

Introduction

Anyone can learn to hypnotize. At first glance hypnotizing may seem extremely simple. Any individual capable of memorizing and reciting a pattern of words can "learn" to hypnotize *some* individuals to *some* degree. Trance induction depends very little on the physical presence of a hypnotist. It is quite possible to induce hypnosis by playing a recording, containing the proper suggestions, to a person who has never met or seen the hypnotist. This is not to say that *all* individuals can be hypnotized in this manner or that a deep trance will be induced. The goal is not to learn to hypnotize per se, but to learn to hypnotize *effectively*. This involves much more than just learning to recite a formula or script.

To master the skill of hypnosis, or any skill, there are three basic requirements. 1. Receiving competent instruction. 2. Acquiring practical experience, preferably under supervision. 3. Acquiring knowledge in related fields. Ideally hypnosis can best be learned in a university or school that provides a lecture-laboratory course, with combined practice sessions. Unfortunately there are few universities or schools offering such courses and those that do exist are geographically inaccessible to many students.

Keeping the above in mind, I have tried to write the following modules in such a way they will serve the needs of the beginner as well as the more advanced students of hypnotism. Although I doubt that a book or text can ever fully replace a supervised course of training, I feel that the following modules well serve as a reasonably satisfactory substitute.

Most students of hypnotism have learned to hypnotize by trial and error and the rote memorizing of stereotyped procedures with little opportunity to gain an understanding of what they are doing. I have tried to construct this course in such a way that it will give the student a working understanding of hypnosis and hypnotic phenomena. One of the fundamental premises of this work is that the only way to learn how to hypnotize effectively is through actual practice. I have therefore tried to present many of the techniques of hypnotism in the form of demonstrative experiments to be carried out by the student. These experiments have been carefully chosen to illustrate various fundamental concepts, bring out important facts, and offer the student actual practice. To make the text as much as possible a substitute for actual classroom instruction the basic demonstrations have been described in great detail. The student is told exactly, word for word, what to say, when to say it, how to say it, and what to do.

The objective of the following modules is to give the student the optimum training possible outside of a classroom. The reader should proceed in order from module to module and from exercise (experiment) to exercise. The student is strongly advised to keep going back over earlier material as he progresses and re-examine it in the light of his newly acquired experience. It is very important to first learn the waking suggestion techniques and experiments as presented in modules five through eight. The modern sensorimotor method of inducing hypnosis is based entirely upon waking suggestions.

No matter how comprehensive a book may be there are certain things that can only be gained from long practice and experience. You can become acquainted with the basic techniques of inducing hypnosis in a relative short period of time and with a minimum of effort, but it takes many years and hundreds of subjects to assimilate and master all the techniques of hypnosis. **One of the most important factors in inducing hypnosis is self-confidence.** This rarely comes from reading a "how-to-do-it" book. It is a by-product of repeated success, and learning through sheer experience.

Module 1 – BEHAVIOR

BEHAVIOR

For our purposes we will define behavior as follows: Any observable activity of muscles or glands, such as movements of parts of the body, appearance of tears, perspiration, saliva and so forth. A smile is a behavior; so is talking, a grimace, trembling, blushing (produced by muscular changes in blood vessels), postural changes, eye movement as one follows words on a printed page.

MIND AND MENTAL ACTIVITY

By mind and mental activity we mean a function of the brain and nervous system in the same sense that digestion is a function of the stomach and gastrointestinal track; and circulation is a function of the heart and vascular system. **All of the infinitely complex manifestations of cerebral activity can be ultimately reduced to two phenomena -- muscular movements and glandular discharges.** Whether it is Einstein solving mathematical equations on a piece of paper, a child hugging a new toy or crying over the loss of a toy, a musician composing the next hit song or the president delivering his State of the Union speech -- all ultimately are manifestations of muscular movement and glandular changes. The end result of all mental activity is muscular movement and or glandular changes. At first thought this may seem wrong. In order to help you reconcile yourself to this idea, I would remind you that most people would agree that **all cerebral activity is manifested by "words" and "actions."** Under action, falls all external mechanical activity of which man is capable. Actions are only possible by using muscles. We use words to express ideas and communicate with one another. Words are sounds produced in the larynx and in the mouth cavity by muscular movement, unless they are written, in which case the muscles of the fingers are used. Therefore, *all external manifestations of the functioning of the brain can be reduced to muscular movement and a change in the secretions of the glands.* This includes such observable phenomena described as animation, joy, passion, sorrow, etc., which are the results of greater or lesser contractions of definite sets of muscles and glandular secretions such as tears. If it were not for our muscles, we could accomplish absolutely nothing. The muscles of our body are controlled by our brain and nervous system.

A TWO WAY STREET

Brain processes affect what happens in other organs of our body. Also, changes in other organs of the body in turn affect what happens in the brain. For example, anger or fear interrupts digestion, accelerates the beating of the heart, and increases the discharge of some glandular substances. The brain is not isolated from the rest of the body, how it functions depends on chemical substances delivered to it by the blood stream. The brain and the rest of the body constitute one system. Disorders in behavior may occur as a result of chemical changes in the body. They can also result from a person's perceptions and thoughts. We will have more to say about this later. For our purposes we will divide human behavior into four categories:

1. Voluntary Behavior
2. Nonvoluntary Behavior
3. Involuntary Behavior
4. Hypnotic Behavior

By **voluntary behavior** we mean some action carried out by an individual, after he or she has made a conscious decision to perform the act. For example, If there should be a cup of coffee to the left of me on a table, but I feel I would rather have the coffee at my right, pick up the cup and move it to the right side of the table; I have performed a voluntary act. In order for an act to be voluntary, the individual performing the act must always know what is going to occur before the action takes place. In the above example, first there is the thought, "I would like to have the cup of coffee at my right." Next I decide to move the cup of coffee. Then I carry out the physical act of moving the coffee.

By **nonvoluntary behavior** we mean an action carried out by an individual that he or she did not consciously initiate, but once the individual becomes aware of the act, he or she can terminate the act. For example, If you have ever been at a basketball game, you may have observed some spectators throwing imaginary basketballs at strategic moments during the game. Or perhaps you have experienced this while watching a baseball game. You may find yourself throwing a baseball or performing some act you would like to see occur. You may then become aware of what you are doing,

feel it is silly and stop performing the act. Another example of nonvoluntary behavior, that almost all motorists have experienced, is while sitting in the passenger's seat, something occurs that demands the automobile be braked immediately. Often the passenger will start pressing on an imaginary break. Once they become aware of what they are doing and realize that it serves no useful purpose, they stop the action. Sometime, if they feel the situation is very dangerous, they find it difficult to stop pushing on the imaginary brake, even though they know it will not help the situation.

Nonvoluntary behavior occurs when we want some action (by us or others) to occur and then find ourselves subconsciously carrying out the act. Usually once we become aware of what we are doing we can terminate the act. There is no sense of willing the act to take place on our part. Probably everyone has at one time or another caught himself unintentionally performing some action that he is watching someone else perform. For example, when we watch someone trying very hard to reach something, we unconsciously tend to reach. This type of behavior tends to occur when our attention is focused on one thing. That is, our mind is occupied by a single dominant thought our field of attention is restricted to a single event. This type of behavior is sometimes referred to as ideomotor action.

By involuntary behavior we mean some action that an individual performs that he does not initiate, and has no control over. For example, if some object is rapidly approaching your eyes, you will blink. You have no choice. If you touch something very hot with your hand, your hand will immediately remove itself. Again you have no control over the action. If a light is shined in your eye, the pupil of your eye will contract; it is not under your voluntary control. Such behavior is usually due to an inborn reflex. You do not initiate it and you cannot control it.

By hypnotic behavior we mean actions that an individual performs in response to suggestions made by a hypnotist. These actions are carried out without any sense of voluntary action on the part of the subject. The subject observes these actions as responses to suggestion that he or she did not initiate. The individual acts in a passive manner; there is no sense of initiating or inhibiting the action. The individual is aware of what is happening and has no desire to control the action. For example, if it is suggested that an individual's hand is becoming very light and will begin to float in the air like a gas filled balloon. To the disbelief of many subjects, this is what occurs. If it should be suggested that the temperature in the room is rapidly dropping below zero. The subject will respond by shivering and goose bumps will appear on his skin. People in the "hypnotic state" tend to react to the suggestions of the hypnotist as though they were reality. If a hypnotist should suggest to a subject that there is a purple alligator in front of him, he will see the alligator, even though he knows he is responding to a suggestion, the alligator is not real and is a hallucination.

From an introspective point of view, the most characteristic difference between actions performed through the influence of suggestion and ordinary acts is that ordinary acts are felt to be willed, while suggested acts are felt not to be willed. It is probable that any phenomenon which can be produced by suggestion while in the "hypnotic state," can be produced to a lesser degree by suggestions given in the normal waking condition. All observable behaviors described above are actually carried out by the musculature of the individual, which is under the control of his brain and nervous system. Suggestions are ideational stimuli. They are used to convey an idea from one individual (the hypnotist) to another (the subject) with the intent of soliciting certain responses. These responses do not involve any conscious volitional effort and are neither innate nor acquired adequate responses to the stimulus. A distinguishing characteristic of suggestion is that the response elicited by it is nonvoluntary in its initiation. It never involves the active, conscious, volitional participation of the subject. This does not mean that the subject cannot evaluate or control the response if he wanted to; however, usually he has no desire to do so. The response is behavior in which he is a passive participant. This is why we call it "nonvoluntary" and not "involuntary" behavior.

Behavior as a Continuum

There is no hard-and-fast distinction between our classifications of behavior. In fact they seem to form a continuum in which separating them into categories is arbitrary. The extremes of the continuum manifest very clear differences, but they are a matter of degree.

One phenomena of hypnosis that is very impressive is, suggested behavior that is not considered under voluntary control, can be evoked when a person is hypnotized. We will see later that many involuntary behaviors can be through a process called conditioning, elicited without hypnosis. We can learn to control involuntary behavior.

MODULE 2 - INTRODUCTION TO HYPNOSIS

This is module two in a series of modules about hetero-hypnosis. We will attempt to give a working definition of hypnotism, what it is, hypnotic techniques and methods of inducing the hypnotic trance. In modern hypnosis, suggestion plays a large part in inducing hypnosis.

Nature of Suggestion

Suggestions play a central role in the use of hypnosis and in its induction. Most suggestions are of a verbal nature. They are first of all an ideational stimulus. They are used to convey an idea from one individual to another with the objective of evoking specific responses. The person giving the suggestions is called the *hypnotist* (also suggester or operator). The recipient is called the *subject* (sometimes the suggestee).

The responses to these suggestions do not involve any conscious volitional effort on the part of the subject to carry out the suggestions. The responses are of a nonvoluntary nature. When inducing hypnosis or while a subject is in a trance, the hypnotist will sometimes give the subject instructions. For example, the hypnotist may say to the subject, "Stiffen your arm." When the subject does this, it may be that he is just following instructions, or the response may be a reflex-like action. It is difficult to tell and the subject himself may not know. In actual practice, the term "suggestion" is used in a very broad sense, which includes a combination of suggestions proper, and instructions of a nonsuggestive nature.

Responses to Suggestions

When hypnotized, the responses to suggestions by subjects will vary dramatically. Usually the suggestions given by the hypnotist are to the effect that the subjects will have certain experiences or carry out certain acts. Some individuals will not respond at all to any of the suggestions. They feel no compulsion to carry out the suggestions and have no suggested experiences. Such persons are said to be **nonsuggestible**. At the other extreme are people that respond fully to all or some of the suggestions. They are said to be **suggestible**. The suggestible group can be put into two classes. Both classes will tend to lose all awareness of themselves and their surroundings and experience what is being suggested in a very vivid way. One class will respond in an overt way, physically carrying out the suggested activity. For example, if it is suggested that they are digging a hole, they will go all through the actual motions of removing soil with an imaginary shovel. The other class will have the same experience, but will show no physical sign of it. In other words, every aspect of the suggestion is hallucinated but kept at a sensory level.

Most individuals that feel they were not influenced by suggestions and as a matter of fact show no sign of responding will say so. However, some individuals who do not feel they are responding to suggestion will not say anything but will "act out" the suggestions and instructions of the hypnotist as if they were responding. Usually with such people the suggestions do have some effect. **They feel a strong compulsion to carry out the suggestions.**

It should be pointed out that suggestions are effective to some degree in the waking state. Everyone with out exception (that is willing and cooperative) can be made to demonstrably respond to **waking suggestions**. This is usually referred to as **ideomotor action**. We will have much more to say about this later.

The State of Hypnosis

Hypnosis is a state of heightened suggestibility usually brought about in an individual by the use of a combination of the visual fixation upon a small object and suggestions of relaxation. There are many different ways and techniques that can be used to produce the hypnotic state. Some are very slow, taking ten to twenty minutes, while others are very rapid, taking only a few seconds. We will cover these in a later module.

As a rule the suggestions or procedures used to produce hypnosis are called **trance-inducing suggestions or procedures**. It is customary to use the word "trance" to describe the hypnotic state. The state of not being hypnotized is referred to as the "waking" state. Because "trance" and "waking" are

polar terms, it would suggest that if a person was not in the waking state, he is asleep. This is not the case; a hypnotized person is not asleep.

Extensive experiments have demonstrated that there are no differences between the physiology of the waking state and the hypnotic trance. The electric potentials of the brain are the same. The circulation of blood through the brain is the same. Respiration and the consumption of oxygen are the same. Blood pressure, blood count, heartbeat, and blood analysis are the same.

There are various degrees of the hypnotic state. A subject is said to be in a *light state* of hypnosis when he becomes slightly more hypersuggestible and in a *deep state* when very hypersuggestible. A subject very deep in hypnosis is said to be in a "*somnambulistic state*."

Conditions for Hypnosis

For our purposes we will investigate four basic methods of inducing a state of hypnosis. They are: the Braid method, the Classical method, the Standard method (also known as the Modern method) and the Sensorimotor method.

Over a long period of time people that have investigated and practiced hypnosis have come to the conclusion that certain conditions and procedures are capable of producing the hypnotic state. They are:

1. Fixation (or concentration) of attention
2. Monotony
3. Restricting voluntary movements
4. Narrowing the field of consciousness
5. Neural Inhibition
6. Successive response to suggestions

The first of these conditions is specific to the Braid method. The first five are used in the **Classical method**. The Classical induction method places the subject in an environment structured to utilize one or more of the first five conditions. The Standard method makes use of all six conditions, with the sixth playing a dominant role. The Standard method is sometimes referred to as the Suggestion method. The use of condition six alone constitutes the Sensorimotor method. The Standard method is the most frequently used.

The Standard Method--This method will be described in more detail in another module, but the general process will be presented here. Typically the subject is asked to focus his attention, by fixating on a bright object. As he does this he is presented with suggestions that tend to bring about closure of the eyelids, relaxation and conditions that are similar to natural sleep. This method initially depends upon some degree of waking suggestibility. The more responsive the subject is to waking suggestion, the more rapid the induction will be. The suggestibility of an individual depends upon three elements: **Ideomotor, Semantic conditioning and dissociation.**

Normally a person that has never been hypnotized or submitted to suggestion will only manifest the ideomotor element. If the other elements are present they are usually relatively inactive. The induction of hypnosis consists only of activating the other two elements, or at least conditions that favor their manifestation.

The ideomotor element is called *ideomotor action*. This is the tendency of thoughts or ideas to be automatically translated, reflex-like, into specific patterns of muscular activity appropriate to the thought or idea held by the individual. For example, if an individual thinks about tying his shoelaces, the muscles that would be used to perform that task will be activated to some degree and carry out the task in an aborted way. This is true of every normal individual; it is a reflex that only differs from other reflexes in that it is elicited directly by higher nerve center activity rather than by afferent peripheral impulses. Probably waking suggestions act purely through ideomotor action. An important characteristic of ideomotor action is that as it is repeatedly elicited, it tends to produce a stronger response. This is probably the main reason suggestions are repeated over and over.

When an individual is made to respond to a number of suggestions, there is an increased tendency for him to respond to other suggestions. This is thought to be due to **Semantic conditioning**. Semantic conditioning occurs when a person carries out an act or has an experience when another person makes a statement describing the act or experience and the two events are closely juxtaposed in time. At such a time there is created, by way of a conditioning process, a tendency for the first person to reflexively exhibit motor and sensory responses associated with the ideational content of the others statements. We will have much more to say about Semantic conditioning in later modules.

The third element of hypnotic suggestibility, **dissociation of awareness**, is necessary for deep hypnosis. **In essence it is a selective constriction of awareness that eliminates all sources of stimuli except the suggestions of the hypnotist.**

The final result of any trance induction depends largely upon the degree to which the three elements, ideomotor, Semantic conditioning and dissociation are activated. Some subjects may develop each to a high degree; others may never go beyond heightened ideation, while some may only display weak ideomotor action. In addition to the basic elements, there are a number of other factors that can definitely influence the production of hypnosis. They include the attitude, experiences, needs, fears and defenses of the subject. These factors can be altered within limits in order to enhance the subject's ability to enter the hypnotic state.

What we have described so far is primarily concerned with inducing hypnosis using the Standard method. This assumes that the subject initially only shows a capacity for ideomotor action. However, some subjects will also display a certain amount of generalized suggestibility and/or a high capacity for dissociation of awareness. With such subjects a much briefer technique can be used to induce hypnosis.

In summary, the Standard method of inducing hypnosis consists of a combination of sensory fixation and sleep suggestions that activate three processes, ideomotor action, Semantic conditioning, and dissociation of awareness. The dissociation of awareness is developed largely by concentrating the subject's attention upon a fixation object, the suggestions and the hypnotist. Also the attitude, beliefs and expectancies of the subject can help or hinder the induction.

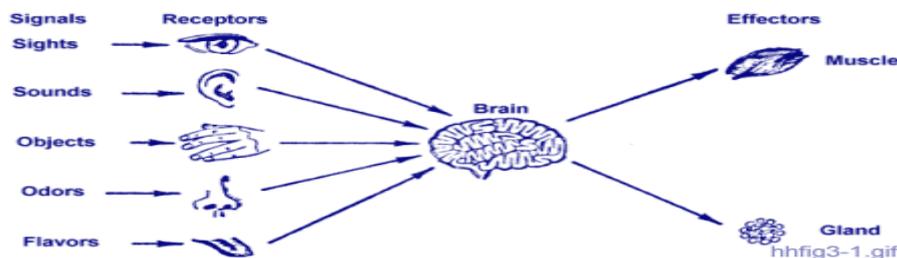
The Braid and Classical Methods--So far we have only discussed the Standard method of inducing hypnosis. We will now turn our attention to the Braid and Classical methods. The Sensorimotor method will be discussed in a later module. James Braid found that visual fixation on a small bright object by a subject was all that was necessary to induce the so-called mesmeric trance, now called hypnosis. Braid eventually decided that it was not the visual fixation but the concentration of attention that produced the hypnosis. He found that hypnosis could be induced by using any method of focusing the subject's attention. He found that auditory and tactile methods of focusing the attention worked just as well.

