disorders can be treated by hypnotherapy by physicians who have learned to use hypnosis.

A word might be mentioned here about one of the stock objections to therapeutic hypnotism: this is not so much a danger as a widespread misconception. It is alleged that the use of hypnotism in therapy produces only *temporary* results. Even if this were so, and the evidence is against the contention, it is still not a valid objection. If through hypnosis a patient can be relieved

of pain for a few hours, days or weeks; at least that is something in its favour. If an alcoholic can be kept from drinking for six months, a year or two years; that is an achievement worthy of note. Such results have been obtained; in obstinate cases of over-indulgence in alcohol or tobacco, even a few days' abstinence under post-hypnotic suggestion may easily "do the trick" for all time. Many drugs, too, require renewed use after a lapse of time, and this is no objection to the use of these drugs. Neither is it a sound objection to the therapeutic use of hypnosis. The patient may have to return from time to time for more treatments. As long as the treatments help, they are justified; and innumerable case histories reveal that in *most* cases the cure is *permanent*. Those who offer this objection simply do not know the real facts about hypnotic suggestion.

THE REAL DANGERS

Yes, there are some, as I said at the beginning of this chapter, and here they are.

First. No person suffering from a weak heart should be used as a hypnotic subject. The operator must question the subject on this carefully, and decline to operate on any person so afflicted. In the event of a heart attack resulting in death, the operator might be held responsible; even though the patient would have died from the same shock if no hypnotism had been involved.

Second. Hysterical or highly neurotic persons should be avoided, except by qualified practitioners for medical purposes. While it is beyond question that the thoroughly trained psychiatrist who understands these mental states, and knows just how to proceed with them,

may accomplish much good with these types, the lay practitioner should for his protection leave them strictly alone. Under hypnosis, the controls of the conscious mind are relaxed and the negative forces in the subconscious responsible for the hysterics rush to the fore. No actual harm is likely to result, but a patient with a fit of hysterics can create a scene which would be destructive to the purposes of the hypnotist, cause an audience to show disapproval, and lead to an exaggerated idea of the dangers of hypnotism.

Third. Unscrupulous persons might attempt to extort money or make other demands from hypnotists. For that reason it is essential that the operator never attempt to place a person of the opposite sex under hypnosis without the presence of at least one additional person of the subject's sex. This is a real danger to the practitioner which should be carefully avoided by always following this rule.

CHAPTER SEVEN

How to Awaken the Subject

THERE is no danger that the hypnotised subject will not wake. This does not mean, however, that every subject will come out of the hypnotic sleep immediately upon command. Should your subject fail to respond to the suggestion that he will awake at a given signal, and the command that he do so; do not be alarmed. Simply put him in a comfortable position and he will pass from the hypnotic sleep into a natural sleep, and wake of his own accord when he is thoroughly rested, usually in an hour or two.

But such a case is fortunately rare indeed. The average subject—we might even say nearly all—will wake when the proper technique is used. This technique is really very simple. It may be difficult to get a given subject under hypnosis, but awakening him is usually done with ease and with no resistance. The reason for this is easy to understand. In hypnotising, the subject's conscious mind may offer considerable resistance to the suggestions given. In awakening, the conscious mind is inactive, the subconscious alone is given the suggestion that he will wake. There being no resistance to awakening, the suggestion is obeyed as directed.

As in methods of hypnotising, there are numerous methods of awakening the sleeper. But the simplest and best, which is used to-day with slight variation by most practitioners, is as follows:

Tell the subject he is about to be awakened, and that

when he awakens he will feel greatly refreshed and invigorated. If at a social gathering it might be well to add that he will be full of pep, and the "life and soul of the party". Then tell him you are going to count up to five. When you reach the count of five, he will be completely awake, feeling greatly rested, happy and better in every way than before he went into the hypnotic sleep. Then count very distinctly, and with some emphasis, "One—two—three—four—FIVE." Place special emphasis on the "FIVE", including a note of command. Then follow with, "Wake up! You are now wide awake!" You must give this command with absolute self-assurance that it will be instantly obeyed. You may clap your hands or snap your fingers to emphasise your command, on the "Wake up!" But otherwise there must be no element of shock or fright. And do not fail to give the suggestions that he will awaken refreshed and feeling fine in every way. Otherwise the subject may be drowsy, dizzy, suffer from headache, or other depressed state. These negative reactions will never be experienced if you use the proper technique.

Most hypnotists make the count slowly, to give the suggestion that the subject is about to awaken time to take effect. In my work, I have developed a very rapid technique in hypnotising. Particularly in my radio broadcasts, where time is of great importance, I have hypnotised many subjects in a matter of seconds, and awakened them with a simple command and snap of my fingers. This is possible because I have developed, through long study, such perfect confidence in my ability to succeed that my own complete assurance is transferred to the subject, thus enabling me to accelerate greatly both putting the subject under and bringing

him out of the hypnotic state. I do not advise the beginner to attempt to work too fast. This is an advanced ability which must be patiently acquired.



RALPH SLATER SHOWS AMERICAN ARMY PHYSICIAN THE ABSENCE OF REFLEXES IN HYPNOTISED SAILOR, AT STAGE DOOR CANTEEN IN NEW YORK CITY

People who have seen my stage performances more than once, often comment to me on the very marked increase in health, cheerfulness and general well-being shown by my subjects on waking, sometimes after being asleep for two hours or more. Hypnotic sleep is always more valuable than ordinary sleep. The "deep sleep"

attained during the third stage of hypnosis is in itself most refreshing, even though no specifically health-giving suggestions are made to the subject. How indeed could it be otherwise? During the third stage all those nervous conflicts and stresses which may vex us during ordinary sleep, and emerge perhaps as terrible nightmares are completely stilled, so that the subject attains a degree of complete relaxation of both mind and muscle never experienced by him before.