Bernheim--In later years (under the influence of Bernheim) it was decided that concentration of attention was directly responsible for hypnosis. It was assumed that suggestion was the key to hypnosis. Because people at that time believed that hypnosis could be induced by fixation, the practice of using this method acted as a suggestion that produced the desired result. Since sensory fixation leads to mental and sensory fatigue, this predisposes the subject to feeling tired and sleepy. When "sleep" is subtly suggested it usually ensues. We will go into the Braid method in greater detail in later modules. There is little question today that hypnotic, or at least hypnotic-like, phenomena can be induced without going through the typical induction procedures. The Sensorimotor method is proof of this. There is an abundance of evidence that demonstrates the potential to start with simple waking suggestions, proceed to more complex ones and without ever saying a word about sleep, relaxation or other words associated with the induction of a trance state, produce a state of deep hypnosis. The subject will gradually pass from the waking state into hypnosis with no clear transition evident.

MODULE 3 - CONDITIONING AND LANGUAGE

CLASSICAL CONDITIONING

In order to better understand what hypnosis is and why subjects respond to suggestions as they do, we will have to look at how our nervous system works and how we learn to respond to the world around us. All of the information about the world around us is provided by receptors on the surface of our bodies. These receptors are our sense organs -- eyes, ears, nose, skin, tongue, etc. Each of these receptors is connected to your Central Nervous System (CNS) by neurons (nerve cells). There are other nerve cells that go from your CNS (Brain and Spinal Cord) to the muscles and glands of your body. These are called effectors; they affect your muscles and glands in some way. The things in your environment that affect you are called signals. A signal causes a change in one or more of your receptors. A change in your receptor is called the stimulus



There are many environmental events (signals) going on around us that elicit a response from us. Most of the stimuli we encounter cause us to respond in a predictable manner. For example, loud sounds, electric shock, hot objects, food, visual stimuli, and so on will elicit such responses as the flow of gastric juices, the volume of blood in internal organs, the rate of the heart beat, the blood pressure, the size of the pupil of the eye, activity of the sweat glands and so on. Many of the responses are called reflexes. For example, if you put a piece of candy in your mouth, it will result in the flow of saliva in the mouth. The candy (the signal) stimulates the taste buds that start a nerve impulse that goes to various centers in the CNS, which in turn sends a nerve impulse to the salivary glands that causes them to secrete saliva (the response).

This stimulus-response action is the foundation of all your behavior. Everything you do is a matter of stimulus and response. For example, if you hear someone call your name, you turn to see who is calling. This is what occurs, the sound of your name (the signal) causes a change (the stimulus) in your ear. The change (the stimulus) sends a nerve impulse to a center in your brain that in turn sends a nerve impulse to your muscles. Your muscles then turn you toward the sound. The turning is the response.

The circuit from the receptor (ear, eye, nose, etc.) through the Central Nervous System (brain and spinal cord) to the effectors (muscles or glands) is called the stimulus-response arc. This is the mechanism responsible for all human behavior. When a child is first born, his entire behavior is determined by these arcs. The child's behavior is entirely of a reflex nature. However, as the child grows older, he learns to modify, inhibit, enhance and voluntarily control some of these stimulus-response arcs.



I.P. Pavlov How we learn to control and modify some of our stimulus-response arcs was first demonstrated by Pavlov. He used dogs to investigate how the S-R arcs function. The same laws apply to human beings, but people seem to object to being experimented on, which is why he used dogs. His fundamental experiments with dogs are well established. We will not go into a detailed account of his experiments here¹.

He demonstrated that signals that did not have the power to elicit a specific response, could gain that power. For example, if a dog is given a piece of meat, the salivary glands secrete saliva. The meat stimulates the flow of saliva. If a bell is rung or a light is turned on, but no meat is given to the dog it did not salivate. Pavlov demonstrated that the ringing of a bell or the turning on of a light could gain the power to make the dog salivate. If a stimulus that does not elicit the salivary response (i.e., the sound of a bell) is paired with the meat, this stimulus will after a number of pairings gain the power to elicit the salivary response. Once the conditioning has occurred, the ringing of the bell alone will elicit the salivary reflex.

The stimulus that originally elicits a response is called the *Unconditioned Stimulus* (US). In the above example, this is the meat. The stimulus that at first does not elicit the response is called the *Conditioned Stimulus* (CS). In our example this is the sound of a bell. If after the conditioning, the CS is presented many times without the US, the response to the CS will begin to weaken. This is known as extinction. However, the response to the CS can be maintained if it is only intermittently paired with the US and can become very resistant to extinction.

Pavlov found salivation could be conditioned to any neutral stimulus that the dog could detect -- sounds of metronomes, buzzers, lights, touches of the finger, etc. One dog was conditioned to salivate when it received an electric shock. At first the shock was very weak so as to be barely perceptible. As the shock was increased in strength it was found that a very strong shock produced no sign of pain or displeasure. There was no quickening of the heartbeat or breathing which usually accompanies an unpleasant event. Instead the shock was followed by mouth-watering and tail wagging. **MODULE 3 - CONDITIONING AND LANGUAGE, Continued...**

More recently, J.P. Segundo, at the Instituto de investigacion de ciencias biologicas, in Montevideo, has reported experiments similar to Pavlov's, removal by conditioning, of the sensation of pain from noxious stimuli. In his experiments, cats were conditioned to "turn off" the sensation of pain associated with an electrical shock. In his conditioning procedure, a musical note was sounded a few seconds after the electric current producing the pain was turned off. Eventually, the sounding of the musical note alone would cause the cats to exhibit all the symptoms of relaxation that accompanied the cessation of the painful electric shock even though the current had not been turned off.

It is well known that there is some kind of "switch" in the nervous system that is capable, under certain circumstances, of turning off the sense of pain. Many people have had the experience of being severely injured in a highly excited situation and not be aware of pain until the after the excitement had subsided. This is common among people injured in battle or in automobile accidents.

Some of the most interesting examples of conditioning, where connections between simple stimuli and bodily responses normally not under voluntary control have been conditioned, are found in experiments on humans. In an experiment performed by C.V. Hudgins, the conditioned stimulus was the sound of a bell. The bell was rung and then a light was directed into the eye of the subject. When the light struck the eye the pupil of the eye contracted. This is due to the normal pupillary-control reflex. After many repetitions of this procedure, the sound of the bell alone caused the pupil to contract. Next Hudgins replaced the sound of the bell with the spoken word "contract." In several hours of training, the sound of the word "contract" gained the power to force an involuntary contraction of the pupil.

This is an important discovery. Hudgins, by just saying the word "contract" could now produce a strong contraction of the subject's pupil. This conditioning, with and without retraining, lasted fifteen to ninety days.

Some of his subjects were taught to say the word "contract" aloud as they went through the conditioning procedure. Before long, these subjects could make their pupil contract by saying the word "contract" with out the light or the bell. Later, he conditioned five subjects to contract their pupils when they just *thought* the word "contract." The light or bell was no longer needed. By way of conditioning it was possible to gain control over that which is normally uncontrollable. Other subjects were conditioned to dilate their pupils by thinking the word "relax."

R. Menzies reported an experiment he performed in the *Journal of Experimental Psychology*, 1941. He put a stencil patterned "XX" in front of a blue electric bulb. When the XX pattern was illuminated, he instructed subjects to whisper the word "crosses" while looking at them. Two seconds latter the right hands of the subjects were immersed in ice water. The combination of light and cold continued for about thirty seconds.

It is a neurological fact that if one hand is suddenly chilled, the other will become somewhat chilled also. This is believed to be do to a bilateral reflex action. To the dry left hand a sensitive temperature-recording device was attached. Menzies recorded the drop in temperature of the dry hand as the other was chilled. He conditioned this chilling to the combined stimulus of a blue light and repetition of the word "crosses."

After forty, three minute training sessions, all of the subjects he conditioned upon looking at the light and saying the word "crosses" (without any ice water) produced a measurable drop in temperature of the left hand. The drop in temperature was do to a constriction of blood vessels in the hands. This physical change was produced by a conditioned response to a light-vocal "bell."

Pavlov found that once a stimulus (i.e., Bell) has gained the power to trigger a response (i.e., Salivation) the stimulus can then "pass" the response on to a new stimulus (i.e., A Light). The third stimulus can then elicit a response without ever having been paired with the original environmental stimulus that elicits the response.

Semantic Conditioning

In humans, the meaning of words, can and do act as conditioned stimuli that can produce involuntary bodily functions. For example, if a subject has been conditioned to decrease the diameter of his pupil at the ringing of a bell, the word "ringing" can also produce the same response without the actual ringing of the bell. This will only work with humans, not with other animals. It is not the sound of the

word humans react to, but the meaning of the word. On the other hand, if a subject is conditioned to respond to a word, and the stimulus object the word "denotes" is later presented to the subject, the object (never conditioned to elicit the response) will also elicit the response. That is the two stimuli (the word stimulus and the object stimulus) are functionally equivalent.

As an example, let's say the word "red" has been used as the conditioned stimulus in a classical conditioning procedure. It is paired with an electrical shock as the stimulus. After a few trials the word "red" will elicit a conditioned heart response. At a later time if the subject is shown a red light it will be found that the red light will also elicit the conditioned heart response.

The principle underlying classical conditioning is this: If the stimulation of a specific pattern of sensory neurons (nerve cells) in the brain is followed by a specific pattern of activity of motor or glandular neurons, repetition of the sequence will ultimately create neuronal connections so that the sensory pattern alone can directly drive the motor or glandular response. This is an automatic process; it does not involve any consciousness of the procedure. A conditioned reflex, once created, requires no conscious effort. It just happens.

We will mention one more experiment performed by D. G. Ellson. He sat his subjects in a comfortable chair. On the left arm of the chair was a small light bulb. He sounded a thousand cycle tone for several seconds after which the light bulb was illuminated. The tone acting as the unconditioned stimulus was paired with the light acting as the conditioned stimulus. Thirty-two of forty subjects conditioned this way, reported hearing the tone when only the light was presented alone. This means that thirty-two of the subjects were conditioned into hearing auditory hallucinations. In other words, eighty percent of the subjects could not tell the difference between a "real" sound and their own hallucinations.

Human beings are constantly conditioned to words throughout their life. Not to the sound of the word, but to the meaning of the word. Words are the "bells" of conditioned reflexes. Let's see how a child might be conditioned to the concept of an apple. Suppose we show a child a shiny red apple. As we do we say the word "ap-ple." After we do this a few times a neural pattern is created in the child's brain representing the concept of "apple." This pattern would have two components, one auditory one visual. Ultimately the sight of the apple alone would be enough to trigger both the auditory and visual concept of "apple." The spoken word alone would trigger the visual image in the child's imagination of the physical apple. Suppose now we let the child touch the apple each time we show him an apple. The neural pattern in the brain begins to build as the concept of "apple" includes more sensory modalities. Next, we let the child taste and smell the apple. If the child likes the apple, a neural pattern for "pleasure" is created. Next the child may be taught to say the word "apple" as he sees, feels, smells and eats it. When the child has developed the concept apple, the aroma from a near by apple orchard is enough to cause the child to "think" apple. In this case, the odor component triggers the neural pattern that represents the concept apple. When words are conditioned to concepts they become signals, the thinking or speaking of which can elicit the entire package of properties that make up the concept.

Words are the "bells" of conditioned reflexes. Such words as "wonderful," "marvelous," and "beautiful," make us feel good because we have been conditioned to respond to them in that way. The words "freezing," "ice" and "snow" have a cold quality because of their past associations.

What do you see when a good subject is hypnotized? The hypnotist says, "your eyes are so *heavy*, your body feels so tired. You feel so sleepy. You just want to *sleep*. Your body feels *heavy*. Your arms are so *tired*." And so on. Soon the subject's eyes close and he drifts off into a trance. Is it not plausible that the use of the word "heavy" in good subjects is associated with heavy feeling and the repetitious use of the word acts as a "bell" that triggers actual heavy feelings.

Within the conditioned reflex is the essence of hypnosis. When a hypnotized subject shivers when the hypnotist suggests ice and snow, it is due to verbally conditioned "bells" waiting to be rung. Hypnosis is the eliciting of reactions in a human being through the use of verbal or associated reflexes.

Pavlov refers to the conditioned reflex approach to hypnosis when he said "Speech, on account of the whole preceding life of the adult, is connected up with all the internal and external stimuli which can reach the cortex, signaling all of them and replacing all of them, and therefore it can call forth all those

reactions of the organism themselves. We can, therefore, regard 'suggestion' as the most simple form of a typical conditioned reflex in man."

V. M. Bechterev also alluded to the reflex aspect of hypnosis². "Every word, being a sign, is in accordance with the associated-reflex scheme, associated as a secondary stimulus either with an external or internal stimulus, or with some state, posture, or movement of the individual in question. The word consequently plays the role of an external stimulus, and becomes a substitute, according to the association established, for an external influence or a certain inner state."

Language and Thought

Words describe things and events. Everything tends to be given a name (a sound symbol) that permits them to be easily evoked in their absence. However, the word becomes detached from the object or event it signifies and acquires an independent life. From this point on, language is no longer a means of communication, a series of signals between two persons, but an instrument of thought. Only man makes use of an internal language, which is no longer speech, since it is not expressed in sound, but a method of thinking. A word is not some mysterious substance stored in a nerve cell but the functional relationship that exists between millions of neurons.

Although on a physiological plane, language does not differ from other conditioned reflexes, it is a very particular aspect of conditioning, one that only exists in man. Language was considered by Pavlov and his followers as a *secondary system of signals*. The primary system, the system of non-verbal signals, is the only one that exists in animals. Pavlov wrote "As regards man, speech is clearly a conditioned stimulus as real as all those that he has in common with animals, but on the other hand, it goes farther than they go and like no other stimulus, it embraces a multitude of purposes. In this connection, speech allows no comparison, either qualitative or quantitative, with the conditioned stimuli of animals." Later he went on to say "If our sensations and our observations as regards the world about us constitute for us the first signals of reality, the concrete signals, it is speech and, above all, the kinesthetic stimuli (muscular sensitivity) linking the speech organs with the cortex that constitutes the secondary signals, the signals that devolve from signals. They represent an abstraction of reality and lend themselves to a superior generalization, which is exactly what constitutes our specifically human method of thought."

A dog can be trained to react to the word "bell," but the actual ringing of a bell would not produce the same response. The word for the dog has no value except as a signal it has been trained to respond to. It has no general abstract significance that enables it to replace it by the sound of a bell. On the other hand, a human trained to react to a bell can react in the same way to the word "bell" or a synonym of it. The word is a signal of a signal. In the course of a man's development everything that occurs in the primary system of signals acquires a reflex in the secondary system that is always more complete and precise. In man the secondary system predominates over the primary. However, since its acquisition is more recent it is also more fragile. It is the first to disappear in hypnotic states.

1. Pavlov, I.P. Conditioned Reflexes. Oxford University Press, 1927 *Lectures on Conditioned Reflexes*. Vol. I, International Publishers, N.Y., 1928 *Conditioned Reflexes and Psychiatry*. International Publishers, N.Y., 1941 2. Bechterev, V. M. *General Principles of Human Reflexology*. International Publishers, N.Y.

MODULE 4 - MIND SET

DEVELOPING MIND SET

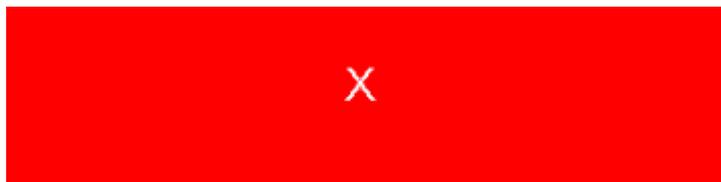
To a majority of people, the word "hypnotism" brings to mind visions of the mysterious. It conveys a suggestion of the supernatural, occultism and the mystical. Most people have a mental image of a "hypnotist" as a tall, dark sinister person with glittering and piercing eyes. Visions of the fictional Svengali or the real-life Rasputin appear in their imaginations. Almost any well-educated intelligent person, the scientist, college professor, business executive, when asked to become a hypnotic subject, shows alarm and quickly declines. They are fearful of damage to their mind or of finding themselves under the power of the hypnotist.

If asked about their knowledge of hypnosis, most would freely admit to a complete lack of knowledge of the subject. Perhaps some have seen a stage demonstration, where people from the audience were placed in a hypnotic state and caused to perform various amusing stunts. The observers leave such stage shows with a feeling of having witnessed weird phenomena, with no inclination for a closer personal experience with such a mysterious power.

In most instances the above misconceptions of hypnosis will not help you as a hypnotist induce a state of hypnosis. In fact they can severely handicap you. We are under the opinion that any "normal" person that is willing and able to follow the instructions of the hypnotist can develop the so-called state of hypnosis. This is something that the subject must do. He and only he can develop a hypnotic trance. You as the hypnotist can only guide him into the hypnotic state. You can help your subject by taking the mystery out of hypnotism. Explain to him that there is nothing mysterious about hypnotism. Most hypnotic phenomena can be explained by known physiological facts.

Usually it is difficult to get most of us to admit it, but many of our beliefs and attitudes are based on erroneous assumptions. We often feel if we see something, or experience it ourselves, we can accept it as a fact. However, when our conclusions are based upon our own experience, without knowledge of scientific methods, we can be wrong.

It is easy to demonstrate how unrealistic we are being when we attempt to rely upon our own perceptions. We will give several examples illustrating this because belief and skepticism are important factors in the success or failure in the development of the hypnotic state. An understanding of the facts and fallacies we derive from our perceptions and beliefs will help alter existing erroneous ideas. We will also explain the physiology behind some hypnotic phenomena.