As to the precise physiological difference between normal sleep and hypnotic sleep, this is a subject I cannot pursue here. For instance, it has been shown that the phenomenon known to doctors as the "knee-jerk reflex", which disappears during normal sleep, can still be obtained in hypnotic sleep. This is another of those questions, as I suggested in Chapter Three, where a little money might profitably be spent on *research*.

CHAPTER EIGHT

Post-Hypnotic Suggestion

FOR therapeutic purposes, post-hypnotic suggestion is of very great importance. This will become more apparent in the chapter which deals specifically with hypnotic therapy. It is, doubtless, the most remarkable fact about hypnotism, that it can be used to implant ideas into the subconscious mind which will influence the behaviour and bodily condition of the subject after he has been released from direct hypnotic control.

The power of post-hypnotic suggestion is graphically illustrated in its use for entertainment purposes. The subject is told that after he wakes, at a given signal, certain things will happen. For example: "When I awaken you from the hypnotic state, you will go over to a chair, sit down, and immediately go sound asleep." Or you may say, "After you wake, you will sit down and rest. When I snap my fingers, you will bark like a dog." Another post-hypnotic suggestion, used in entertainment, is the suggestion that when the operator snaps his fingers or claps his hands, the chair on which the subject is sitting will start to get warm, will get hot, so hot that the subject will be forced to jump up and cry, "Ouch!" These demonstrations will be most amusing to the spectators; but they also are convincing evidence of the power of post-hypnotic suggestion. The operator may say, "After you wake, I will give you a cigarette, but it will taste very bitter, and you will throw it away." It will be apparent to the subject and audience, when the

awakened subject finds the offered cigarette bitter and throws it away, that the same type of suggestion might easily be used in a serious use of therapeutic hypnotism to break excessive smoking and other bad habits.

There are great possibilities of using post-hypnotic suggestion therapeutically in accomplishing beneficial results. It has been used with marked effect in breaking various bad habits. Many alcoholics have been induced to stop drinking through using this technique. Such a serious condition will usually have to be the subject of a series of treatments until the suggestions become a fixed and controlling part of the subconscious mind. We will discuss this fully in the section on therapeutic hypnosis.

It is interesting to note that, even in the lighter side of hypnotism for entertainment purposes, there is very definite evidence that the suggestive control of the subconscious can be used by the operator for more serious purposes.

In public exhibitions, two subjects may be selected; one a timid person, suffering from a sense of physical weakness and inferiority, the other the strong aggressive type. The timid subject is told that he is so strong that everyone is afraid of him; the other is told that he is physically weak, timid and afraid to fight or to argue with anyone. The little fellow is then told to go over and bully the big one. Of course, the result is most amusing. But it is more than that. If a subject with an inferiority complex can be made to believe he is powerful and aggressive for entertainment, it is evident that the same conviction can be permanently implanted in the subconscious to help him overcome his sense of inferiority.

Suggestions should be kept positive so far as possible,

rather than negative. In other words, "You will do this—you will think this—you will feel this", instead of using the negative form, "You will not do this, etc." The subconscious accepts the positive suggestions much more readily than it does the negative. Avoid, therefore, the use of *not*, etc.

Always be sure to remove any post-hypnotic suggestion which might have an undesirable influence on the subject. For example: suppose you hypnotise a subject, and tell him that after he awakens he will see a cat and be very much afraid of the animal. When he awakens, a cat is introduced and he may cry out in terror. That is all right as a gag and to get some laughs. But the suggestion might persist. So after the experiment is over, tell him to close his eyes, that his fear of cats is all gone, that after you count three he will completely awaken and the post-hypnotic suggestion concerning cats will have completely vanished and lost its power over him.

Of course, this would not apply to post-hypnotic suggestions given for therapeutic reasons, in which you definitely desire the impression to be permanent and controlling, in the cure of bad habits such as smoking, drinking, sexual disorders, allergies, phobias, inferiority complex, insomnia, etc.

Stages of Hypnotism

WE pass now to consider the various stages of hypnotism. It is important that the operator learn to distinguish between these stages, since they determine the *degree of control* and the *kind of suggestions* which can be successfully given to the subject.

The simplest arrangement is to recognise three stages. These stages, together with the symptoms by which they may be recognised, are:

1. *Very light.* This is characterised by inability of the subject to open his eyes, and his acceptance of simple suggestions; such as, that he is unable to lower or raise his arms or legs, unclasp his hands, etc. Despite the inability of the subject to resist suggestions given, he is under only the lightest form of hypnosis and is conscious of everything which is said or done.
2. *Intermediate.* This is a deeper degree of hypnosis. Its chief indication is agreement of the subject to a wider range of suggestions and compliance with more complicated commands. But he is still conscious of what is said and done and will remember everything upon being awakened.
3. *Complete somnambulism.* The subject is now deeply hypnotised and under complete control of the operator, except for the limits set forth in Chapter Six. He is totally unconscious of what is done and upon awakening remembers nothing that has transpired.



Daily Herald

**RALPH SLATER HYPNOTISES CYRIL KERSH AS HANNEN SWAFFER
WATCHES INTENTLY**

While some have subdivided these stages into six or more, for the sake of simplicity and ease of detection I have found these three divisions quite satisfactory. For example, in the more complicated division of stages, the third state as given above is sometimes divided into three separate stages: deep sleep, somnambulism, profound somnambulism. This appears to make the matter complicated without serving any practical result, since the symptoms are the same as we have set forth as our third stage. Any differences would appear highly technical and somewhat difficult for the average operator to discern.

While no arbitrary rule can be given, it may be said

that the first time a subject is placed under hypnosis, he is likely to fall into a light trance, going no deeper than the first or second stages. The second or third time, he is apt to go easily into the second stage. On subsequent tests, he should go into the third stage; more deeply as treatments are continued.