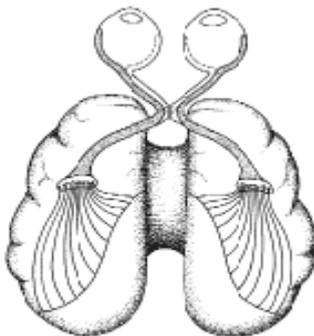
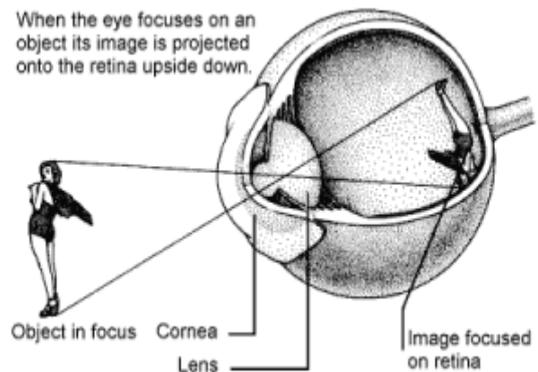


We will perform a little experiment. Just above this paragraph there is a red rectangle with an "X" in the center. We will use this to demonstrate how our perceptions can change with no awareness on our part. Take a white card or white piece of paper and cover the left or right half of the rectangle. Now stare fixedly at the line formed by the contrasting areas for about 20 seconds. If part of the "X" is visible, you can fix your gaze on that. Keeping your eyes focused on the same area (i.e., part of the "X") remove the white card or paper exposing the rest of the colored area. It will appear that the half of

the rectangle that was covered seems to be a brighter color than the exposed half of the rectangle. Of course, the color has not changed at all; it is the perception of the observer that has changed. The change in perception is only a temporary change, almost immediately the two areas will appear the same. This indicates that another change in perception has occurred.

For a more dramatic demonstration of the same phenomena, do the following. On a blank sheet of white paper, draw a single, horizontal pencil line about two to three inches long. Fix your gaze on the center of the line. As you continue to stare at the line, you will notice that the line begins to appear gray and eventually disappears altogether. The whole phenomena should take approximately 30 seconds. Once you remove your gaze from the area of the paper where the line is and then look again at the area, you will see the pencil line.

To understand what is occurring in our two experiments, you need to know how nerve cells function. The sensation we call sight results from light being reflected from the object we are looking at to our eyes. The image of the object is focused on the retina of the eye the same way an image is focused on the film of a camera. The image focused on the retina of the eye activates receptor cells that start nerve impulses that eventually reach the visual center (occipital Cortex) in the brain. Here a pattern of interconnecting nerve cells (neurons) is created that represent the image focused on. This representation of what we are looking at is inside our head, however, we have learned that it belongs outside of ourselves and project it there.



Now the question remains, why did the color fade and why did the pencil line disappear in our experiments. This is do to the nature of neurons (nerve cells). Neurons operate on the All-or-None principle. They transmit messages at maximum strength or not at all. They transmit impulses like machine gun bullets rather than like the continuous flow of water. There is a refractory period of a nerve fiber that sets the limit at which it can respond to repeated stimulation. Prolonged activity of nerve cells causes them to become fatigued. When this occurs, the rate at which they can be reactivated is prolonged. It is due to the frequency of the neurons "firing" that causes the color to fade in our experiment. Also, the receptor cells in the retina of the eye contain chemical elements

that are "used up" as we fix our attention on the red color. The sensation of "red" is diminished, but so gradually that we are unaware of it.

The process illustrated above is called retinal fatigue. It is a principle that has been well confirmed and excepted by all men of science. It illustrates the point that what we think we see is not always truly representative of the facts. In our experiment we have evidence that our perception of color can become altered without our being aware of it. It also shows how quickly nerve cells can be fatigued and fail to function (i.e., the pencil line vanishes). In our examples, only by shifting the gaze or blinking periodically will the chemical elements be replenished and our sight maintain some degree of constancy.

Dual Image

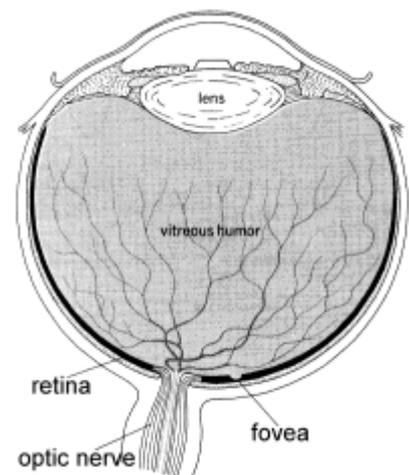
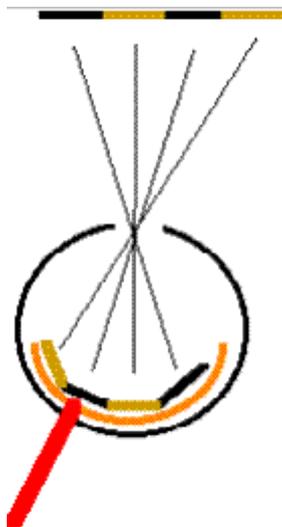
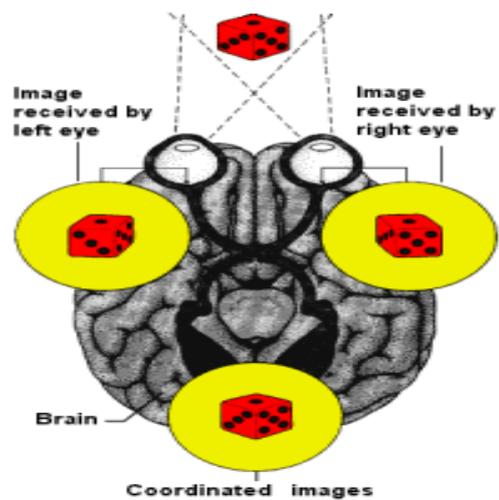
When you look at an object, each of your eyes sees a slightly different view of the object you are focusing on. If you will look at a small three-dimensional object about two to three feet in front of you, you will see an object that is different than the one seen by your left and right eye. That is, what you see is slightly different than what is seen by your eyes.

If you will look at some near by object, then close your left eye, the image will slightly change. Try looking at the object with the right eye as you close the left eye, you will see a slightly different view of the object. If you alternately close your left eye as you open your right eye and visa versa, the object will appear to jump to the left as you close the left eye and jump to the right as you close the right eye and open the left. The drawing below illustrates what is occurring. Each eye sees a slightly different view of the same object. Your brain coordinates the two different views into one three dimensional image.

Seeing More Than Your Eye Sees

If you are like most people you assume that what you see is pretty close to what your eye sees. That is the neural pattern created in your brain is pretty faithful to what you are viewing. Not so, your brain adds very substantially to the report it gets from your eyes. A lot of what you see is actually "created" by the brain.

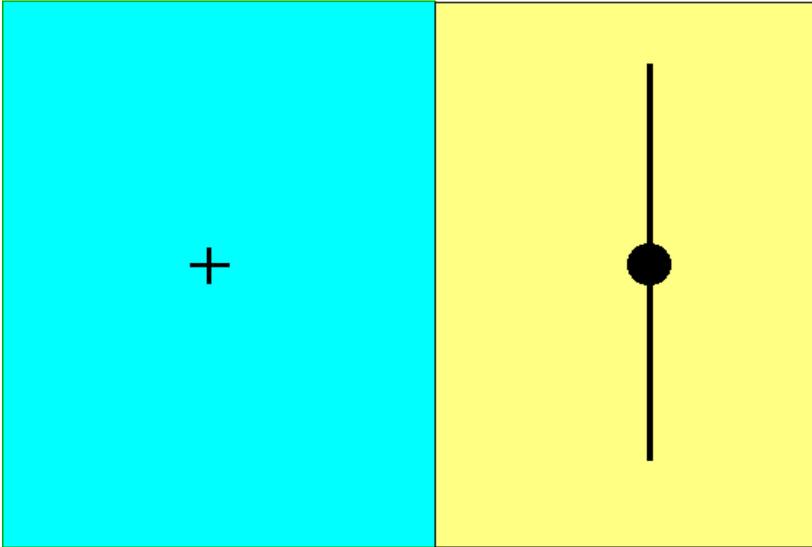
Because of the way the eyeball is constructed it is possible to demonstrate this to yourself. As shown in the illustrations above, the front of the eye acts like a camera lens, which directs light rays from each point in your field of vision onto the retina of the eye. The retina acts something like a sheet of film in a camera. But the retina has a hole in it where the optic nerve exits the eye. At this location there are no receptors that can send information to the brain about what is located in this part of your field of vision. Because of this you have a "blind spot" (one for each eye) near the center of your field of vision where you can't see. See the drawings below. The blind spot is where the optic nerve exits the eye, the red line in the smaller drawing.



Look around and see if you can find the blind spot. Perhaps you can't find it because the blind spot for one eye is at a different place in your field of vision than the blind spot for the other eye (this is true). Therefore, you don't notice it because each eye sees what the other doesn't. Try closing one eye and look around. Still can't find it? Maybe it's so small that you or your brain just ignores it. Not so, actually the blind spot is pretty BIG. You can easily find it if you will look at the drawing on the next page and follow instructions.



Close your left eye and stare at the cross mark with your right eye. While continuing to focus on the cross mark, you should be able to see the black spot to the right. DO NOT look at it; just be aware of its existence. Slowly move toward the screen as you continue to focus on the cross mark. When you reach a point approximately a foot from the screen the spot will disappear. At this point the light reflected by the spot is falling on an area of the retina where there are no sensors (where the optic nerve exits). What you see in place of the spot is a white field. This is something the brain is making up since the eye is not sending any information about that location in your field of vision. If you continue to move closer to the screen, the spot will reappear. Now lets do a similar experiment on a colored background. Repeat the procedure above using the drawing below. When the spot vanishes, the brain not only matches the background color but also completes the line across the blind spot.

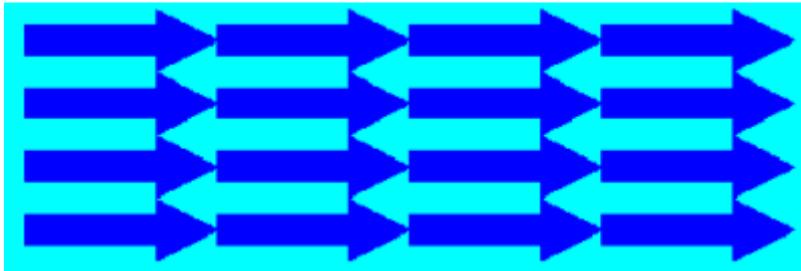


Free Will -The ambiguous figure (below) can be used to demonstrate some interesting observations about the meaning and existence of "free will." Most people will agree that "free will" has two relative distinct properties. One is the idea that what one does is in some sense "free," that is "not determined by something else." The second is the idea that one can oneself control what one does.

Notice that the figure below can sometimes be seen as consisting of dark blue arrows pointing to the right. However, at other times it can be seen as light blue arrows pointing to the left. It is virtually never seen as pointing in both directions at the same time. Whether you see right or left pointing arrows most easily can be influenced by the construction of the figure (i.e., colors, exact shapes, etc.), experiences with other figures, personal preferences, and present mood. However, with all of these held constant, as they are as you look at the figure at this moment, the figure can still be seen in two different ways. In other words, your perception of the figure is a variable in a way that seems "not to be determined by anything else." This implies that if you were to look at the figure a second time you can control what you do. To make this observation, close your eyes and decide if you want to see the arrows pointing to the right or left. Once you have decided, open your eyes and look at the figure. Is

the figure pointing in the direction you decided? Try this experiment several times. If you saw the figure pointing in the direction you had decided on, it means you have taken an action which was not determined by anything else (since the figure could be seen either way) and which you controlled (since you decided which way to see the figure).

This suggests that you have a free will (aren't you glad). If you did not immediately see the arrows pointing in the direction you had decided, it indicates that the power of free will does not extend to determining what you see. What you see at any given time is determined by actions of your brain that you cannot fully control. However, since you are able to see the arrows pointing in the direction you decided (although not immediately upon opening your eyes) you are still executing some form of "free will".



Visual Hallucinations and Dreams

You should understand that when you look at an object (i.e., a red box) you do not really "see" the object itself. You "see" the light reflected by the object to your eye. The lens of your eye forms a picture of the object on the back (the retina) of your eye, just like a camera forms an image on a photographic film. This image starts neural impulses that go to the visual center of your brain. This results in a pattern of interconnecting neurons being formed. It is this neural pattern that represents the object you are looking at (i.e., a red box). The images we see are in our head, we project them out side of ourselves. We have learned by using our other senses that is where the real object is. When you are asleep, the same pattern of interconnected neurons can re-occur. If it should be a pattern that represents a red box, you see the red box in your dream. It seems real, because in a sense it is real. We all have dreams and except them as normal

If a hypnotist should suggest that a subject sees a red box, and the subject does, most people think this is strange. Something mystical is occurring. The hallucinations that are produced while in a state of hypnosis are coming from the same source as dreams. A neural pattern of interconnecting nerve cells that represent the hallucination has been reestablished. Dreams and hallucinations come from the physical interconnections of millions of nerve cells in patterns that represent the images seen in dreams and hallucinations. However, when we dream or are under hypnosis, a logical critical part of our mind is not working. You have learned that you cannot walk through a brick wall, but in your dreams you can and in a state of hypnosis you can, because this logical analytical part of your brain is not active. In childhood we learn that we should not see things, unless there is some stimulus from the world out side of ourselves, that triggers the image. A few people have failed to learn this and see things that are not real; we call them crazy.

Double Vision

When you focus on some near by object, all objects in the distance are doubled and when you focus on a far object all near objects are doubled. Hold the index finger of each hand upright and in line before your eyes, one six inches in front of the nose, the other twelve inches beyond your nose. If you look at the closest finger, the far one is doubled. Now look at the far finger, and you will find that the near one is double. Usually these double images are not seen or are "neglected" if they are dimly perceived. This is an example of how we have learned to control our field of conscious awareness. Ordinarily we have a wide field of conscious awareness that is indefinitely and vaguely bounded. Within this field of awareness we have learned to focus our attention on what is important to us at the moment. This ability to narrow our field of conscious awareness applies to all of our senses, not only sight. In the state of hypnosis the field of attention closely approaches in size and shape the field of

conscious awareness. The limitation of the field of awareness is drawn into the limitation of the field of attention.

Varying the Field of Attention

You have learned to easily change your field of attention. For example, you might be standing on a busy city street-corner having a conversation with a friend, while at the same time be aware of an airplane overhead, a passing truck, and a band near by playing a march. You can at will choose to focus your attention on any of the current events. On the other hand, you may be so engrossed in the conversation with your friend that you may restrict your attention to your conversation to the point that you are unaware to the airplane, truck and band.

Doubt Skepticism and Conviction

I think the above examples will be enough to convince you that reactions can be affected and controlled to a predictable degree upon applying the proper methods for doing so. Belief can be changed to doubt. Skepticism and doubt can be replaced with belief. Belief can be increased to conviction.

Most of us have a degree of skepticism about things that are not familiar. The "unknown" often evokes some amount of doubt or apprehension. Feelings such as these can be the basis of resistance. Resistance to accept changes of existing conditions, changes to established beliefs, and to act in a manner contrary to the dictates of our perceptions; even after we recognize our perceptions are wrong.

When you work with a potential subject, a belief in the methods you will use will be a major factor. Skepticism must be brought to at least a neutral level. The way to inhibit any resistance to hypnosis will be to have your subject perform a series of experiments we will present.

If you are learning hypnosis, it would be a good idea for you to perform the experiments on yourself. If you have a helper, you might take turns performing the experiments on each other. If you have a belief and confidence in the methods you use, so will your subject.

A series of experiments will be presented in module five of this series. Each will be explained as it is presented and each will be a little more complex than the preceding one. As you practice each succeeding experiment your belief in yourself and in your ability to utilize these techniques will increase. You can use these experiments to reduce the skepticism of potential subjects. As you and/or your subject become more and more familiar with the phenomena observed, which will increasingly be related to hypnosis, apprehension of the unknown will disappear.

MODULE 5 -- WAKING SUGGESTIONS –A

Ideomotor Action

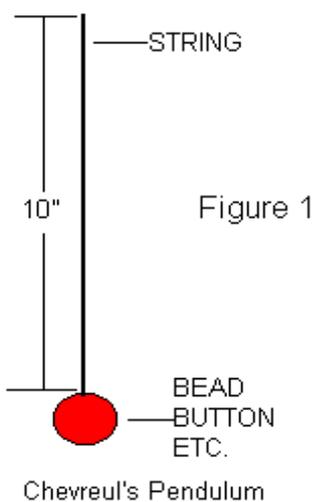
There are many hypnotic techniques that depend on leading the subject (directly or by inference) to believe that there is a power or force involved in the process of producing hypnosis. This is not our intention. We do not want to develop any false beliefs. In fact we hope to remove even the smallest shred of implication that may connect these techniques with any mysterious, supernatural power or force. We hope to establish a firm belief in the scientific basis of these techniques. In the experiments that follow, the responses are evoked by ideas and images in the mind of the subject. These ideas and images create impulses in the brain that trigger muscular activity appropriate

to the idea of action in the individual's thought processes. This muscular activity is initially very weak. It is only a small fraction of the activity that would result if the subject were to actually perform the full movement instead of just imagining he is doing so.

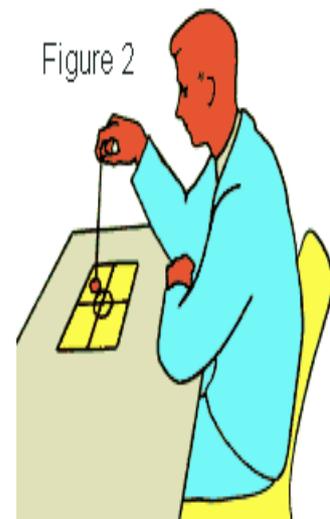
It has been demonstrated many times using delicate electronic instruments that when a person thinks about performing a physical act (i.e., tying a knot), the muscles that would be used to actually perform the action become energized. The movements are small and are difficult to observe with the naked eye, but they always exist. This is true for every normal human being. If you think about playing a piano, there will be muscular activity affecting the fingers generated. You have no control over this phenomenon it just happens. In the experiments that follow, the presence of another pattern of strong muscular action or tension involving the same muscles or part of them will mask or block the weak pattern induced by thoughts. For this reason, a certain amount of relaxation seems to favor ideomotor action. However, too much relaxation can be counter productive. A certain amount of general muscle tonus is desirable for optimal effect. Deep relaxation produces an active inhibitory effect, which serves as a blocking agent in respect to muscular activity.