By post-hypnotic suggestion, which we discussed in the last chapter, the patient may be told that he will, in the future, respond completely to hypnotic control instantly; by, say, the mere snapping of a finger and a spoken command. He will then pass immediately into the third stage at the will of the operator.

Of course, an experienced operator, enjoying a very high degree of confidence in his ability to bring any subject quickly under complete control, will, in many cases, do so the first time a subject has ever been under hypnosis, and be able to carry him over at once into the third stage of complete somnambulism. The beginner will have to develop this ability through study, practice, and achievement of that absolute confidence in his ability which plays so large a part in the success of the professional hypnotist. *You can develop this confidence—but not overnight!* Before you can master others, you must master yourself.

It should be noted that the subject under hypnosis is not, as commonly supposed, totally unconscious: he always retains a sense of his own ego and, in the lighter stages, he hears and thinks, but is still unable to control his actions which, due to the suggestions of the operator, have become involuntary instead of voluntary. Only in the deepest stages of hypnosis does the subject actually lose consciousness and experience a sense of amnesia upon waking.

It is also important to understand that the more the operator works on the subject, the deeper the hypnosis becomes with each suggestion. When the subject is unable to bend his arm, unclasp his hands, move his feet, open his eyes, he becomes more and more convinced that he is powerless to resist suggestions of the hypnotist; except any suggestion, as we have already said, which would violate the religious or moral principles of the subject.

In the lighter stages of hypnosis, when the subject is told he cannot bend his arm or unclasp his hands, the thought flashes through his mind that *he could do so, if he wanted to, but he does not want to try!* The subject, of course, does not realize that his will has been subjected to the dominating power of the hypnotist in whose hands he has placed himself.

I want to emphasise that the subject does not need to enter the third sleep in order to get results. Even in the very light stages of hypnosis, good therapeutic results can be achieved. I have personally seen many instances in which a subject has been given the suggestion that cigarettes or liquor would be distasteful. Upon waking, the subject would say, "I heard every word you said." Nevertheless, cigarettes or liquor *would taste bad* to him, as the hypnotist had suggested they would. This proves that the subconscious mind can be reached and profoundly influenced, even when the conscious mind is merely relaxed and passive, and not in complete suspension. In even the lightest, hypnotic stage, the conscious mind is, to some extent, off guard and allows the subconscious to be reached through suggestion.

CHAPTER TEN

Self-hypnosis or Auto-suggestion

IN self-hypnosis or auto-suggestion, the individual learns to contact his own subconscious mind to produce apparently miraculous results. And yet are they so miraculous? Many ordinary people are able to wake themselves up in the morning by concentrating hard the night before on the exact time they wish to wake. Most readers of this book will have done this successfully at one time or another, and so will readily understand the power of auto-suggestion over themselves. This power can be controlled and harnessed to useful ends, and like all other techniques becomes easier still with practice.

The subconscious mind comprises nine-tenths of our mental capacity and power. The conscious mind is the thinking, reasoning mind. The subconscious does not reason. Its law of action is *suggestion*. As in the case of the deeply hypnotised subject, it displays no ability to accept or reject the suggestions of the operator, except the self-protective device described in Chapter Six. Otherwise, it accepts without question any suggestions which get to it with sufficient force through the censorship of the conscious mind.

These suggestions may be good or bad. Unfortunately, most of the suggestions given to the subconscious are negative, rather than positive and constructive. These begin in early childhood when the individual is functioning almost entirely in the subconscious. The child has small capacity for critical judgment. He is

largely the product of his environment, and the suggestions given to him. If told persistently he is a bad boy—no good—a disgrace to the family, his subconscious will accept this low estimate of himself, and organise his life in conformity. More men and women have been ruined in later life by adults, ignorant of the devastating effect of such negative suggestion, than by all other factors combined.

On the other hand, a constant inflow of positive suggestion as to his good traits, marked abilities, certain success in life, will cause the subconscious forces to organise for self-confidence, health, success and happiness.

The powers of destructive suggestion are such that innumerable cases bear witness to results of sickness, failure, misery, the distressing sense of inferiority, and even death. The powers of constructive suggestion have resulted in health, happiness and successful achievement in tens of thousands of well-authenticated cases.

Now the best way for an individual to rid his subconscious of the negative impression of limitation, insecurity, failure and sickness, is through self-hypnosis or auto-suggestion. Remember, *the subconscious has not the power to reject suggestions* which reach it. So, if you can fill your subconscious with constructive suggestions you will give it the stimuli not only to overcome the negative and destructive suggestions which have been implanted there, but to set in motion those creative forces and powers which will tend to produce the suggested constructive results.

This law of self-suggestion is so obvious that it should require little to convince any sceptic of its power.

Here is a man applying for a position. He fills his subconscious with thoughts of weakness and failure. He goes in thinking, "There is no use—of course I shall fail—they will not want me—I'm too old, or, I have not had enough experience." His chances of getting the job are nil. Now, if he would go in with a positive attitude pouring into the subconscious suggestions such as, "I am sure to get this job—I have the ability—a good background—I can make good—I will succeed"; he may not get the job—other factors and considerations may rule him out; but his chances are ten to one over the poor chap who goes in, his subconscious mind poisoned with negative suggestions.

Or take the salesman: if he approaches his customer filled with doubt, fear and expectations of failure, his chances of success are small. The successful salesman, by constant suggestion, builds into his subconscious ideas of strength, assurance, success. "Of course I shall make this sale—my product is right—the price is right—they need it—I shall succeed." Again, he may not make the sale. No one can score off every ball. But the constructive ideas in his subconscious create forces that make for success; his chances will be much better than the chap who thinks constantly in terms of failure. Any sales manager will tell you that. Likewise, the individual who pours into the subconscious thoughts of sickness will almost certainly be sick; while one who builds in thoughts of strength, health and well-being greatly enhances his chances of enjoying good health and living a useful life to a ripe old age.

You can practise auto-suggestion, and a mild form of self-hypnosis, every hour of every day by constantly thinking, and thus passing from the conscious into the

subconscious, constructive thoughts. In the large, you are the product of your prevailing subconscious impressions. If you don't like where you are or what you are, change the character of the impressions handed down to the subconscious, and ultimately the creative forces within will make you what you want to be, and place you in the life conditions you most persistently desire.

If you have some special problems which need attention, resort to more specific self-hypnosis. Lie flat on your back with your hands at your side and your legs stretched out. Relax completely. Think or say out loud, "I am perfectly relaxed. Nothing disturbs me—I am going to place in the subconscious ideas of perfect health (assured success, complete happiness)——" or whatever is your great desire for demonstration. Do not try to impress the subconscious with numerous wishes all at once. Select one thing at a time—the one thing that at the moment is most essential to your well-being. Then, when you are completely relaxed, start to give yourself spoken suggestions. If your desire is to overcome some negative physical condition these suggestions may be, "Perfect health—all negative factors are now losing their power to control me—every organ and function of my body is organising for perfect health right now—the leading forces are at work—I shall be well—the pain is passing—the causes of the pain are being healed by the power of subconscious control—I shall be well—radiant health is mine." Continue such suggestions for ten or fifteen minutes. Repeat this self-hypnosis for periods twice daily, preferably just before going to sleep and upon awakening in the morning. You will be setting in motion the greatest healing force there is.

Some practitioners add to this form of self-hypnosis the use of a dim light placed just behind and above the head. Concentrate on the light, causing a slight optical strain, as in the Braid method, until the eyelids get heavy. Then think of your arms as growing very heavy, and your legs so heavy you cannot move them. Thus you will be inducing a condition of physical hypnosis, but you must get in your healing suggestion before you lose consciousness and fall asleep.

Self-hypnosis can, of course, be used for the direct purpose of putting yourself to sleep each night—and how few sufferers from insomnia ever try this most simple of all techniques. They seem to prefer sleeping draughts, special diets, or trick devices like a hop pillow, sleeping with feet pointing to the north, and so on. Just remember these two things:

- (i) Don't make the job harder than it need be by reading a thriller, or taking violent exercise or a too hot bath just before retiring. Anything that makes the brain race or agitates the nerves unnecessarily means more resistance to overcome.
- (ii) The best position to take up when you first get to bed is to lie flat on your back with all muscles relaxed, your wrists crossed over your stomach and your ankles crossed over each other. Do not use too high a pillow. When you begin to feel drowsy, just turn over slowly on to the right side and you will be off.

When the healing and rehabilitating power of self-hypnosis is generally understood and used, millions will rise to new heights of power, health, happiness and success.

The more self-hypnosis is used, the greater will be

the results, as the subconscious mind forms the *habit* of accepting and acting on the suggestions handed down.

☺ I wish, in closing, to emphasise the importance of *complete relaxation*, as an essential to the successful use of auto-suggestion. Relaxation opens the door to the subconscious and makes the successful penetration of ideas possible.

CHAPTER ELEVEN

Hypnotherapy

It is apparent, from the History of Hypnotism in Chapter One, that the development of the theory and practice of hypnotism has been largely in the hands of medical men. To the names of those mentioned in our brief history, scores of other physicians might be mentioned such as Forel, Janet, Arndt, Berend, Coué, Binet, Richet, and innumerable others.

Some physicians have become specialists in this field, and used hypnosis with marked success in a wide range of physical and mental disorders. In consequence of further experimentation by medical men, doubtless many more will specialise in this branch of medical therapy. I consider hypnotism should be regarded as allied to medicine, but a separate science in itself, like chemistry.

My interest, however, is not so much in specialisation by a *few* physicians, as in an effort to interest *all* physicians in learning the technique of hypnosis. During the war, I gave most of my time to visiting U.S. Army and Navy hospitals, demonstrating the use of hypnosis to the medical staffs, in the treatment of shell-shock, battle fatigue, insomnia, amnesia and other nervous and mental conditions. For ten years I have toured the U.S.A., giving hundreds of demonstrations before medical groups, in an effort to stimulate the interest of physicians in the medical use of hypnosis.

That doctors are becoming more hypnotism-conscious is evidenced by hundreds of letters from physicians all over the world which I receive daily. At my third appearance in Carnegie Hall in New York recently, over a thousand physicians were in the audience, including the medical staffs of Halloran and St. Albans Hospitals. Nevertheless, it is still true that not one medical school in a hundred to-day actually teaches hypnotic techniques to its students.

I have never suggested that hypnotism is a cure-all, or that its use should in any way replace usual medical procedure. It does seem apparent, however, that it is worth trying in many cases which fail to respond to other means of treatment.

Physicians, as we have already stated, have found hypnosis effective in correcting undesirable habits; such as, excessive smoking, drinking, etc.—speech defects, such as stammering, when the cause is not organic—insomnia—sexual and other emotional disturbances—phobias and other neurotic disorders—and in the relief of many types of pain: migraine headache, neuralgia, rheumatic pains, etc.

For the benefit of physicians who may wish to use hypnotism in treating any of the above conditions, I am going to offer specific suggestions as to the technique to be used, which will differ in certain respects from the techniques used purely for entertainment purposes.

Please note that in the instructions which follow, I shall make no effort to discuss the *medical*-aspects of the cases under consideration. Medical men are fully informed as to causes of illness and established methods of treatment. I merely suggest the use of hypnotism as an additional method of treatment, and leave it entirely

to the judgment of the individual physician, whether to use it or not.