Chevreur's Pendulum--This is one of the oldest demonstrations of suggestibility, but a very enlightening one. Chevreur, in 1812, was the first to recognize the nature of the phenomenon involved. It is of interest because it is one of the simplest experiments to perform. Despite its simplicity, it can be used to demonstrate several of the properties of suggestibility. It can also be used to get an indication of an individual's susceptibility to hypnosis.

Before you attempt to use this experiment, you should read the entire demonstration. There are many ways of performing this experiment, and later on when you are more familiar with it, you can use your own version of it. If you are just learning hypnosis, you should try the experiment on yourself. If you have a helper, try the experiment on each other.



First you have to make a pendulum. This is nothing but a small weight hanging on a thread or string. If you want to be more professional, use a light chain instead of string. You can probably buy a pendulum at a magic shop; most have intriguing pendulums made from crystal, plastic, glass or onyx. Some may have "magic" potions or exotic substances embedded in the spheres. However, your homemade one will work just as well. You can use a spherical button about ½ inch in diameter tied to the end of an ordinary piece of thread about 10 inches long. See Figure 1. Actually the color and shape are unimportant



You should try this experiment yourself. Sit at a table; rest your forearm (left or right) near the front edge of the table. Rest your other elbow with your arm lifted vertically a little in front of your other arm. Hold the end of the thread attached to your pendulum, between your thumb and first finger. The pendulum should hang in front of the center of your body (medium plane) and the bob should be approximately an inch from the tabletop. See Figure 2. Actually, none of these details are crucial. If you just approximate them, the experiment is almost certain to succeed. In fact, if you don't have a table, you can do the experiment standing up.

Use your free hand to steady the weight so that it comes to a standstill. Now imagine a line on the table running from left to right. As you imagine the line, the pendulum will begin to swing, slightly at first, back and forth along the line. Another variation is to imagine that the pendulum is the pendulum on a grandfather's clock. In your imagination, see it swing from side to side like a pendulum on a clock. Once it starts to swing, it will increase its motion even if you think intermittently of something else, as long as your thoughts do not involve a different motion. See Figure 3. After you have the pendulum swinging for a while imagine that it is swinging on a line going toward and away from you. As you develop this image, the pendulum will slow down and then begin to swing with increasing amplitude back and forth, toward and away from you. After you have done this for awhile, imagine that the pendulum is on the outer edge of a phonograph record and is going around and around in a circle. See Figure 4.

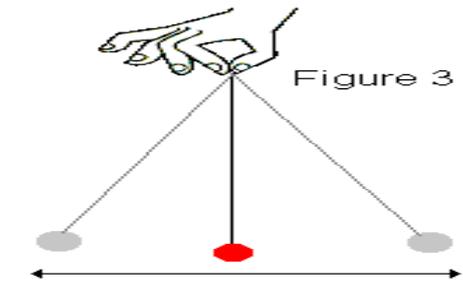


Figure 3

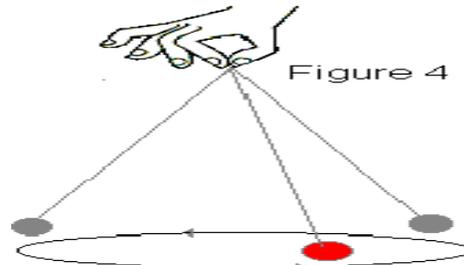


Figure 4



Figure 5

Once you get the pendulum going well in one direction, you can cause it to stop and then revolve in the opposite direction, or just make it stand still. It will obey whatever thought you have in your mind. See Figure 5.

You will probably succeed with the experiment as presented, very few people fail. If you do not get any positive results, do not give up. Some individuals have to try several times before they can get more than small irregular motions. Try a number of times on consecutive days. Try using different lengths of thread and different bobs, some heavier or lighter. The movement in your fingers is very small. It is the length of the thread that amplifies the motion. In general, the longer the thread the greater the motion. If you still have difficulty, try drawing a large circle with a cross inside that touches the circle at four points on a piece of paper. See Figure 6 below.

Place the paper on the table and try the experiment again. This time start with the pendulum over the intersection of the straight lines and imagine it swinging in the direction of one of the lines. Let your eyes follow along one of the lines as you think of the pendulum following it.

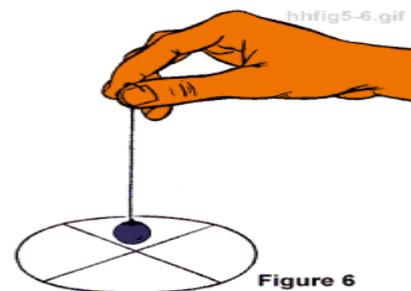


Figure 6

Regardless of the results you have obtained experimenting on yourself, try it using a subject (your helper). Give him the pendulum and have him sit at the table. Instruct him to concentrate on the bob and pay close attention to what you tell him. Then say:

(Note: The suggestions given here and in the following experiments are intended to be taken only as models. All situations in which suggestions are given tend to be unique in various aspects. You should use your own words, and tailor your suggestions as the situation demands.)

"I would like you to look at the small bob. Fix your attention on it. Don't think of anything but the bob and what I am going to tell you. Let yourself relax and continue to stare at the bob. As you watch the bob you will see that it begins to move a little. In which direction it moves is unimportant. It is going to move, a little at first, then a little more. It is beginning to move a little now, it is beginning to swing. See it is moving a little. Just keep watching it. Think of it as moving. As you do it will move more and more"

By this time the bob should be moving. As soon as you can determine the direction it is beginning to move in, suggest that it is moving in that direction. If it seems to be moving in a circular motion, suggest that it is moving in a circle. If it seems to be moving sideways, continue as follows:

"See, it is moving sideways. It is moving back and forth, back and forth. [If possible, synchronize your voice with the actual motion of the bob.] It is swinging more strongly, back and forth, back and forth. Now you cannot stop the bob from moving. If you try to stop the bob it only makes it move faster, back and forth." [Only give the suggestion that the subject cannot stop the bob, if you are getting a good response.]

Lets stop here and analyze the procedures and suggestions we have used. It is important that you understand the reasons for each step we have asked you to follow. This will help you better relate practice to theory and fact. One obvious application of theory and fact is the request to have the subject fixate on the bob of the pendulum. If this induces any degree of hypnosis, our suggestions will be more effective. In any case, the focusing of attention on the bob will probably tend to prevent stray thoughts from entering the subject's mind, which could compete with those being suggested. If you suggest that the pendulum is going to move, you don't want the subject thinking "He says it is going to move, I wonder if it will really move, I remember seeing a pendulum on a clock moving, I guess I shouldn't be doubting..." Focusing his attention on the bob will tend to prevent these kinds of thoughts from passing through his mind.

The effectiveness of suggestions depends on several factors. There is the subject's innate capacity for ideomotor action or innate suggestibility. Another factor is his attitude. A negative attitude will certainly not help, while a positive one will help. A negative attitude will set up muscular tension patterns that interact with those set up by the suggestions. Abstract conditioning, which is also a part of suggestibility, is relatively sensitive to attitudes. For this reason, proper timing, as well as the proper choice of words is of paramount importance in giving effective suggestions. If you should tell the subject, contrary to facts, that something is occurring or is going to happen, he is likely to form an unfavorably mind set. However, if he experiences events taking place as they are suggested, he tends to form a positive mind set for subsequent suggestions. Therefore, in the Chevreul pendulum experiment you do not want to tell your subject that the bob is moving in a circle if it is in fact moving sideways. If you want the subject to make the bob move in a circle when it is moving sideways, tell him: "The bob is swinging very strongly now. Soon it will begin to change its course and move in a circle. It is going to move in a circle. See, it is beginning to change its motion now. Soon it will move in a circle. There, it is beginning to move in a circle"

You may want to experiment with the way you initially suggest how the pendulum will move. You might start by suggesting it will move in a certain way or direction or you might suggest the pendulum is going to move, but not specify a direction. The main point is to watch what the pendulum is doing and tailor your suggestions accordingly. You want to be sure that the subject experiences what is being suggested. This is a prerequisite for the production of abstract conditioning. If your suggestions contradict what is actually occurring, this conditioning will certainly not take place, and a negative, inhibition-like effect may be induced .

Timing and Proper Wording

Timing and proper wording means, among other things, that when you give suggestions you should alter the model suggestions given in this module to fit various situations you encounter. Subjects tend to react in individual ways. Some will respond very slowly, others very quickly, some will produce motion of large amplitudes, and others will only produce slight motions at the start. You will have to tailor your suggestions accordingly. For example, if there is a large movement of the pendulum immediately after you have suggested movement, then right away say: "See it is moving." If the movement should be sideways, continue by saying that it will be a sideways motion and enhance the

motion by saying: "It is moving sideways more and more ... more ... and more ... It is swinging more and more strongly." You may want to change the motion into a circular motion by saying: "It is moving sideways now, but as you continue to focus on the pendulum, the motion will begin to change into a circular one. Soon the bob will begin to rotate ... round ... and round. Think of a circle ... See the motion is changing. It's moving in a circle. The circle is getting larger, the pendulum is moving faster." Often the pendulum will oscillate and even swing a little from the beginning, even before you have given any suggestions, because the subject's hand is not perfectly steady. Obviously, it would be absurd to tell the subject that the pendulum is going to move when it is already moving. In this situation, **impress on the subject that he should relax and not be tense**. You can also hold the bob, and keep it still for a moment. If you cannot prevent some initial movement and the subject is aware of it, then call the subject's attention to it in the following way: "You may notice that the bob is moving a little, Don't pay any attention to this, it is because your hand is shaking a little. However, in a few moments you will notice that the bob will move more strongly. You will also notice that it begins to move in a definite direction, perhaps sideways, right and left, or around and around, in a circle ... It will move...See it is already moving a little stronger ... It is definitely getting stronger. Now it is moving from side to side (or whatever way it is moving)."

Because you want to time your suggestions properly, **you usually should not go to fast in giving your suggestions**. If you do, you may tell the subject something is happening before it happens. However, there may be times when there are indications that an event is going to take place. In such cases, you can suggest that it is occurring. Sometimes a suggested event occurs so quickly after the suggestion of its future occurrence that you will have to immediately make a positive statement about its occurrence.

One way you can **prevent yourself from getting ahead too fast is to use repetition**. Also repetition enhances suggestibility in a cumulative manner. You may find that a subject gives a very weak response to a suggestion, or no apparent response at all. Through repetition alone it is possible build on the suggested idea to the point where a response is clearly detected. **Another way repetition helps the effectiveness of suggestions is through monotony**. Monotony is believed by many hypnotists to have the ability to bring on the hypnotic state.

The basic idea in this experiment is to get the subject to think of the pendulum as moving without conflicting thoughts occurring. The pendulum will move in response to his thinking and the ease with which it occurs will **give you some indication** (although not conclusive) of his ability to enter the hypnotic state. **Experiment with the pendulum phenomena until you are thoroughly familiar with them, and your subject's responses to them**. In module six we will present a number of experiments that operate on the same principle. They represent other demonstrations of psychical control over our physiological responses and will facilitate in developing the hypnotic state.

MODULE 6 - WAKING SUGGESTIONS –B

Ideomotor Action

The following experiments involve no new principles or factors, but are more steps toward psychical control of physiological responses that will facilitate the development of the hypnotic state. Read the instructions thoroughly so that you completely understand what you are to do. You should try each

experiment on yourself and then with a helper. When you practice these experiments it is important that **you have no feeling of urgency**. Plan to set aside enough time to complete each experiment without interruption.

Magnetized Fingers

In order to try this experiment on yourself, sit in a comfortable chair; clasp your hands together. Rest your elbows against your body, and hold your hands about ten inches from your face. Separate your first fingers comfortably as far as possible. Stare at your first fingers for a short time and then close your eyes. See Figure 1



Now imagine that your fingers are made of steel, and are very strongly magnetized. Imagine a magnetic force is pulling your fingers together. Imagine that as they are drawn closer together, the magnetic force gets stronger and stronger. Imagine you can feel the magnetic force attracting the fingers together. When you feel the fingers touch, imagine the force is so strong that you cannot separate them. If you have trouble imagining the attraction between your fingers, you might get two small magnets and experiment with them to familiarize yourself with the forces involved.

In this experiment and those following, make up your mind that once you start an experiment, you will **concentrate as much as possible on the ideas presented**. If other thoughts occur to you, **force them aside and return to your original thoughts (i.e., a strong magnetic force)**. If you find yourself trying to **analyze what is actually occurring**, use this as a signal to get your mind back on course.

When you use words to make suggestions to yourself, think in terms of the **"second"** person. Think "you" not "I." Think as though your "conscious" mind were giving orders to your "subconscious mind." As you perform the experiments, do not be discouraged if you do not get immediate or complete results. Many will be able to get satisfactory results the first time they try performing these experiments, others will require several practice sessions. Your attitude is a major factor in achieving good results. When something occurs in a satisfactory way, you should let the success build your confidence in your ability to use these techniques. **Magnify as much as possible your successes and minimize any lack of response in your mind.**

A proper degree of cooperation is important. This does not mean you should just go ahead and perform the required responses consciously. It means that you should eliminate any doubt in your mind that a response will occur. Act "as if" the imagined situations were actually reality and as if the responses were actually occurring because of the existing situation.

When you try this experiment with your helper (the subject) you might proceed as follows: Have the subject position his hands as shown in Figure 1. You can have the subject sitting or standing. Grasp the tips of the subject's fingers and tell him that in a moment you will ask him to close his eyes and imagine that his fingers are magnets. Tell him to imagine he can feel a magnetic force pulling his fingers together. As you are giving him these instructions, actually slowly force his fingers together. Now separate his fingers, tell your subject to stare at an imaginary spot between the two fingers. Then say to him: "As you continue to stare at the imaginary spot I will count from three down to one." "At the count of one, let your eye lids close...three...two...one." "Eye lids close...now tighten your fingers and imagine your first fingers are magnets and that a strong magnet force is pulling them together." "Feel the force getting stronger and stronger." "The more you try to resist the stronger the force gets." "Your fingers are moving...moving...coming closer and closer together." "They are almost touching, the force is getting very strong...very strong." "Open your eyes and look at your fingers."

As pointed out in module five, you may have to alter the model suggestions given above to fit the situation. If you watch the subject's fingers carefully, you will observe that they move in **small jerky**

movements. This is typical of ideomotor responses; the muscular movements tend to occur in small little erratic movements, not in a smooth continuous motion. Practice the magnet fingers experiment until you feel comfortable with it before going on to the following experiments.

The Rubber Band Experiment

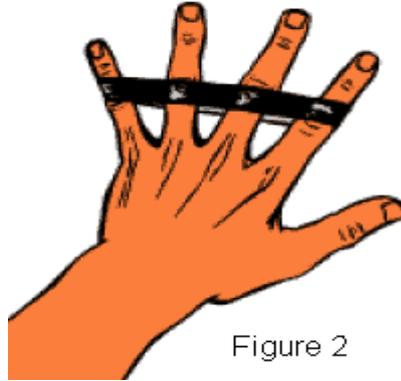


Figure 2

You can try this experiment on yourself in any comfortable position, sitting or lying down. Position one arm in a position where it is easy to keep your eyes focused on the fingers and the back of your hand. See Figure 2 above. With your eyes fixed on your hand, spread your fingers apart as far as possible. Now imagine there is a very strong rubber band stretched around your fingers. Think of the rubber band as a very thick band with a small diameter. See your fingers inserted through the rubber band stretching it as far as possible. Imagine you can feel the rubber band pulling your fingers together. Think to yourself: "The harder you try to keep your fingers apart, the more the rubber band pulls them together. See this occurring in your mind." Now let your eyelids close as you continue to feel the rubber band pulling your fingers together. Imagine that you are trying very hard to keep your fingers apart, but the harder you try the stronger the rubber band becomes. Imagine you can see the rubber band forcing your fingers together, and think the words, the harder you try to keep your fingers apart, the more tired they feel and the more they are drawn together.

Work on this experiment until you get a good response. After your fingers touch, continue to imagine that the rubber band is keeping them very, very tightly together for a short time. Then imagine that the rubber band is gone. Let your fingers relax.

Remember to keep a strong positive attitude while performing this experiment. If you have any difficulty, it probably would help if you actually performed the experiment using a real rubber band. This will help you to actually experience the sensation of real pressure exerted by the rubber band. Try the experiment with your helper. Tailor your suggestions to him using the procedure outlined above.

The Weight and Balloon

Like the preceding experiments this one involves an ideomotor response. That is the enervation of groups of muscles appropriate to the idea or mental image held by the subject. When you experiment on yourself, it is probably better if you are sitting. When experimenting on your helper, he can be sitting or standing.

Read the following instructions until you are sure you understand them and can proceed without referring to them.

Position yourself in a comfortable chair. Place your feet flat on the floor. You should be able to lean back against some firm support, the back of a chair or a wall. While in this position, extend both arms out straight in front of you at shoulder height with your palms facing one another. See Figure 3. Let your eyelids close. Now, visualize as clearly as possible that a gas filled balloon is tied to your right wrist. It is a big, blue balloon and is pulling at your arm. See it lifting your arm, higher and higher. Develop a clear image of the balloon tugging at your arm, pulling it up higher and higher. See the color of the balloon and its size. Visualize how it is tied to your wrist. Think of your arm floating up, higher and higher.

Once you have the above idea clearly in mind, see a very heavy lead weight tied to your left wrist with a strong rope. Think of how heavy the weight is, visualize its size and shape. Imagine your left arm is so heavy you are unable to hold it up. See it falling lower and lower.

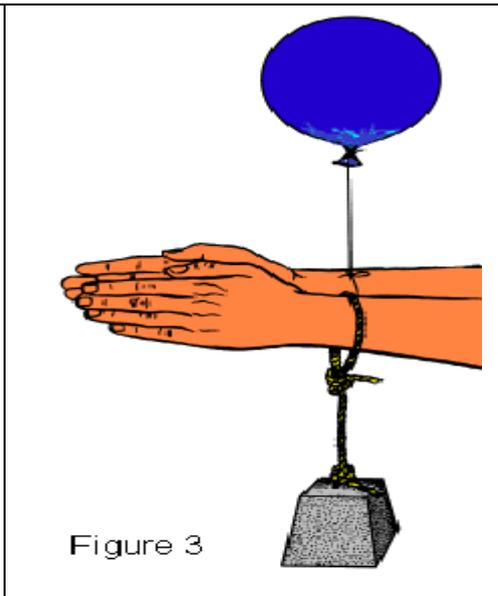


Figure 3

Alternately visualize each of these two concepts for a few seconds. If you find yourself thinking of the actual position of your arms, try to get your mind back to thinking of the balloon and the weight. After two or three minutes, open your eyes. Your hands should be several inches horizontally apart. Your left hand will be lower than your right hand.