Another point I wish to make clear: in presenting the type of suggestions which may be used under the various categories, I am giving much fuller and more detailed suggestions than I ever use myself. You may be able, like me, to develop a speedy technique. Where some psychologists assert that it takes them an hour and a half or more to get a subject under control, you may be able to train yourself to hypnotise subjects in a matter of a few seconds or minutes. Instead of using the lengthy and detailed suggestions which follow, you may find it easier to use simple, direct and quick suggestions. For example, under the head of smoking, I have given detailed suggestions which may be used. Personally, in my public demonstrations, I simply tell a subject that cigarettes taste bitter—they will not enjoy smoking any more—they will stop smoking because all cigarettes will taste bad. I trust I have made this point clear. The thousands of doctors who have seen my demonstrations all over the country may think, after reading what follows, "This does not read much like the Slater speedy technique." *It isn't!* I am merely giving the long form because the beginner may find it helpful to have an extended series of examples of suggestion which may be used. True, they are all good and tend to impress the ideas into the subconscious of the patient from as many different angles as possible; but as you acquire experience, confidence and speed, you will naturally shorten the procedure and use more simple and direct forms, which you will develop for yourself by shortening and simplifying the suggested forms.

In other words, these forms are given to you, not to be followed verbatim, but merely as illustrative of *some* of the suggestions which may be used in practice.

SMOKING

Millions of people suffer from the effects of undesirable habits, such as excessive smoking, drinking, etc. Multitudes of these individuals go through life with decreased efficiency, distraught nerves, and a sense of futility and frustration. They are unable to break the compelling force of negative habit by themselves. They need help; but do not know where to find it. Many appeal to their physicians. But, unless the physician has learned to use hypnotism, there is little he can do except give good advice; and every doctor knows that good advice is of little value in cases of excessive smoking or alcoholism. The victim *knows* the habit is injurious; he is desperately anxious to stop; but *cannot do so*. Through hypnotic suggestion, he can be helped.

For example, an excessive smoker is told, while under hypnosis, that the cigar or cigarette he is smoking does not taste good. You may say, "It stinks—it is bitter—it tastes bad—throw it away—here, wash your mouth out (with a real or imaginary glass of water). Now every time you put one in your mouth it will turn your stomach—you will lose your taste for smoking—you will no longer *want* to smoke—you are through with smoking!"

Having thus implanted the negative idea, you will now proceed to the positive phase of the treatment, something as follows: "You have decided that you are through with smoking—you will lose the desire to smoke—you are strong—you are powerful—you have

perfect command—from now on you will demonstrate that you are stronger than this habit—no force can break down your iron determination—every time you refuse to smoke, it will be easier the next time to say, ‘No!’—the habit is broken!” Use a strong, commanding tone in giving these suggestions.

To test the patient you may offer him a smoke after he is awake. If he starts to put it in his mouth, stop him and say quietly, “I don’t think you had better put that in your mouth—it will not taste good—forget it—you don’t need to smoke now—when you start to take a smoke again stop and think how much better you will feel if you throw it away—the more often you do this, the less you will want to smoke, and you will soon be entirely cured of the habit.” These suggestions will impress upon the *conscious* mind the suggestions already given to the *subconscious*, thus forming another constructive association of ideas.

DRINKING

The same general method can be used to break a patient of the habit of excessive drinking. The same two steps are involved in the treatment. First the negative phase: tell him that liquor will taste bad—it will turn his stomach—he will have a feeling of nausea, and will put the glass down without wanting to finish it. Then proceed to the second step and give suggestions similar to those indicated in the treatment of excessive smoking.

You must, in all cases, build up a positive expectation in the patient’s mind that he is going to be helped; that the treatments will be successful; that the habit will be completely broken.

Physicians, of course, know that there are two schools of thought about drinking, one of which believes that best results can be secured through *progressive reduction*. They seek to get the patient to drink less and less each day or week. If he has been in the habit of taking ten drinks a day on the average, he will decrease this first to eight; later to six; then to four; and so on. The main objection to this is that, though it appears promising, it seldom works. The patient starts out co-operatively for a time, then breaks down and abandons all restraint.

Most authorities now urge that *immediate and complete abstinence, with no exception and no compromise*, is essential. You may wish to experiment with both of these methods on different patients, and determine for yourself which is for you and your patients the most effective. It is a question which depends largely upon the individual patient. Some patients may stop immediately and completely, leaving your future task merely to deepen and strengthen the resolve not to drink. With others, it would be impossible for them to stop at once without serious physical consequences, and the only alternative to admission of failure will be the use of the method of progressive reduction. The decision in each case is a matter for the judgment of the practitioner as to the best procedure.

In the suggestions which follow, I have followed the basic procedure of psychiatry in suggesting that the *causes* of the neurotic symptoms be located wherever possible. This is in line with accepted medical standards. Through hypnosis, these causes can much more readily be brought out than through the long and tedious operation of "free association". Facts which might require weeks or months through

psychoanalytical technique are instantly revealed through hypnotic regression.

Personally I am not convinced, however, that such an investigation is always necessary. When the surgeon is called upon to operate in a case of a badly inflamed appendix, he does not pause to consider how the appendix got that way: *he takes it out!*

STUTTERING

It may help to know just what experience, or set of conditions, started a stutterer in his speech defect. Then the force of this cause in the subconscious can be broken and the treatment strengthened. But the first thing is to cure the stuttering, and this can be done, even where no definite cause can be located. The same is true of the treatment of phobias, etc. *Remove the phobia.* Assure the patient he will no longer fear the dark, high places, closed places, or whatever his trouble may be. This is simple, direct and effective hypnotic treatment—regardless of causes. The chain of negative association which comprises the cause can be utterly broken up, through positive suggestion, during hypnosis.

If, under hypnosis, the patient proves unable to reveal any clue as to the cause of his defect, do not delay but proceed at once with the treatment. Never press your efforts to locate a cause to the point where you may develop unconscious *resistance*. Stop your inquiries and proceed with positive suggestion.