Normally if you held your arms in this manner, they would both become heavy and you would find it difficult in maintaining this position more than a few seconds. In this experiment one arm become heavy while the other becomes increasingly lighter. Only a few inches difference indicates success. However, these few inches must occur automatically while you are holding the above concepts in mind, not by just "doing it." When you get satisfactory results from this experiment, try it with your helper. Take turns practicing on each other.

Magnetic Hands

This experiment is similar to the magnetic fingers exercise, except it will involve a larger group of muscles. Although you can practice this experiment on yourself, we will present it as you would practice it with your helper (subject). Have your subject hold his hands as in the weight and balloon experiment. See Figure 4 above. Palms facing palms, but some distance away from each other. Now suggest that a magnetic force is going to pull his hands together. Grasp his hands and slowly move them towards each other. Now separate them and tell your subject to look at an imaginary spot between his two hands. Then say to him. "As you continue to look at the imaginary spot I will count from three down to one." "At the count of one, let your eye lids close and imagine your hands are magnets that are attracting each other." "Three...two...one, let your eyelids close." "Think

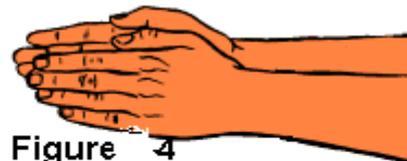


Figure 4

of your hands being strongly attracted to each other." "Your hands are beginning to move, coming closer and closer together." "The more you try to resist, the stronger the force pulling then together becomes." "They are moving closer and closer...the closer they come to each other the stronger the force becomes..it is getting very strong now." "Moving closer and closer, they are almost touching now...the force is getting much stronger." "They are moving faster and faster...they are almost touching now...NOW THEY ARE TOUCHING!" "Open your eyes and look at your hands."

Remember, the suggestions given above are only offered as a model. Do not try to memorize any of these models word for word. What you need to learn is the meaning behind the suggestions. You must time your suggestions to fit the current situation. Use your own words to paint a verbal picture that you

want to convey to the mind of the subject. You cannot induce hypnosis by memorizing some magic formula that you repeat verbatim. It is the *pattern* and *content* of the suggestions, more than the actual words that are important. The basic idea in the above experiments is to get the subject to think certain thoughts or visualize certain concepts. If you are successful, his own thoughts will automatically be translated, reflex-like, into specific patterns of muscular activity. Ideomotor action is a reflex that only differs from the more common variety in that it is triggered directly by higher center activity rather than by afferent peripheral impulses. It is very important that your subject does not use his critical faculties to analyze the suggestions you are giving him; especially at the time they initially take effect. It is a good idea to instruct your subject to make his mind blank, to be completely passive, not to think or analyze what is being suggested, or what he is experiencing.

Hand and Arm Levitation Experiment

As you will see in a latter module, this experiment can be turned into a very effective method for inducing hypnosis (i.e., Wolberg's method). There are several ways to carry out this experiment; the following is one of the simpler ones.

Have your subject sit in a chair and place his hand (right or left - subject's choice) on his lap. Now say to him the following:

"Please sit in this chair and position yourself as comfortably as possible...Now just relax and focus your attention on your right (or left) hand." Think only of your hand and listen to my voice." "As you continue to look at your hand, let yourself become aware of all the sensations occurring in your hand." "In a few moments you may notice a strange feeling in your hand." "You may become aware of a feeling of numbness, or perhaps a tingling sensation." "The kind of sensation doesn't really matter." "Very soon your hand will begin to move." "Just how, I do not know, but it will move." "Maybe a finger will move or maybe just the tip of a finger." "Watch it very carefully, see if you can feel the blood flowing through your hand." Just continue to watch your hand and think of it as moving." "Very shortly your hand is going to move...You feel as if your hand is about to move." "It is moving a little...***If it moves, add immediately: "There, it is moving some more."***" "Very soon you will feel a sensation of lightness moving into your hand and into your arm." "Think of your hand as being hollow...like as balloon filled with gas." "Your hand is becoming lighter...and lighter, and soon your hand will begin to rise from your lap." "Let the feeling of lightness flow back into your arm." "Your hand and arm will begin to rise from your lap and keep rising because they are becoming so light." It is as though a balloon filled with gas were tied to your hand pulling it up and up into the air." "With every breath you take your hand and arm are becoming lighter...and lighter." You can feel your hand getting lighter and lighter." "It is going to be light as a feather and will float in the air." "There is a force pulling your hand and arm up...up." "Your hand is beginning to rise, your hand is rising." "Your arm is rising." "Your arm and hand are rising...rising...more and more..they are going...up...up...UP!" .

If you are successful with this experiment, the subject's hand and arm will rise up in the air. You should question your subject as to the kind of sensations he was having. If he should tell you that he felt a magnetic force pulling his hand and arm up, next time you repeat the experiment with this subject, suggest that he will feel a magnetic force pulling his hand up. Most subjects will report having felt a lightness or that some force was pulling their arm and hand up.

It is quite helpful when giving these suggestions to watch for any kind of motion of the hand or arm and to point them out to the subject. Very often at the beginning a finger will twitch slightly. If this occurs, you should immediately point this out to the subject. You might say: "See, one of your fingers just moved." "Soon this is going to spread...soon your entire hand will move (etc.)." If following these suggestion, other fingers move, remark: "See the movements are spreading, " As soon as you see his hand is not fully resting upon his lap you should remark: "Now your hand is beginning to rise a little." "It is going to rise much more." "See it is continuing to rise."

In case you are wondering what you should do when the subject's arm has risen as far as possible, or as high as desired, you can say the following: "That's fine." "Now let all the normal sensations return to the hand and arm." "Let your arm relax and rest in your lap." "It feels fine, you feel fine."

It is possible that you may encounter a subject whose muscles will lock and who is unable or unwilling to bring his arm down. If this should happen, have him close his eyes and tell him to listen to you carefully. Then proceed to tell him that his arm and hand are becoming relaxed. They are getting heavier and feeling quite normal in every way. If necessary, continue to tell him that his hand and arm are moving back down and he can use them and move them as he normally does. This is an unusually occurrence, but can happen. In any event, never panic. **Remember, what one suggestion can do, other suggestions can undo.** You should try this experiment on yourself; you will be surprised at the results you get.

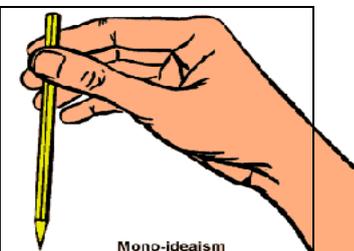
The Pencil Experiment

This is the last experiment we will introduce in this module. Unlike the preceding experiments, this one is not based on ideomotor action. The principle involved here is called "mono-idealism." Which simply means "one-idea." It is designed to demonstrate how voluntary actions can be inhibited by systematic thinking.

When you concentrate on one idea, without interruption, it is virtually impossible to perform the most simple of voluntary actions. The value of this will become apparent when we talk about physical relaxation in later modules. When you can inhibit muscular activity with your thoughts, you can bring on relaxation with your thoughts.

We have called this the pencil experiment, but you can use any similar object, a knife, fork, small stick, etc. Hold the object you intend to use between your thumb and first finger as shown in figure 5. If you decide to drop the object you could do so very easily. All you need to do is open your fingers and it would fall to the ground. Now let's see how easy it is to inhibit the neural processes controlling the fingers holding the object and block the nerve impulses necessary to activate the fingers. We will see if we can make it difficult or impossible for you to drop the object. This inhibitory effect will only last as long as you continue to think as instructed. Your cooperation is vital, make up your mind that you will, for a few seconds, do exactly as instructed.

Hold the object as illustrated in Figure 5. Position your hand so that you can easily observe it and hold it steady for a few minutes. Now, stare at some point on the object, without removing your eyes from it. While you continue to stare at the spot, think to yourself, "I can drop it. I can drop it." Repeat these words over and over without interruption.



During the time you are thinking in this manner you can try to drop the object, but you will find you cannot! It is impossible for you to drop the object if you are thinking the phrase as instructed, over and over without interruption. After experimenting with this a few times you will realize that thinking you can do something does not necessarily mean you can actually do it. In this experiment you have been thinking very intently about dropping an object, but while you are so thinking, you cannot do it.

To open your fingers calls for a decision to be made as to when you want to do it. Making such a decision requires mental activity be instigated in your cerebral cortex. This cannot easily occur when you are exclusively thinking of only one idea. Even if it is the idea of the act you wish to perform.

If you should drop the object, it means one of two things. You are not cooperating, or you have misunderstood the instructions. Reread the instructions and try the experiment again.

MODULE 7 Waking Suggestions C

Backward Postural Sway

This experiment is only slightly more difficult than the preceding ones. However, you cannot practice this experiment on yourself. If possible you need a subject. If you do not have a helper (subject), you can practice on an imaginary person.



Learning a suggestion also means learning complex coordination of movement and speech. While it is true that mere recitation of suggestions can bring about a desire effect with some subjects, as will be seen later, most situations will require the hypnotist to do a number of other things while giving suggestions. It is very important that such activities are an integral part of the suggestion procedure, and the entire process is as smooth as possible.

Because speed of delivery, intonation, inflection and voice volume are crucial factors, you should practice giving suggestions aloud as much as possible. If you have a tape recorder, it would be a good idea to record your delivery and play it back.

Usually giving suggestions requires that you are standing near the subject, and requires certain motions on your part. Therefore, if you do not have a subject to practice on, you should imagine that you are giving the suggestions to some other person. Role-playing can be extremely useful here. As you continue to practice, you should imagine yourself faced with different situations and change your suggestions accordingly. If possible practice near a full-length mirror. You might use your reflection in the mirror as the subject.

When giving suggestions, your voice and manner should be that of a guide or instructor with no attempt at dominance or control. You should be familiar enough with the entire procedure to retain the over-all concept as you practice. It is not necessary for you to memorize the entire text of the suggestions as given here. Identical wording is not as important as identical meaning.

Although the structure and verbal content of a suggestion is of primary importance, the effectiveness of a suggestion can be greatly improved by a proper use of vocal expression. Quickening of the delivery combined with increasing stress upon critical words in the last half or last third of a suggestion will often increase the response. This is particularly true if there are some indications that the response is beginning to occur. Similarly, changing to an assertive, effective, dynamic expression when the responses are beginning to take place is more effective than continuing in a flat tone of voice. The transition itself has an effect that appears to reinforce the idea that now something is really happening. This not only conveys to the subject that what we have been predicting is now occurring, but the change in our vocal expression indicates to him that we are aware of it, which tends to make it more real to him.

Now, let's assume that you have a person who has volunteered to be a subject. We will also assume that he has little or no knowledge of hypnosis. You might start by saying something like the following to the subject: "I do not know how much knowledge you have about hypnotism, so I would like to tell you a few things about what we are going to do so you will not have any misconceptions about it. First of all, I am not going to put you asleep. I will also tell you if, or when, I intend to hypnotize you. The first thing we are going to do is see how you respond to suggestions. This primarily depends upon how well you are able to cooperate with me. This is not a test of wills. If you have made up your mind to resist, and not to cooperate with me, we might as well quit now. I have absolutely no intention of trying to overcome your will. But if you are willing to cooperate, and do exactly as I ask, we should be able to perform some interesting things. Not only will you find this a very interesting experience, but one that will be beneficial to you in the long run. Before we begin, if you have any questions, I will be glad to answer them." If the subject should have questions, try to briefly answer them. After this, proceed as follows with the experiment.

This experiment is known as "suggested postural sway." In the model suggestions, the words in larger type indicate that they should be said with emphasis. This is obtained partly by a rise in voice volume. Smaller type will indicate a decrease in voice volume or emphasis. Emphasis can also be obtained by enunciating each word in a phrase in a staccato fashion. This should be used primarily on text printed in large capitals. We will indicate an increase or decrease in tempo in brackets. Pauses between words will be indicated by punctuation.

Note: remove high heeled shoes as the heels may snap when swaying backward.

Place yourself about a foot behind the subject. In a normal tone of voice say to him the following: I would like you to stand before me with your feet together, your arms and hands hanging by your sides... That's right; stand just as you are now. Look straight ahead. Let yourself relax and just listen to me. In a few moments I will ask you to think of falling backwards and shortly after that you will find yourself falling backward. Do not be afraid, I will be behind you and will catch you right away. Do not try to resist. Let me show you how it will feel.

At this point place yourself no more than a foot from the subject. Place your hands on his shoulders; pull him/her gently but firmly backward (Fig. 2). If necessary, step back a little yourself. Quite often the subject will also step back to prevent himself from falling. If the subject does this, bring him to an upright position keeping your hands on his shoulders and say: You stepped back. That is what you must not do. You did it because you were afraid I might let you fall. But you see, I was right here to catch you. Lets try it again. This time let yourself go. Don't be afraid... Alright now, just relax



[Repeat the previous procedure. Usually the subject will let himself fall this time. Even if he does offer some resistance or does step back, continue to say:] That was better. ***[If he did not show any resistance, say:]*** Very good. You did very well that time. Now I want you to stand the same way again. Put your heels and toes together and your arms at your sides... Hold your head up straight, ***[Place your hand under his chin and tilt his head slightly back]*** let your eyelids close and listen closely to what I have to say.

[Proceed in a similar manner if the subject responds correctly the first time. Should he still show some resistance or mistrust, make him aware of this. Reassure him that you will only let him fall a few inches. Repeat this if necessary, and then continue as follows:] Now I want you to think of yourself as a board, balanced on one end. Think of yourself as falling backward... Imagine you are falling backward, that a force is pulling you backward. In a few moments you will feel a force pulling you backward. Now a force is beginning to pull you backward. You are falling backward... falling backward. Do not resist, let yourself fall. You cannot resist the force. ***[Often the subject will show signs of swaying or other signs of responding earlier in the suggestions. If so, shorten the suggestions and proceed to the next part at once. If however, the subject is slow in responding or shows overt resistance, delay the last part and repeat the earlier first part of the suggestions. If the subject should resist, it often helps to interpose this suggestion: "The more you resist, the stronger the force gets, pulling you backward...stronger and stronger."]*** You are falling backward, falling, falling, *falling*, FALLING, FALLING...FALL! ***[You will usually have to alter this last phase considerable, lengthening it or cutting it short, depending on how the subject is responding, and particularly upon what you anticipate his next response will be.]***

When given the above suggestions, most people will fall backward. A few will waver and sway, but not fall completely. In this case, you should say the following: "You didn't quite fall this time... But you did sway quite a bit. You did feel yourself being pulled back, didn't you? [*Immediately continue with out giving the subject time to answer the question.*] I sensed that you were a little afraid to fall. Let's try it again, but this time let yourself go. Do not be afraid, I am right behind you and will only allow you to fall a few inches. Now put your feet together...."

A few others will step backwards. In this case you should say: "You did not trust me, you stepped back. That is too bad because you would have fallen if you had not stepped back. Let's try it again, but this time try to be relaxed and let yourself fall when you feel yourself being pulled back. Alright now, put your feet together...."

What if your subject did not even sway? Then speak to him in the follow way: "I am afraid you are not cooperating... You must have resisted. Perhaps you are afraid I will let you fall. I assure you I will not. I will be right behind you and only let you fall a few inches. You did feel something, didn't you? [*Again, do not give the subject time to fully answer, but continue to say:*] Now, let's try again, but this time relax. Think only of falling. In your imagination, see yourself falling. Feel yourself falling... don't resist. Just let yourself go. Now think of falling, only falling. Keep thinking of falling..."

In this experiment, as in most of the experiments we have presented, you should keep firing a continuous barrage of suggestions at the subject. **He must not be allowed to think of anything but the desire effect to be produced.** Speak in a normal tone of voice, unless otherwise indicated. Pause, more or less as indicated in the sample suggestions. You want to keep firing suggestions at the subject particularly when he begins to respond. At this point you want to particularly hammer him with suggestions, quicken your delivery and emphasize key words.

In doing this experiment there are three things you should watch for. Sometimes, a subject may tend to fall in the opposite direction. This is very rare, but it does happen, and you must be ready to catch him no matter which way he falls. Also, on rare occasions, you may encounter a subject that responds strongly almost immediately. If you are not watching for this you can get caught off balance. The last thing you must watch for are people that have some nervous condition that causes them to lose there balance when they close their eyes. The direction of their fall is unpredictable.

There are many variations of this experiment. For example, in the sample suggestions given above, we asked the subject to close his eyes. Usually closing of the eyes will increase the response, but it is not necessary. You can stand in front of the subject as you explain to him what you expect of him, have him close his eyes or leave them open, and then stand behind him. In the procedure outlined above, we tilted the subject's head slightly back. This is not necessary, but does shift his center of gravity further back, so he is more easily thrown off balance.

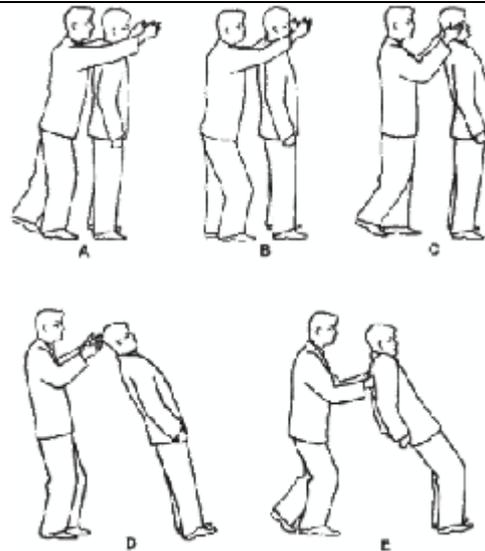
Usually you should only try this experiment twice, unless the subject shows definite evidence of responding the second time. Then try it a third time.

Of course, if you are doing the experiment for practice, you can try it as often as you like, or until you or your helper get bored or tired. If your subject does not respond the second time, you should try different suggestions. If the subject shows a good response to other suggestions, then return to this one at a later time. As you will learn in a later module, the backward postural sway experiment can be turned into an extraordinarily rapid method of inducing hypnosis.

Postural Sway Variations

The following variation of the backward sway experiment is very effective, but is somewhat more difficult to perform.