Place the patient under hypnosis as described in Chapter Five. When tests reveal he is in a hypnotic state, ask him at what age he started to stutter. Then ask him what happened that might have caused him to stutter. You may ask, "Did you receive punishment for

something you did? Did anything happen at school? Did other children make fun of you? Did you do something about which you felt a sense of guilt?" Tell him to *think hard* and try to recall any experience which "might have had a restrictive influence upon him just before he started to stutter.

If he is unable to recall anything which might have been a factor in the cause, immediately proceed to the suggestive treatment. You may say, "Sleep deeply—very deeply—you will be conscious of nothing but my voice—you will speak freely and easily—the tendency to stutter is gone—speak without hesitancy." Then ask him simple questions which he can answer without effort: such as, "What is your name? What is your father's name? Your mother's? How many brothers and sisters? Name them. Where do you live? Where did you attend school? Do you work? What do you do? Tell me about it—just what are your duties—do you like this work—what would you rather do, if anything, etc." The purpose of these questions is to get him talking with least possible resistance.

The moment he starts to stutter, if he does, stop and repeat the suggestion that he does not need to stutter—that he will answer you easily and freely; and say, in a sharp, commanding voice, "Now repeat that *without stuttering*." When he does so, say, "That's fine—see—you have proved to yourself that you can talk without stuttering."

Be sure, before awakening him, to give strong post-hypnotic suggestions that his stuttering will be completely eliminated, he will speak without embarrassment and with complete self-confidence.

Do not expect miracles. Few will be cured in a single

treatment. But they can and will be cured if the treatments are persisted in. Improvement may at first be gradual, and will become more marked as the patient becomes more deeply hypnotised in successive treatments.

INSOMNIA

Treatment for the relief of insomnia depends largely on post-hypnotic suggestion: "You will be very tired when you go to bed—while undressing you will become very sleepy—the moment your head touches the pillow your eyelids will be heavy—your arms and legs will be heavy—you will breathe deeply—you will immediately fall sound asleep and enjoy restful sleep throughout the night."

It should also be impressed upon the patient that *sleep must be effortless*. As soon as he tries to go to sleep, his efforts tend to tense him, and thus prevent the relaxation essential to sleep. This should be stressed, after the suggestive treatment, before the patient leaves your office. Explain this fact to him and then assure him, in a tone of absolute confidence, that he will go right to sleep to-night—you have given him the hypnotic suggestions which will put him to sleep *immediately*, when he goes to bed.

You should follow up your treatment with some hints about the technique of self-hypnosis outlined in Chapter Ten, so that the patient can learn to "do the trick" for himself night after night, when you are not there to help him.

SEXUAL DISORDERS

As every doctor knows, sexual difficulties are so many and varied that it would be impossible to go into any

detail in suggesting specific treatment in the limited scope of this work. It is desirable to locate causes for every sexual disorder. The nature of the cause will largely determine the nature of the suggestions to be used.

For example, a patient suffers from homosexual tendencies: your preliminary analysis of the patient's history convinces you that the condition is acquired, rather than congenital, and therefore subject to cure. Your suggestions will then be to the effect that the patient really is not homosexual—his tendency is merely the result of certain experiences he has had that have tended to deviate his sex desires from the normal object—that contact with his own sex is repugnant to him—he derives no real satisfaction, etc.

This is especially true in cases of *frigidity*. Almost all authorities are agreed now that very few women are really frigid. The causes of the apparent frigidity may be many: misguided teaching by parents or other adults resulting in the idea that everything pertaining to sex is vile, filthy and should be strictly repressed; premature sex experience with its attendant sense of guilt; the husband's lack of knowledge of how to perform the sex act so as to achieve mutual satisfaction, etc.

Once the cause has been located, the character of suggestions used to produce the desired result is obvious. For example: "You will cease to think of sex as something vile which you must repress—you are completely a normal woman, and possess natural and strong sexual desire—you will respond to your husband's love-making without any resistance or repression—you will find complete satisfaction in your marital relations—your sexual thoughts will be dominated by the idea of

beauty and love—you will find the sex relation natural and beautiful.”

Impotence in the male is another sexual condition for which the physician is frequently called upon to prescribe a remedy. Wilhelm Stekel in his important work *Psychic Impotence* claims that most cases diagnosed as impotence are in reality merely psychic impotence. The span of man's virility, according to Stekel, is from the cradle to the grave. Some single experience, or several negative influences, creates in the sufferer's mind the *fear* of impotence, and this fear inhibits the normal sexual development. Remove the fear, or other negative associations, and normal functioning returns. If this be so, and Stekel's claims have received wide support, hypnotism should clearly be a strongly indicated treatment for this condition. First clear up the cause, then proceed, as above, with suggestions that he will demonstrate complete virility, etc.

PHOBIAS AND OTHER NEUROSES

This is an age of specialisation. The average medical practitioner will prefer to refer patients with serious neurotic conditions to a psychiatrist or psychoanalyst. However, many cases, in which the mental or emotional disturbance is mild or not of long standing, will readily respond to hypnotic treatment. Also, many patients in great need of help have neither the time nor money to undergo a psychoanalysis, or even a series of treatments by a psychiatrist—yet *they do need help*. For many such cases, hypnotism will be the answer.

In every case involving a neurotic trend, it is desirable to study the patient's history for all possible clues as to the basic cause or causes. Most of these causes will

date back to childhood impressions buried deep in the subconscious. Usually, the patient himself will be of little help in locating these psychic causes of the neurotic manifestations of which he complains. The psychoanalytical procedure is largely based upon the effort to bring up into the conscious these submerged associations and conflicts. When dragged into the field of conscious memory and viewed objectively, they tend to lose their dominance and the neurotic pattern is broken.

Frequently, these negative, submerged impressions are quickly located while the patient is under hypnosis. Many patients will describe, in complete detail, incidents which they do not consciously remember, but which are deeply embedded in the subconscious and largely responsible for their neurotic condition. It must be remembered that the subconscious never forgets. In my public demonstrations, I have frequently had subjects give me the name of every teacher they had from the bottom form of their school up to the top. Yet on waking they would be unable to recall the name of a single teacher, or at best but one or two. This ability to call up long-forgotten facts is called *regression*.

A few examples should suffice. The general pattern will be the same, though the specific suggestions will, of course, be adapted to the particular condition you are seeking to relieve. For a patient suffering from claustrophobia, you may find that the patient's unreasoning fear of closed places dates back to the time when, as a small child, he was locked in a dark cupboard by his parent as a punishment. Location of this consciously forgotten experience, and bringing it into the conscious, will tend

to break the repressed association. Then again place the patient into a hypnotic state and give suggestions something as follows: "Your fear of closed places has now been destroyed—henceforth, you will experience not fear or distress when in closed places—think how nice it is to be in such a comfortable room—you will feel protected, safe and secure under all such conditions, etc."

In helping a patient to overcome the inferiority complex, after locating as many contributing causes as possible, and helping the patient to face these objectively and resolve to rise above their negative influence, put him to sleep and give suggestions something as follows: "You are developing perfect self-confidence—you believe in yourself and your ability to achieve a worth-while place in life—you will be strong, courageous, self-reliant—you will enjoy meeting people and will converse and work with them with a sense of absolute equality."

THERAPEUTIC USE OF HYPNOSIS

In Chapter One on the History of Hypnotism, it was pointed out that Bernheim and Liébault dissented from the theory of Mesmer, that hypnotic healing was due to a magnetic current directed to the body of the subject by the operator. It was their belief that the therapeutic agent used in hypnotism was suggestion. They taught that hypnosis was a mental state in which the subject's susceptibility to suggestion was greatly increased. They also demonstrated that suggestion could be used therapeutically without hypnosis. The value of hypnotic suggestion is that the patient's acceptance of the healing suggestion is heightened by the inability of the

conscious mind to doubt, contest or reject the suggestions made by the operator.

The therapeutics of suggestion are based on the fact that a number of diseases can be relieved or cured merely by making the patient believe he will get better, and strongly impressing this belief in his mind. Every capable physician uses this technique to some extent even though he may do so unconsciously. The patient's faith in the doctor and his belief in the efficacy of whatever treatment may be given, is an important factor in all therapy. This use of suggestive therapy is as old as the practice of medicine itself. What hypnotism does is to multiply many times over the force of the suggestion through the greater susceptibility of the patient under hypnosis.

If suggestion is to be successful, *the patient must believe he will get well!* It is not always possible for the physician to implant this faith and expectancy in the patient's mind. Hypnotism is a means to this end. With the conscious mind in abeyance, the subconscious readily accepts the healing suggestions. No patient under complete hypnosis can resist the influence of the suggestions given by the operator.

In 1880 Berger conducted a series of notable experiments proving the effectiveness of hypnotic suggestion as a therapeutic agent. He reported that a hemiplegic patient easily made movements under hypnosis he was unable to make when awake. He saw locomotor ataxia cases cease to stagger under hypnosis. Other physicians experimenting with hypnosis in this period, reported induction and removal, through hypnosis, of fractures and paralysis. But to Liébault must go the credit of first reducing hypnotic therapy to scientific treatment.

His work was carried on and extended by Bernheim, Forel and others who followed.

Thus far, functional neurosis is the chief field for hypnotherapy, i.e. nervous disorders with no organic lesion or derangement. But out of the very considerable literature available, we will indicate some of the other disorders which have yielded to this treatment.

Hypnosis has been employed to cure all types of pains having no anatomical basis, such as: chronic headaches, abdominal pain, ovarian, neuralgic and rheumatic pains, hysterical disturbances with resulting paralysis of the extremities, hysterical vomiting, polyuria, menstrual pains, loss of appetite, nausea in pregnancy, alcoholism, etc.

Brugelmann reports its successful use in cases of nervous asthma: Forel, Bernard and Schmidt in chronic constipation; Mollerup and Clutnoff in nervous ocular disturbances; Krafft-Ebing, Ladame and others in non-congenital sexual perversions; Heim and others in the prevention of sea-sickness; Barband in cases of vaginism. Successful treatment of chronic alcoholism has been reported by Forel, Wetterstrand, Carval and many others.

ANAESTHESIA

Some practitioners report that, even in the light stages of hypnosis, pains of headache, neuritis, etc., have been relieved. After the subject has been placed under hypnosis, gently stroke the affected part and say, "The pain is passing—it is going—now you have no pain—when you wake you will be conscious of no pain—the pain is now completely gone—now, when I count three, wake up—and remember—there will



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be no pain—one—two—three—wake up—now you feel better.”

In the deeper stages of hypnosis an advanced condition of analgesia can be induced. You may have seen one of my public demonstrations in which needles are pressed into the outstretched palm of a hypnotised subject with complete absence of pain. Hypnotism as an anaesthetic in surgery has been employed successfully by many physicians in France, Germany, Russia and U.S.A., in cases of childbirth among others. In India, Dr. Esdaile performed several hundred operations with hypnosis as the only anaesthetic. Doubtless, hypnosis would to-day be very widely used in anaesthesia were it not for the development and use of more easily administered and highly effective modern methods of anaesthesia. Because of these developments, it is doubtful if hypnotism will find any wide use in surgery; it is too much like taking a shotgun to kill a fly. It can only be used in deep hypnosis after the patient has been hypnotised a number of times, and tested with needle insertions to ensure the degree of analgesia which has been induced. Its chief application as an anaesthetic is in minor surgery and with patients who fear, or for any reason cannot take, the usual anaesthetics.