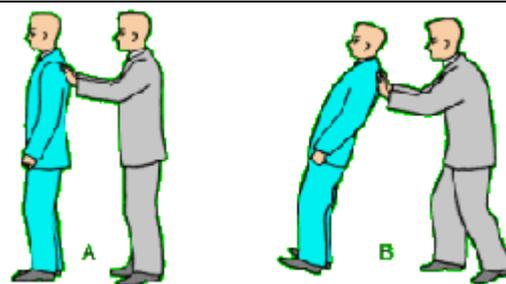
As before have the subject stand in front of you. Move close to him, almost touching him. Extend your arms outward on both sides of his head as close as possible without touching him. Position your hands level with his eyes, and curve your fingers slightly inward so that the subject can fix his eyes on them (Fig 3A). Extend your hands forward as far as possible and say: "Look at the tips of my fingers. Now, I want you to think of falling backward. In your imagination see yourself falling backward. In a moment I will pull my hands backward; as I do so, you will feel a force pulling you backward. Continue to watch my fingers. As pull my hands backward [*start to do this very slowly*], you will feel a force pulling you backward. Now the force is beginning to pull you backward. Soon you will fall backward. You are falling backward. A strong force is pulling you backward. You are falling backward. A force is pulling you... more and more... stronger and stronger. You are falling backward, falling, *falling*, FALLING, FALLING, FALL!



All the time you are speaking, you should be pulling your hands backward. At first, very slowly, then more quickly. This is accomplished by flexing the elbows outward (Fig. 3B). As you do this prepare yourself to step backward as your hands approach the subject's face (Fig. 3C). By this time, if you are successful, the subject should be swaying backward and you will be near the end of the suggestion. As your hands pass swiftly by the side of the subject's face, you should have finished stepping backward (Fig. 3D). At this point, give the emphatic command "FALL!". Then immediately, position your hands to catch the subject (Fig. 3E).

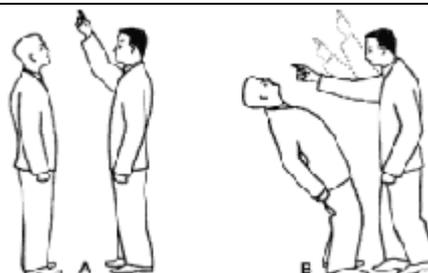
This variation requires considerable coordination between what is said and done. Also timing is very crucial here. However, it is a very effective method that combines a number of effective devices. The fixing of the subject's eyes on the fingers is used to focus his attention. It probably does not produce any degree of hypnosis, as it is not allowed to persist long enough. Indirectly it does aid in the effect of backward motion. The movement itself acts as an additional nonverbal suggestion. Also the subject may reflexively try to avoid the approaching hands by leaning backward or at least tilting his head further back. This would displace his center of gravity in a favorably way. The subject probably does not recognize his avoidance response and confounds it with the expected suggested sway. Therefore, his attitude and suggestibility may also be indirectly positively influenced. Another, simple variation of this procedure is to stand a foot or so behind the subject, and place the palms of your hands against his shoulder blades as in Figure 4A.

Your hands should be situated so that your finger tips point toward the top of the subject's shoulders. The remainder of the procedure is much the same as we did before, except that after the introductory instructions you say: "As I pull my hands back from your shoulders you will feel a force pulling you backward." As you do pull your hands back, do it very slowly, maintaining contact with the subject's body until you detect a definite sway (FIG. 4B).



Another variation of the backward sway is to face the subject and ask him to look into your eyes. Then fixate your eyes upon the bridge of his nose. Stand far enough from him to be able to take at least one step forward. Now say to him something like this: "Keep looking into my eyes. Very soon you will feel a force pushing you backward. Think of falling backward... You are going to feel a force pushing you backward. A force is pushing you backward, the force is getting stronger... pushing you backward. You are beginning to feel a force pushing you backward, forcing you back... forcing you to fall. You are going to fall. You are falling backward... etc." If you do not want to have the subject fixate on your eyes, you can have him fixate on your finger.

Hold your finger above and slightly in front of your head, so the subject has to look up at it (Fig. 5A). Give suggestions of falling backward as in previous examples. Slowly begin to bring your finger toward the subjects face (Fig5B). In this experiment it probably would be a good idea to have an assistant available to catch the subject as you may find this difficult to do.



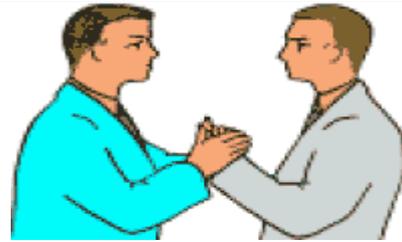
All of the model suggestions we have presented so far have contained a lot of repetition. This is not always necessary. It is possible to get a desired result without a lengthy repetition of suggestions. Sometimes only one single statement is all that is needed. A very effective technique consists of saying to the subject: "I want you to listen carefully to what I am going to say to you. I am going to count from three down to one. At the count of one you will feel an irresistible urge to fall backward. Do not be afraid to fall, I will catch you. Alright now, three...two...ONE! FALL!" The degree of success you have with this technique depends on the degree of suggestibility of the subject. This technique is best used after the subject has shown good responses to a variety of other suggestions. It is not uncommon for a subject to go into a trance or semitrance during the falling response. When this occurs, the subject usually appears to be unstable on his legs when he is helped to his feet after falling. He may sway and appear "tipsy" or somewhat dazed. If this occurs, unless you want to take advantage of the situation in order to produce a deep trance, snap your fingers near his face and say in a loud voice: "Wake up! You are wide awake, feeling fine." Converse with him a few moments to make sure he is fully awake. *When giving any kind of suggestion you should always make sure when you are finished that the subject is fully awake and that there are no aftereffects of your suggestions*

MODULE 8 -- WAKING SUGGESTIONS --D

HAND CLASPING

Before you begin these experiments, request that your subjects remove any rings they may be wearing from their fingers. If you do not do this, there is the possibility that they may bruise their fingers.

Face your subject and say:
I want you to clasp your hands in this manner... [**Demonstrate to the subject by clasping your hands in front of you, fingers interlocked as shown in Figure 1.**] Now look at my eyes and clasp your hands tightly together. Now I will count from three down to one, at the count of one, let your eyes close and relax Three...two...one, eye lids closed and relax. [**At this point take hold of his hands and pull them forward, unless they are already extended. Momentarily hold and squeeze his hands together. See Figure 2**]



Make them real tight, *just as tight as you can*. As you continue to tighten your hands you will soon find that your fingers are locking together, your hands are becoming stuck together. Your fingers are locking tighter and tighter, your fingers are sticking together more and more. Your hands are becoming more and more tightly clasped. Your fingers are sticking together. Your hands are sticking together. Your fingers are locked. **YOUR HANDS ARE LOCKED TOGETHER; YOU CANNOT TAKE THEM APART.** In a moment I will ask you to try to take your hands apart, but *you will not be able to do this*. Your fingers are *absolutely locked* together; your hands are *so complete stuck* together that **YOU CANNOT PULL THEM APART.** Try. You cannot take them apart. The more you try to take them apart, the more tightly they stick together. Your hands are firmly stuck together...Try hard, you *cannot*, you **CAN'T** take them apart.

When your subject is trying to meet your challenge, you should give your suggestions in rapid succession. If the subject responds well to the suggestions, you will usually not have to continue giving suggestions. The subject will still not be able to separate his hands.

It is important that you do not allow the subject to feel at any time he could successfully meet your challenge. If you see he is having some success separating his hands or suspect that he will, immediately say: "Now you can separate your hands, everything is as before." Then immediately say to the subject in a positive tone of voice, "You had a little bit of trouble separating your hands, didn't you...They felt kind of struck. Let's try the experiment again." It is very important to say this if the subject did have some difficulty. In no circumstances should you ever appear dismayed at the results of an experiment. It should always appear that whatever happened was exactly what you expected and wanted.

If the subject should try to separate his hands before you issue your challenge, which may happen, you should point this out to him before trying the experiment again. Emphasize that he is to listen closely to your instructions and carry them out as you give them and not anticipate your instructions. Anticipatory reactions are often a sign of resistance or fear on the part of a subject. If you have reason to believe that the subject was not cooperating, it can be pointed out. Explain that the success of the suggestions depend upon cooperation. Sometimes you will find that subjects resist by weakly clasping their hands. This is one reason for holding their hands at the beginning of the experiment. This allows you to determine how tightly they are clasping their hands. If a subject fails to follow your instructions, you may have to be more assertive. You might say: "Come on, you can do better than that! Clasp your hands real tight, *tight*, **JUST AS TIGHT AS YOU CAN!**" At the same time strongly squeeze his hands together to emphasize your instructions. Even if he should then tighten his clasp, it is no guarantee he will maintain a tight grasp. Some resistant subjects will proceed to relax their hands before or at the time of the challenge. In this case you should again point out his obvious resistance to the suggestions. You will find that some subjects, despite their desire to cooperate, tend to respond in a passive way giving the appearance of cooperation. The following variation of the handclasp experiment seems to work very well with them.

Start the same as above, telling the subject:

I want you to clasp your hands like this...Look at my eyes and clasp your hands tightly together... Make them real tight, AS TIGHT AS YOU CAN! Think of your hands as tightly clasped together, feel your fingers pressing down upon the backs of your hands, feel your hands becoming more and more tightly clenched together. [**Continue holding the subject's hands. If they are not tightly clasped, continue to say:** "as you do so and continue to listen to what I say you will find that your fingers tend to close...to press against the backs of your hands, that your hands are being pressed tightly together. You are unable to help yourself." Else go on with what follows while gently letting go of the subjects hands.] Your hands are being tightly stuck together; your fingers are pressing your hands tightly together. Now your fingers and hands are becoming *stiff, rigid...more and more stiff. Your hands are stuck tightly together. So tightly that you cannot take them apart. THEY ARE STUCK TOGETHER! YOU CANNOT SEPARATE THEM! Try! YOU CANNOT! YOU CAN'T SEPARATE THEM! THE MORE YOU TRY THE TIGHTER THEY ARE STUCK TOGETHER!*

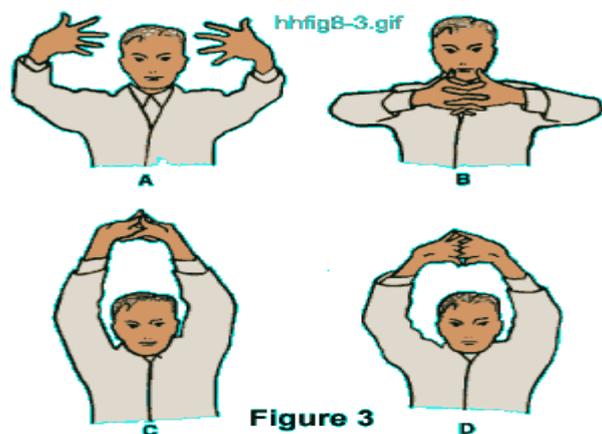
There are several things about the above procedures that should be pointed out. The subject's arms should be well extended out when doing the handclasp experiment. There is a degree of leverage in our favor when the arms are extended. The muscles involved are those used to rotate the arm about the shoulder. The further the arms are extended, the less leverage these muscles have against any force preventing the hands moving laterally outward (pulling apart). There is another mechanical advantage to this experiment. While the hands are tightly clasp, the joints of the fingers, due to their shape, tend to lock the hands together and prevent the fingers from sliding apart. For this reason you should make sure that the base of the fingers are against one another.

After reading the above paragraph you may get the impression that this experiment is based on a mechanical illusion and deception. This is not true. If a subject is not suggestible, he will simply relax his hands before or shortly after trying to pull them apart. This is not the situation if he is responding to suggestions. The subject will tighten his hands to a considerable degree as you give suggestions. In fact with a very suggestible subject you can start with his hands clasped loosely and his hands fairly close to his body.

Many subjects will respond very strongly to hand clasping suggestions. In fact they may respond so strongly that you can challenge them repeatedly to separate their hands. They will make all kind of contortions trying to get their hands apart all to no avail. They will not be able to get their hand apart *until you tell you them they can*. In this case you can end the response by snapping your fingers and saying: "Alright now, relax. You can take your hands apart now. They are not stuck anymore." Even after this some subject may still have some difficulty separating their hands. If this happens, take hold of their wrists and pull their hands apart saying again: "Your hands are relaxed now,...you can easily separate your hands." Incidentally, such individuals will nearly always make very good subjects for hypnotic experiments. Almost invariably, most people that respond well to hand clasping suggestions can be hypnotized fairly deeply and with little difficulty.

Chinese Handclasp

The following is a variation of the hand clasping experiment. Have your subject extend his hands and arms in front of him, palms facing one another. Now tell him to bend his hands so the palms face him and the tips of the fingers are opposite each other (Fig. 3A). Next have him spread his fingers apart and bring his hands together so the fingers interlock and touch at the base (palms still apart). See Figure 3B. Now tell him to rotate his hands so he sees the backs of his hands (Fig.3C). Finally, have him elevate his hands above his head, palms outward and his arms outstretched as much as possible (Fig. 3D).



Demonstrate the procedure as you as you tell him what to do. Then have him go through the procedure, step by step. Then say to him:

Please look into my eyes and listen carefully to what I tell you. Keep your hands above your head, arms extended and fingers interlocked. Think of your arms stiffening and your fingers becoming tight. As I speak your fingers and hands are becoming tight. Your arms are becoming stiff...Think of nothing else...The muscles of your arms and hands are becoming more and more tight, stiff. Your hands are getting tighter and tighter, your arms are becoming stiffer and stiffer. I am going to count from one down to three; at the count of three you will not be able to unlock your hands and fingers. One...Your hands are getting tight, very tight, so tight you cannot separate them. Two...Your hands and arms are getting stiff, stiffer, so stiff you can't move them. THREE...*your hands are stuck. Your fingers are locked together.* YOU CANNOT TAKE YOUR HANDS APART, the more you try the tighter they become stuck. Try...You CANNOT...The more you try the tighter they stick together. Some hypnotists prefer to give the above suggestions with the subjects eyes closed. Both methods seem equally effective. The important thing in this experiment is that nothing distracts the subject's attention from the suggestions.

Wolberg's Method

Another variation has been described by Wolberg. It differs from the other methods in that he makes use of the subject's imagination. He usually has the subject sit down and clasp his hands. He then says:

I want you to close your eyes for a moment and visualize a vise, a heavy metal vise whose jaws clamp together with a screw. Imagine that your hands are like the jaws of the vise, and as you press them together tighter, they are just like the jaws of the vise tightening. I am going to count from one to five. As I count your hands will press together tighter, and tighter, and tighter. When I reach the count of five, your hands will be pressed together so firmly that it will be difficult or impossible to separate them. One, tight; two, tighter and tighter and tighter; three, very tight, your hands are glued together; four, your hands are clamped tight, tight; five, so tight that even though you try to separate them, they remain clasped together, until I give you the command to open them -- Now open them slowly.

Eye Catalepsy

The term "catalepsy" actually refers to a state of muscular rigidity in which a person's body retains any position it may be given. However, it is used rather indiscriminately by hypnotists to cover a number of situations. It's common to use it to refer to any muscular condition in which a subject is unable to voluntarily move any part of his body or his entire body. In any event, we will use it to describe "eye catalepsy" as well as the other "catalepsies" regardless of their nature since it is a well-established terminology in hypnotic literature.

Stand next to your subject and say:

Please close your eyes and relax. Don't be afraid, I am not going to hypnotize you yet. [*As soon as he complies, place your finger on the top of his forehead.*] Keep your eyes closed tight and turn your eyes upward as though you were looking through the top of your forehead at the tip of my finger. Keep your eyes tightly closed and keep looking upward. As you do so, you will find that your eyelids are becoming heavy and closing more tightly. They are closing more and more tightly and becoming very heavy, very heavy. They are sticking closed. Shortly I will tell you to try to open your eyes, but you will find this very difficult to do, very hard, because your eyelids are being stuck just as if they were glued shut. They feel very heavy, like lead. They are stiff. They are stuck. They are sticking tighter and tighter. They are heavy as lead. Your eyelids are sticking closed, as if glued closed. They are stuck closed. Your eyes are sticking closed. They are stuck closed, YOU CANNOT OPEN YOUR EYES!...*the more you try the more stuck they become.*

Sometimes when a person looks upward he may not be able to completely close his eyes. Therefore, you may find that some subjects show an appreciable slit, or after they begin to respond to your suggestions they tend to lift their eyelids a little. Do not be concerned about this. Just repeat your request that they keep their eyes closed and keep looking upward. By watch the rolling of his eyes under the eyelids, you can usually tell how well the subject is looking upward. Some subjects may complain that it hurts their eyes or that they cannot do both, look up and close their eyes tightly. In

such cases ask them to look up the best that they can without discomfort, but with their eyes closed. A person that is somewhat suggestible will experience considerable difficulty opening his eyes. If he does succeed, but shows some difficulty, you should point it out to him. As with the hand clasping experiments, if it looks like the subject is going to overcome the suggestion, quickly say: "Alright, stop trying, you can open your eyes."

Frequently, when asked to close their eyes, subjects assume this is a preliminary step to the induction of hypnosis. If they are not ready for this, they may build up resistance because of anxiety. For this reason the subject should be told at the beginning that he is not going to be hypnotized. Note in the above example that we said: "I am not going to hypnotize you *yet*..." This is not the same as saying to him: "I am not going to hypnotize you." or "I will not hypnotize you without telling you first." The first statement will reassure the subject, but says nothing about the near future. If you should hypnotize the subject later, he will be less likely to feel he has been tricked, and that you can't be trusted. Also, if you tell the subject: "I am not going to hypnotize you." it could act as a counter-suggestion to later suggestions leading to an induction of hypnosis. Later you will see that eye catalepsy can be made a part of a trance induction technique.

Arm Catalepsy

Have your subject hold his arm horizontally straight out at his side, form a fist and look into your eyes. Hold his fist, squeeze it lightly, and pull his arm outward. While you are doing this, with your other arm grasp his forearm and speak to him as follows: "Think of your arm as stiff and rigid, stiff like a steel bar. Your arm is becoming stiff, *stiffer* and *stiffer*. It is becoming stiff like a bar of steel, ridge as a piece of iron. In a moment it will be so *stiff* and *rigid* that you will be unable to bend it or move it. Your arm is now *stiff* and *rigid*...like a rod of steel. *You can't bend your arm, you cannot move it.* TRY. YOU CAN'T!...etc."

Making the Hands Heavy or Stuck

Have your subject sit comfortably with his hand resting in his lap. Fixate your gaze on the bridge of his nose and say to him: "Look at my eyes and follow my instructions carefully. Soon you will find that your [right or left] hand is becoming heavy. It will get heavier and heavier, so heavy that you will not be able to lift it when I ask you to try. For now just listen to my voice. Your hand is beginning to feel heavy. A feeling of heaviness is flowing into your hand and back into your arm. Your arm and hand are becoming very heavy...heavier and heavier. Your hand feels very heavy...your arm feels very heavy. They are now very heavy...v-e-r-y h-e-a-v-y, *just like lead*. They are so h-e-a-v-y that you cannot lift your hand. *Your hand feels as though it were stuck to your lap. You cannot lift it!* YOU CANNOT! Try! YOU CAN'T! The more you try, the heavier your hand becomes."

Making the Subject Unable to Drop an Object

If you succeeded in getting a strong response in the hand clasping experiment, you will nearly always succeed with this experiment. Especially, if you also got a good response to the eye catalepsy or arm rigidity experiment. Give the subject some object (i.e. a spool of thread) to hold in one hand in such a manner that if he opens his hand the object will fall to the floor. Have him fix his gaze on your eyes and firmly say to him: "Hold the spool tightly. I am going to count from three down to one; at the count of one you will find it impossible to let go of the spool. You will not be able to drop it. Your hands and fingers are going to be stuck to the spool...Three...your hand is sticking to the spool; your fingers are becoming stuck to the spool. Your hand and fingers are now stuck to the spool. They are sticking tighter and tighter, so tight you cannot open your hand no matter how hard you try. Two...Your hand and fingers are now stuck fast to the spool. They are sticking tight, so tight you can't open your hand. ONE!... *Your hand is stuck to the spool, your fingers are stuck to it!* YOU CANNOT DROP IT! Try! YOU CAN'T. YOU CAN'T OPEN YOUR HAND."

Forcing the Release of an Object --Have the subject hold the spool as described above and instruct him to hold it tightly. Fixate him and give suggestions that he will not be able to hold on to the spool. The more he tries to hold on to the spool the less able he is to do so. Tell him that his hand is opening, that the spool is repelling his fingers, forcing them open, that he cannot hold on to the spool, etc.

The Arm Twirl Experiment - Tell the subject to hold his arms and hands as illustrated in Figure 4. Then tell him to twirl them away from himself and around each other slowly like he would do if he were twiddling his thumbs. (Note: the thumbs could be used in this experiment instead of the arms.) Then suggest to the subject that when he tries to stop twirling his arms he will not be able to do so. Suggest that his arms are twirling faster and faster, etc.



Forcing a Subject to Sit

Have the subject stand in front of a chair in a way that he could easily sit in it. Have him fixate on your eyes and say to him: "Think of sitting down. I will count from three down to one, at the count of one you will find your legs feeling very weak, your knees will fold, you will feel so heavy that you will have to sit down...Three...two...one! You are becoming heavier and heavier...heavier...Your knees are folding...your legs are getting weak...Your knees are folding, folding...Your body is heavy...Your body is going down, down...You are sitting down...sitting down...etc.



As soon as you see any response from the subject, you should partially bend your knees and lower your body slowly downward. Also it is very effective to hold your hands up, palms facing the subject and at the right moment slowly lower them in a suggestive manner. The two techniques can be combined to enhance each other. See Figure 5. If the subject is not responding it is helpful to use these techniques at the time you tell

Causing the Subject to Hallucinate Heat

Responses to motor suggestions are by far the easiest to achieve in the waking state. Sensory hallucinations and distortions can also be produced but are more difficult to produce. Probably the easiest sensory effect to produce is the illusion of heat. For this you need a subject that has responded well to the experiment given above. Ask your subject to hold his hand out horizontally, palm up. Place a small coin in his palm. Have him look at the coin and say: "Shortly this coin is going to begin to get warm. You will feel it get warm...warmer...warmed and warmer, then hot. [*If your subject is very suggestible, this will be sufficient to produce the sensation of heat. The subject will drop the coin and report that it got very hot. If this does not occur, then continue.*] Now the coin is getting warmer...warmer...warmer...You can feel it getting warmer, don't you? *It is now very warm,...in fact it is getting hot...very hot...hotter...HOTTER...RED HOT!*

Producing Anesthesia

The hallucination of heat as in the above experiment is called a *positive* hallucination. The reverse of this is called a negative hallucination. One of the easiest negative hallucinations to produce is suggested anesthesia for pain. Have your subject sit comfortably in a chair, his hand on his lap. Have him fixate on his hand and tell him that in a moment his hand will become numb and he will be unable to feel any pain.

Then continue with:

Now let your eyelids close and listen carefully to my voice. Shortly all feeling will be gone from your hand. You will not be able to feel anything with your hand. Think of your hand as getting numb...as though it were going to sleep. As you keep this thought in mind, you will find your hand is becoming numb. With every sound of my voice, your hand is becoming more and more numb...You can feel less and less, your hand is losing all feeling. Very soon you will be unable to feel any pain in your hand. You will feel absolutely no pain. I will count from three down to one; at the count of one your hand will be totally insensible to pain. You will be unable to feel pain...Three...your hand is becoming insensitive to pain...you are losing all feeling. It is getting very numb, more numb. You can feel less and less with your hand and you are losing awareness of it. Soon you will be unable to feel anything with your hand. Two... *Your hand is becoming number*. There is very little feeling in it. It feels like it was asleep. *It is impossible to feel any pain in it, it is completely numb*. One... *Your hand is completely without feeling*. YOU CANNOT FEEL ANY PAIN...NO MATTER WHAT I DO. YOU CAN'T FEEL ANY PAIN.

The standard test for anesthesia is to lift a flap of skin on the back of the subject's hand and pierce it with a sterile pin or needle. When using waking suggestions it is best to keep suggesting to the subject that he feels no pain as the needle passes through the skin. It is also a good idea to suggest that there will be no after-pain after the needle is removed.

Many other kinds of hallucinations can be induced in the waking state. However, the best results are obtained with hypnotized subjects. Therefore, we will leave further discussions for inducing hallucinations until later. In general, the techniques for inducing hallucinations in the waking state and in hypnosis are essential the same. Usually in the waking state it is necessary to give longer and more elaborate suggestions than in hypnosis. You can often say to a hypnotized individual: "At the snap of my finger you will feel very warm -- very hot," and get a positive response. With waking suggestions you have to go more slowly. Waking individuals, as a rule, tend to give weaker responses to suggestions (there are exceptions). The responses to waking suggestions also tend to be more temporary than those elicited under hypnosis. This will conclude our discussions on waking suggestions. In the next module (module 9) we will discuss suggestions in general and in module 10 we will discuss hypnosis and hypnotic suggestions

MODULE 9 -- SUGGESTION IN GENERAL

Integrating and Combining Suggestions

Suggestions can be given individually, independently of one another, but it is often advantageous to give several suggestions sequentially as a continuous unit. It not only makes a more effective demonstration, but also often has a facilitative effect on some of the suggestions in the unit.

Preparation for Your Subject

Each individual has a maximal potentiality for response to suggestions. Part of this is innate, and part is acquired. Very few individuals initially manifest their maximal potential suggestibility. This is partly due to interfering factors such as attitudes, beliefs and anxiety.

The induction of hypnosis by the Standard method requires that a certain degree of suggestibility is present at the beginning. In a similar way, the success of each waking suggestion calls for a minimal amount of suggestibility. In both cases it may be necessary to increase the subject's initial suggestibility in order to achieve a desire effect. This preliminary step is usually referred to in hypnotic literature as "training" the subject. Homoaction and heteroaction are the two basic processes that are used for this purpose. Based on their properties the following procedural rules have been established: When you begin working with a subject, especially the first time, you should give him a number of different suggestions in rapid succession. Each should contain many repetitions of the suggested idea. If a response is weak or absent, it should be given at least once again. Always proceed from the simpler to the more complex (easier to the more difficult) suggestion. Always give motor suggestions first and sensory suggestions later. Your objective should always be for a strong, well-defined and complete response to your suggestions. For this reason it is important that you do not tax the subject's suggestibility. If you start with a suggestion that calls for greater suggestibility than the subject has, you will get neither homoaction nor heteroaction. If he responds weakly or incompletely, the heteroaction if not the homoaction will suffer. This is true even if the inadequate response occurs someplace in a sequence of successful suggestions. In fact, because of the summarized nature of heteroaction, failure to respond to a suggestion will tend to extinguish or decrease the heteroaction gained at this point.

There are other benefits from following the above rules. A successful suggestion always tends to increase the hypnotist's prestige and to create in the subject a more positive attitude toward his ability to affect the subject. A rapid succession of suggestions tends to keep the subject's attention focused upon the hypnotist.

It is possible to raise a subject's suggestibility, without taxing his responsiveness, by giving him a series of suggestions of equal difficulty or complexity. One problem with this approach is you will very quickly run out of suggestions. Also, because the goal is to increase his suggestibility, it is desirable to have an idea just what his suggestibility is at any given time. Both problems can be solved by using a set of suggestions graded in the degree of suggestibility needed to elicit a satisfactory response. Start with the suggestion having the lowest requirement and progress to the one with the highest requirement. At any time the subject should give a weak, unsatisfactory, or no response, to a suggestion, take this as an indication that his suggestibility has not or has barely reached the level needed for that suggestion. Should the response be a weak one, you can then repeat the previous suggestions or introduce new ones of similar difficulty. Eventually retest the subject with the failed suggestion.

The suggestions given in previous modules, Chevreul's pendulum, backward postural sway, hand levitation, hand clasp, and eye catalepsy constitute a set of graded suggestions in the order low to high suggestibility. The recommended procedure is to start with the Chevreul pendulum and rapidly work up through the remaining suggestions given above. Another reason for doing this is to get an idea how susceptible an individual is to hypnosis. With a little experience you will find you can skip certain suggestions when you have a subject who is obviously very suggestible. However, as a rule, unless there is evidence that a subject is very suggestible, go rapidly through the postural sway, hand clasp, and eye catalepsy suggestions, especially if you intend to induce hypnosis.

Increased Suggestibility Via Voluntary Action

There is a lot of evidence that suggests *voluntarily* executing a given action facilitates its subsequent re-execution. This means your suggestion is likely to be more effective if shortly before giving it, you have been able to get the subject to voluntarily perform the suggested act. This is one of the factors involved in the hand clasping experiment. Remember, we had the subject voluntarily stiffen his hands. Many hypnotists believe that getting the subject to voluntarily do a number of simple things can facilitate not only repeated responses, but also future suggestions. A simple way to do this is to move the subject about under the guise of procedure. You can ask him to stand here...or better here...no, turn like this, etc. As soon as you are through with an experiment, you can have the subject sit down. Then shortly afterward, have him stand up for another experiment. If you are going to hypnotize him, have him move to another chair. If he crosses his legs after sitting down, you can ask him to uncross them. All of this must appear as natural and not be overdone.

The efficient use of voluntary responses can be nicely demonstrated by describing a procedure for hand clasping used by the late stage hypnotist Konradi Leitner. He used the Chinese hand clasping experiment as a group or mass suggestion. His objective was to *insensibly transform* voluntary responses into responses to waking suggestions and these into responses in a light to medium state of hypnosis. Leitner would start by making brief introductory remarks that were designed to create a receptive attitude and establishing rapport with the audience. The audience was then asked to stand up. Sufficient time was allowed for everyone to stand. At the same time with the instructions to stand up, he would straighten himself, suggesting nonverbally that the audience should do the same. The audience was then instructed to remove everything from their hands and to relax. Again sufficient time was allowed for the audience to remove rings, handbags, purses, cigarettes, etc., from their hands. Leitner then instructed the audience to inhale deeply and to hold their breath for ten seconds. He would then say at the count of ten "Exhale slowly." This was repeated three times. Leitner also inhaled, held his breath in unison with the audience. In order to accentuate this procedure he would also hold his hands and arms outstretched in front of his chest, horizontal and parallel to each other, fingers spread with palms down. With each inhalation he would raise both arms slightly above the level of his forehead. They were held in this position for the duration of the ten-second pause. They were then lowered to the horizontal position in unison with the exhalation.

This procedure served two purposes:

it introduced a nonverbal suggestion, by example, of the voluntary act of breathing, helped to show the audience what was desired of them. The arm motion served as a suggestion and as a means of emphasizing and controlling the action asked for.

At the end of the third command to exhale, he would give the instructions for the hand clasping experiment (see module 8). He would slowly demonstrate each step. He added an additional step to the procedure that we did not use in module 8. When the audience had their arms extended with their fingers spread (Module .8, Fig. 3A) he would instruct them to breathe again deeply and then to exhale slowly. In the next step he had them again breathe deeply, but this time he would add, "as you inhale, raise your arms." At the same time he raised his. Then as soon as the audience complied, he would instruct them to lower their arms slowly and exhale.

The above procedure was repeated three times. The audience was next instructed to interlock their fingers and turn their palms outward. This was demonstrated to the audience slowly step by step. This not only makes it very clear to the audience exactly what they are expected to do, but has them perform a series of voluntary responses which serves as a foundation upon which to build up the audience's suggestibility. When properly done, it allows the hypnotist to pass insensibly from the elicitation of voluntary acts to suggestion proper.

With their fingers interlocked and their hands turned outward, the audience was instructed to take another deep breath, hold it for ten seconds, then exhale. Then they were asked, while keeping their hands interlocked, to synchronize their breathing with movements of their arms from the horizontal to above their heads. After the audience performed this exercise a few times he would tell them in a few moments they would be asked to close their eyes. He would then in quick succession command them sharply to raise their arms overhead, breath deeply, and to close their eyes. He would then say: "Your eyes are closed. Now breath deeply..in unison. Keep your hands over your head...Your hands and fingers are interlocked...Breathe deeply, in harmony...Now your hands are beginning to become

tight...I shall begin to count to three. As I count your hands will get tighter and tighter and when I reach the count of three you will not be able to unlock your hands and fingers...Breathe in unison...I shall now begin to count...One...Your hands begin to feel tight...Two...Your arms and your hands are becoming stiff...Three...You cannot take your hands apart. Try. You cannot unlock your hands." Essentially this was Leitner's way of demonstrating the hand clasping exercise. He very skillfully blended actual suggestions with other instructions. The entire procedure was designed to secure the maximum attention of the audience and to keep it focused upon the suggestions and instructions. He kept the audience executing voluntary actions (or at least what were initially voluntary actions) throughout the entire procedure. This is an excellent technique especially well suited for mass hypnosis. He usually passed from the hand clasping suggestions to the induction of hypnosis proper. Note that Leitner extensively used deep rhythmic breathing as part of his procedure. Many hypnotists feel that deep breathing directly helps in inducing and deepening the trance state. Some experimental evidence does seem to indicate that deep breathing (hyperventilation) does have a positive affect upon a subject's suggestibility, but as a whole the available evidence is poor.

The Counting Technique

There are occasions when what appears to be a potentially good subject responds poorly. This is often the case with passive subjects (see below). In these cases the so-called "counting technique" can be very effective. We have used it in several of our previous experiments; it can be used in any situation. With very suggestible subjects it can be very effective. You only need to say: "At the count of three you will do so and so...One...Two...Three." and the suggestion takes effect. With subjects that have failed to give a response, or that have given a weak response, better results can often be obtained by stating very positively: "Now I am going to count to three and at the count of three, such and such will happen. You will not be able to prevent it. In fact if you did try, you would find it happens more strongly. Alright now, One...Two...THREE!" In some situations you may feel that a longer count is necessary. You can also add suggestions at the end of each count. Varying situations call for varying techniques.

Passive Subjects

Quite often you will encounter subjects that appear to be potentially excellent subjects, but who do poorly when given many of the suggestions. They respond well to the falling back experiment and are easily hypnotized, but in other respects they are rather unresponsive. Such individuals are known as *passive* subjects. They often show a disinclination to exert any muscular effort when asked to do so. When challenged, they probably will do nothing at all. For demonstrations or experimental work, it is best not to use them. However, for therapeutic purposes, these individuals can be extremely suggestible and the use of hypnosis can be very effective. How should these subjects be handled? -- I don't know. The use of a more positive, commanding, authoritarian approach will sometimes overcome their passivity to some degree. The counting technique above can be very effective. The subject may have various personal reasons for behaving the way he does which can be uncovered by questioning him. The causes can then be eliminated or circumvented. The point I wish to make is that unresponsiveness or what appears to be unresponsiveness on the part of a subject is not always an indication of low suggestibility.

Sometimes subjects react to suggestions in a way that is very perplexing for the hypnotist. One reaction that sometimes occurs with waking suggestions is that the subject smiles, often broadly, when you give your suggestions. This usually occurs when a subject finds himself responding, to his great surprise, to your suggestions. The smiling is nothing more than an expression of his surprise. Very seldom does a subject smile because the situation appears funny to him. In such an event, it is best to ignore the reaction and to continue with the suggestions as if nothing had occurred. There may be exceptions where you feel you must interrupt the proceedings. In such a case you should start over rather than continue from where you quit. If possible try to integrate the subject's actions into the procedures, else ignore them. It is always a good idea to ask the subject at the end of the experiment, why he behaved as he did (i.e., why he smiled).

Nonverbal Suggestions

Nonverbal suggestions are an important complement in giving suggestions. They vary considerably and can be anything from a facial expression, a stance, a tone of voice, to a motion of the entire body.

Although the structure and verbal content of a suggestion is of prime importance, the effectiveness of a suggestion can be greatly enhanced by a proper use of vocal expression. If there is some indication that a response to a suggestion is beginning to take place, changing to an assertive, effective, dynamic expression will increase the response. We not only tell the subject that what we have been predicting is now occurring, but the change in our vocal expression indicates to him our awareness of it, possibly making it more real to him.

Another factor that should be taken into consideration are the vocal expressions of the hypnotist that reflect his feelings, attitudes and emotions. It is important that suggestions be given in a tone of voice that projects conviction, self-assurance and confidence. Within limits, a suggestion will be effective in proportion to the degree to which the hypnotist believes in its effectiveness and the reality of the phenomena it elicited. For example, if the hypnotist wants to suggest disgust he will be more effective if he can make his tone of voice express this, along with his facial expression, posture, etc. If the hypnotist says to the subject: "You feel disgusted," and at the same time he expresses disgust in his tone of voice and shows it in his facial expression, we have three different stimuli, each of which have the power to evoke the same response in the subject. They are all working at the same time and mutually reinforcing each other.