Many anaesthetists in the U.S.A., however, are trained to offer simple hypnotic suggestions *with* the anaesthetic, in such words as “You’re going to be all right—you’re going to be well”, which is particularly valuable for inducing a state of well-being in the patient on waking after the operation. Just at the very moment the patient goes under is the most valuable time to reach his subconscious mind.

ORGANIC DISORDERS

While nearly all medical hypnotists have limited their treatment to functional cases, in which there has been no apparent organic basis for the disorder; some experiments have been made in the treatment of organic disease. A recent statement in an Army medical journal reports the extensive use of hypnotism in the removal of warts. It has been successfully employed by dermatologists in the treatment of eczema and other skin disorders. Numerous reports are on record of successful use of hypnosis in treating a wide variety of disorders of apparent organic nature; but there is always the suspicion that the condition may have been functional, even where the symptoms indicated an organic disorder.

Without taking a positive position on this much-disputed matter, I wish to suggest that hypnotism can, at least, be effectively used to *hasten the cure*, in conjunction with whatever other methods of therapy may be employed.

DENTISTRY

What has been said concerning the use of hypnotism in surgery applies to its application in dentistry to a considerable extent. Analgesic suggestions may be effectively employed in even the lightest stages of hypnosis for general dental work, such as drilling, filling, etc. Nervous patients may be relaxed; and the fear of pain, both in adults and children, largely controlled by repeated suggestions that they will feel no pain. In the deeper stages of hypnosis, complete anaesthesia can be induced and teeth extracted without pain. Do not fail to test the degree of analgesia, however, before attempting

major dental operations. When the patient is evidently hypnotised, the dentist should say, "Sleep deeply—relax completely—have no fear—you will feel no pain—anything you feel will be pleasant—there will be no pain—keep your mouth open—breathe normally—sleep deeply."

From time to time, while you are doing the indicated dental work, repeat the command to sleep deeply, as well as the assurance that there will be no pain.

Before waking the patient, give him post-hypnotic suggestions that when he awakens he will feel refreshed, and will suffer only slight discomfort and little or no pain, according to the seriousness of the work performed.

I well remember an American dentist bringing me one of his patients, a man of forty who could hardly bring himself to enter his dentist's consulting room, so terrified was he of the pain he might be subjected to. After a few sessions with me, his dentist reported: "It's like working on a block of wood; he never even wriggles!"

OBSTETRICS

Many cases have been reported of painless childbirth under hypnosis. Treatments should be started as early as possible during the period of pregnancy. Nausea and other common complications can be prevented; and the general health and mental attitude of the patient improved through the use of suitable hypnotic suggestion. Start giving the suggestion that no pain will be experienced at the time of delivery and that everything will proceed normally. Just before delivery, induce deep hypnotic sleep and repeatedly suggest, "There will be no pain—You will help in every way the delivery—With no pain, etc."

I sincerely trust that the doctors and dentists who study this book and use hypnotism as indicated with their patients will meet with great success. I shall be most happy to receive reports of the successful use of this technique.

In closing, may I once more stress the absolute necessity of *complete self-confidence upon the part of the operator*. You must feel that you cannot fail; that the patient will certainly fall into a hypnotic sleep and accept all of your suggestions. Also, may I repeat that, as in acquiring any art, practice and perseverance are essential. Practise on non-patients until you fortify your own self-confidence by finding you can hypnotise other subjects. Then you will be ready to use hypnosis in the treatment of your patients.

CHAPTER TWELVE

The Ten Cardinal Points

AND now, by way of conclusion and summary, here are my ten "cardinal points" for all those intending to practise the techniques I have given in this book.

1. Hypnosis is an art like playing the violin. Only by practice and perseverance can a person learn to play the violin; the same is true of hypnotism. Study each lesson thoroughly; then re-study it. Do not attempt to hypnotise anyone until you are thoroughly familiar with all of the principles of the art. Do not get discouraged if you fail in your first attempts: keep at it and you will develop the necessary self-confidence. *Believe that you cannot fail*—and you won't!
2. Test your subject before undertaking hypnotism to make sure he is a good subject. Do this with some simple suggestion such as having him clasp his hands very tightly and telling him that he cannot unclasp them; or use other simple tests revealed in the lesson on methods.
3. Create a sense of *expectancy* in the subject that he is going to be easily hypnotised. This is of great importance and cannot be too strongly emphasised. If the patient *expects* to be hypnotised the battle is practically won.
4. Understand the great secret of hypnotism: the operator does not hypnotise the subject—the subject hypnotises himself. The operator simply

acts as the medium or instrument who implants the suggestion into the subconscious mind. Then the subject acts on these suggestions.

5. No one can be hypnotised against his will. The complete co-operation of the subject is needed. In some cases, even where the subject tries to co-operate consciously, there may be a subconscious resistance which the subject does not realise. As the hypnotist becomes more successful, he will learn more completely to relax his subjects and induce hypnosis.
6. Every suggestion must have a constructive purpose—except, of course, stunts for entertainment. It is a generally accepted fact that the subject will accept no suggestion against his moral or religious principles.
7. Do not become alarmed if the subject fails to awaken immediately when you tell him to do so. There is no case on record of a person failing to awaken from a hypnotic sleep. Put him at ease and let him rest. He will pass from the hypnotic sleep into a natural sleep and awaken when ready.
8. Do not expect always to place the subject into a deep sleep the first time you hypnotise him. That may be expected after several treatments. But in even the lightest stages of hypnosis, the patient will be receptive to therapeutic suggestion.
9. Use a firm, confident tone of voice. Speak distinctly. Never hesitate.
10. Never admit you are a beginner. You must act with the confidence of a professional—otherwise you cannot succeed.

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