Continuity and Discontinuity of Ideas in Suggestions

Frequently when giving suggestions we not only present the idea of the desired effect to the subject, but to precede or accompany it with one or more subsidiary ideas that suggest the effect indirectly. One of the most common ways to do this is by the use of metaphors. For example, when suggesting to a subject whose eyes are closed that he cannot open them, one could assert that his eyelids are heavy, heavy as lead, and that when he tries to open them he will find it impossible to do so because it is as if his eyes were glued tightly shut. Also, when suggesting to a subject that he is falling backward, we often tell him that he is going to fall, but this is so because some strong force is pulling him backward. There are some advantages to doing this. Because the subsidiary ideas indirectly suggest the same end result as the principal idea, it is assumed that there will be some sort of synergetic action. Also, it is possible that the subject might misinterpret what effect is expected and by stating it a variety of ways may lessen the chance of a misunderstanding. Sometimes a subject may be incapable of conceptualizing or visualizing a certain effect when it is stated in one way, but if worded in a different way he has no problem with it. Another advantage to proceeding in this way is that it gives the subject the opportunity to participate more actively in the production of the suggested effect by selecting which idea to act upon.

On the other hand, some hypnotists feel this technique is harmful because it introduces discontinuities in the subject's thoughts. If monoideaism or sustained attention is basic to the production of suggested phenomena, this is a reasonable position to take. To first call the subject's attention to the concept that his eyes are too heavy to open and then to the idea that they are glued closed does appear at first glance to be incompatible with the above conditions. In actual practice you will find that some subjects respond best to suggestions when you adhere to strict continuity of ideas, while others seem to benefit from the introduction of subsidiary ideas.

It would be nice to have some idea how individual subject might react to discontinuities of ideas. It has been my experience that people who are literal-minded, that have critical analytical minds, that place a high value on words, that are trained or prone to use a highly precise language are the one that are most frequently unable to tolerate discontinuity or will only tolerate a small amount of it. These people often seem to perceive the subsidiary ideas as being incompatible with one another as well as the central idea of the suggestion, even though no logical or linguistic incompatibility really exists. Their tendency to literalness with regard to the wording of a suggestion often shows up in a different way that is worth calling attention to. For most people it is unimportant when giving a suggestion of eye closure whether you say, "Your eyelids are heavy," or "Yours eyes are heavy." With these subjects this becomes very important. Typically they will tell you that when you tell them their eyes were heavy they found it impossible to conceive of their *eyeballs* being heavy. Not all individuals who perceive incompatibilities between ideas in suggestion will react this way. Some just ignore all but the idea that appeals to them and allow it to have its effects upon them. My experience has been that the use of subsidiary ideas is most likely to cause difficulties for subjects that are professional scientists.

MODULE 10 -- INDUCTION OF HYPNOSIS 1

INDUCTION OF HYPNOSIS

The induction of hypnosis consists of three phases:

- Preparation**
- Induction proper**
- Deepening the trance**

The three phases are not separate and distinct; in fact there is considerable overlapping. The first phase (preparation) consists of the elimination of unfavorable factors and the activation of as many favorable ones as possible. The second (induction) consists of inducing a change in the subject that is characterized by passing from the waking state into the hypnotic state. The last (Deepening) consists of maximizing this change.

Because the preparatory and deepening phases are virtually the same regardless of the method used to induce hypnosis, we will only describe them once with the first induction method. After this we will only describe various methods used in the second phase, the reader is expected to remember what has been said concerning the other phases.

A Simple Induction

Preparatory Phase

If you have had access to a number of subjects while performing previous experiments, pick a subject that gave strong responses to your waking suggestions, especially to the postural sway, hand clasp, and eye catalepsy suggestions. Begin with the subject standing near you with a chair near by that is easily accessible to the subject. Tell him that very soon you are going to hypnotize him. Say this in a positive tone of voice with conviction. Never, use expressions such as "I am going to *try*" or "I will now *attempt*" since this implies doubt concerning your ability to induce a trance. At this point a subject may show signs of nervousness or uneasiness. If so, explain to him there is nothing to fear, that he will find this a very pleasant and interesting experience. One that will benefit him greatly. If he still seems disturbed, ask him what is bothering him. Once you know what his concerns are, talk reassuringly to him about them. Some subjects worry about losing consciousness when being hypnotized. Assure them that they will not be unconscious when hypnotized, and will be aware of everything that goes on. As will be seen later, some subjects, consciously or unconsciously, set certain conditions for entering the trance state. In such instances, the conditions must be incorporated into the induction procedure.

It is a good idea to instruct the subject to remain as passive as possible. Tell him to listen to what you say, but not to try to help or resist in any way. Tell him not to try to think about or analyze what he is told will happen or is happening, but just let it happen. Tell him to allow any urge he feels to develop. Tell the subject, "Don't try to do anything or not to do anything -- just let yourself go." Often it is advantageous to repeat these last instructions as the induction proceeds, particularly if there is evidence that he is resisting or in some way interfering with the induction. A frequent source of difficulty occurs when the subject begins to actively think about and analyze his experiences. Sometimes this occurs when the hypnotist gives instructions or uses words that are not clearly defined for the subject. For example, telling him to make his mind "blank" often leaves the subject uncertain as to how to do this.

As a result he may not know exactly what you want. He may question you as to what you mean by this. You should then explain to him what is desired in words he can understand. Even such a simple thing as relaxing can cause trouble because the subject may not know how to relax. In trying to relax he may tense his muscles.

The main objective of the preparatory phase is to facilitate the induction proper of hypnosis. Because the first technique presented is typical of the Standard method, suggestions play an important part from the beginning. The more suggestible our subject is the more successful we will be in hypnotizing him. Therefore, we want to raise his degree of suggestibility by any means we can. One-way to accomplish this is to give the subject a set of graded (easy to more difficult) suggestions.

It is essential to only give the subject suggestions that he will respond well to. This is one reason for using a graded series. By starting with the easiest suggestion first, we stand a better chance of getting a good response. Also, if the subject responds, then the chances of his responding to the next harder suggestion may be improved because some heteroaction has occurred. In this way we can gradually build up the subject's suggestibility. Another reason for using a graded series is that it gives you some idea of how suggestible the subject is at any stage of the procedure.

Another thing we can do is get the subject to voluntarily do various things. Many hypnotists do this in the preparatory stage.

There is no well-defined boundary between waking and hypnotic suggestibility. Essentially the same processes that are responsible for the development of hypnotic hypersuggestibility can and do become active when a series of waking suggestions are given. For this reason, the preparatory phase tends to blend with the induction proper and it is not uncommon to find that a subject is "partially" hypnotized at the end of the preparatory phrase.

Hypnosis developing before the induction proper is started may cause the novice some concern. Subjects who become hypnotized at this early stage usually do not close their eyes. This occurs despite the fact that eye closure is suggested in the Standard method. Eye closure is not a requirement for hypnosis nor is it a symptom of hypnosis. It is well known that a subject can have his eyes open without affecting the trance when the hypnosis is deep enough. Actually, eye closure only takes place because it is directly or indirectly suggested. Subjects can be easily hypnotized with their eyes remaining open. Reports of Braid, Charcot and many others, indicate that a fixed stare with eyes wide open was originally more a characteristic of hypnosis than closed eyes. However, theoretically eye closure can be useful in light to medium hypnosis because it eliminates distracting stimuli in a purely mechanical way. It is also a relatively easy response to suggestion and is therefore a contributor to the generalization of suggestibility.

Sometimes, for no obvious reason, a subject will unexpectedly open his eyes during hypnosis. This can occur with deeply hypnotized subject, even though instructions have been given to the contrary. Unless the trance was a relatively light one, the subject is probably *still hypnotized*. We emphasize this because many novices interpret this as a failure, when it is not. A simple command to close his eyes or to sleep is usually all that is needed to restore the status quo. It is also a good idea to follow this up with a few suggestions aimed at deepening the trance. In some case when the subject seems definitely awake it is possible to bring back the trance state to its former depth if suggestions are given quickly.

Induction Phase

The induction phase can be broken into three steps. It is a good idea to keep these in mind as a guide in any method used to induce hypnosis. The first step is to describe to the subject the symptoms he *is about to* experience. The second step consists of suggestions of these symptoms, given in the *present tense*, as actually occurring. This is usually done in a gentle way using a relatively monotonous low tone of voice. The third step actually merges into the third phase (to be discussed later) and introduces it. As soon as there are indications the subject is hypnotized, the suggestions are given in a more *direct and emphatic* manner. These steps are particularly suited to the "sleep suggestion" method of inducing hypnosis, but apply with a few alterations to many other techniques. One exception is in the case of "instantaneous hypnosis" which we will talk about later.

Regardless of how the subject responded to the preparatory phase, tell him he can open his eyes again and to sit in the chair.

In a conversational manner say to him:

I want you to look upward at a spot on the ceiling or the wall and to stare at that spot. Any spot will do, you can pick an imaginary spot if you wish. Pick a spot that is comfortable to fixate on. Don't be concerned if your eyes stray from the spot or you blink. If you do, just bring your eyes right back to the spot and continue to fixate on it the best you can. Just let yourself relax and listen closely to my voice, to what I say. I want you to relax...Think of relaxing. Feel your body relaxing...As you think about relaxing, you will find your body relaxing...You will relax more and more. As you continue to look at the spot above your head and listen to my voice you will become aware that your entire body is becoming

relaxed. Your feet are becoming relaxed, your legs are becoming relaxed, your arms and hands are becoming relaxed, your entire body is becoming relaxed. Now you will find that you are also becoming drowsy. You will become more and more drowsy. Just listen to my voice...it makes you feel drowsy, sleepy...You feel heaviness flowing all through your body. Your body is getting heavy, very h-e-a-v-y. Your arms are becoming h-e-a-v-y. Your hands and your arms are heavy. Your feet are getting h-e-a-v-y. Your entire body is becoming h-e-a-v-y, v-e-r-y h-e-a-v-y. You are d-r-o-w-s-y s-l-e-e-p-y. A pleasant feeling of drowsy warmth is coming over you. Soon you are going to sleep...deeply...soundly.. A pleasant warmth is coming all over your body, just like when you fall asleep at night...Your eyes are getting heavy. You are becoming sleepy. Your eyes are getting heavier and h-e-a-v-i-e-r, s-o h-e-a-v-y. You are feeling s-o s-l-e-e-p-y. Think of sleep, nothing but sleep...Very soon you are going to go to sleep...My voice makes you sleepy...makes you want to sleep...Your eye lids are heavy, they are closing. You cannot keep your eyes open. They are closing. Shortly you will find it impossible to keep your eyes open and they will begin to blink...They will blink more and more and in a moment they will close because they are getting heavier and heavier...you find it harder and harder to keep them open. *[You should try to coordinate this suggestion with the actual blinking of the subject's eyes. Some subjects are able to keep a steady unblinking stare and by giving the above suggestion they will often begin to blink. If they should not, it is best not to insist on this as it is not actually essential.]* You are now v-e-r-y s-l-e-e-p-y...You eye lids are s-o h-e-a-v-y you cannot keep your eyes open. They are closing, closing more and more, more and more *[If you find the subject is not showing any indication of closing his eyes at this time, tell him in a firm voice:]* All right, now close your eyes and keep listening closely to what I say. *[Then continue with:]* Your eyes are now closed and you are going deep asleep...*[Often a subject that has responded poorly to eye closure suggestions may develop some degree of hypnosis after closing his eyes. Also, some subjects pass into a relatively deep state of hypnosis quite early in the process but keep their eyes open and for some reason do not respond well to suggestions of eye closure. In any case, continue with:]* They are now closed and you are going into a deep sleep...a d-e-e-e-r and d-e-e-p-e-r sleep...You will pay attention to nothing but the sound of my voice. You will not awaking until I tell you to. Nothing will disturb you. Any time in the future I suggest sleep or say the word 'sleep' to you, you will instantly go into a deep sleep. You are now going to sleep deeply...v-e-r-y d-e-e-p-l-y. *[These last suggestions are important and should be given soon after the subject's eyes close. They should be restated a number of times. They will give you much better control over the subject than otherwise.]*

You can slightly vary the above procedure by standing close to the subject and raising your hand above the subjects head with the index and middle fingers spread apart in a V. Have the subject fixate on the fingers (rather than an imaginary spot).

The suggestions you give are the same except if the subject appears to show some resistance to closing his eyes or is slow in doing so, continue by saying: "...your eyes are closing...closing, closing...*they are closed!*" As you say this bring your hand down rapidly toward the subject's face in such a way each of your two fingers come close to one eye. You can stop with out touching the subject's eyes, or you can stop and press gently on the subject's closed eyes to emphasize your statement of closure. Of course, by bringing your fingers so near to the subject's eyes in a sudden manner you force him to close them by a reflex action. For your first few inductions of hypnosis you should not attempt to do more than this.

When giving the above suggestions you should generally speak in a quite monotone.

However, you will find it helpful to make use of inflections and other effects from time to time, some of which we have tried to indicate. When suggesting that the eyes are closing, and you can see some response is occurring, it is often helpful to quicken your speech, raise your voice somewhat, add some excitement to it, and repeat the suggestion over and over rapidly. This suggests to the subject that something is really happening. A decisive "*They are closed!*" will often over come any remaining tendency of the subject to keep his eyes open. However, some subjects may never completely close their eyes. You may be able to see the white of the eyes through a small slit. Also the eyelids may show a rapid trembling that may give the appearance that the subject is resisting or about to open his eyes. Actually these subjects may be very deeply hypnotized.

Lets stop here for a moment and talk about what a hypnotized person looks like. The typical and traditional picture of a hypnotized person usually found in books and magazines is that of an individual who appears to be fast asleep or in a dead faint. It is true that subjects often appear to be soundly

asleep by the time the induction phase is completed. Their eyes are closed, the muscles of the face are relaxed, and their entire body is quite relaxed. If he is sitting in a chair, he will often be slumped down in it. His head often falls forward on his chest, or backward or sometimes sideways on his shoulder. His arms and hands usually rest limply by his sides. The onset of this condition may occur very gradually, or it may suddenly and rapidly appear.

Unfortunately, the above description fails to materialize in many cases. An appreciable number of subjects do not show these characteristics, even if deeply hypnotized. These characteristics are not necessarily a criterion of deep hypnosis. Muscular relaxation is not an essential correlate of hypnosis. Many subjects remain upright when hypnotized while sitting. They may also show considerable stiffness, and even an unusual amount of rigidity. Even eye closure is not an essential criterion or requirement for hypnosis.

There are some characteristics that generally do distinguish the hypnotized person from a non-hypnotized person. The most characteristic symptom immediately following the induction of hypnosis is a tendency toward *protracted immobility*. The subject may be relaxed or tense, his eyes open or closed, he may be comfortable or uncomfortable, but nearly always, if not always, he displays an amazing degree of immobility, unless suggestions are given calling for movement. Some subjects may show spontaneous movements, but they are very limited in duration and are probably do to a reflex. There is usually a lack of facial expression. If the eyes are open, the gaze is fixed and blank. Subjects have a strong *disinclination to speak*. It is often necessary to address them several times before obtaining an answer. On occasion it may be necessary to order them to answer questions. Even then most subjects will nod or shake their head rather than speak. When some sort of conversation has been established, subjects usually lack spontaneity and initiative. Their speech tends to be low in volume, flat and expressionless. They tend to mumble their answers and must be ordered to speak louder and more distinctly. If motor responses are elicited, they tend to be overly slow and stiff. *Psychomotor retardation* is often present and also a degree of *automatism*.

The above description best describes hypnotized individuals immediately following the appearance of hypnosis. As subjects are made to carry out an increasing number of suggestions, the characteristics described above tend to decrease in intensity and even vanish. In many cases there are few or no symptoms that can be used to distinguish the hypnotized subject from a person in the normal waking state. However, even when most hypnotized individuals are acting in a normal way, there still tends to be a constriction of awareness, a characteristic literal-mindedness, some psychomotor retardation and a small degree of automatism. There also is usually a relative lack of humor or self-consciousness.

The demeanor of a subject following the induction of hypnosis is partly do to the manner in which hypnosis was induced and the subject's expectations. An individual that is hypnotized while standing up is going to show less relaxation than an individual that was hypnotized sitting down or reclining. However, on occasion you might encounter a subject whose concept of hypnosis, as a state of complete relaxation, is so strong that when hypnotized in the standing position he will collapse to the floor. Even with sitting subjects, the initial conditions at the beginning of the induction may prevent a relaxed state from occurring. Individuals who for one reason or another tense all or part of their body at the beginning of the induction often retain this condition. The subject's expectation or concept of hypnosis can play a large part in how he reacts to hypnosis. If he expects to be physically relaxed, relaxation is most likely to be a symptom of hypnosis in his case. However, if he expects to behave like a zombie, this is the type of behavior you are apt to see. The type of instructions given to the subject, the manner they are given, and his own interpretation of them, are strong determinants in the way he will behave when hypnotized.

The best criterion, by far, of hypnosis is *hyper-suggestibility*. However, this is much more an indicator of the depth of hypnosis the subject has obtained rather than an absolute indicator of the presence or absence of hypnosis. Deepening The Trance).

As soon as the subject's eyes close, you are ready to deepen the trance. At this point the depth of trance could be anywhere from a very light one to a very deep one. For our purposes we will assume it is moderately deep (it usually is). The deepening process generally consists of giving suggestions that:

1. The trance is getting progressively deeper
2. Allow periods of silence
3. Ask for a variety of graded responses

In addition in a later module we will introduce special techniques for deepening the trance. The first technique listed above, is fairly obvious. The second is best employed following suggestions of deeper hypnosis. The periods of silence can last from a few seconds to 30 minutes. The suggestions to initiate a period of silence can be of the form of: "In a moment I will stop talking to you for a while. You will continue to sleep deeply. In fact, you will keep going deeper and deeper asleep. When I talk to you again, you will much deeper asleep...much more than now. You feel very comfortable and nothing will disturb you. You will not awaken until I tell you to. When I next speak to you, you will not be startled by my voice. Now I will stop talking to you, but you will continue to go deeper and deeper asleep." Many hypnotists believe that periods of silence allow suggestions to take full effect and allow the hypnotic state to develop more fully. Presumably the processes involved in the induction of hypnosis or the responses to suggestions are not instantaneous. There is some evidence that indicates a radical change in neural activity takes place not only when trance-inducing suggestions are given, but when any suggestion is given.

How long should the period of silence be? I don't have a good answer to this. If the period is too long, there is the danger the subject may pass into a state of natural sleep -- he then is no longer hypnotized. The frequency and length you will just have to learn by experience.

The last procedure listed, consists of giving the subject a series of graded suggestions. When a subject carries out a variety of suggestions, he usually appears to become increasingly responsive. There is no reason to believe that the processes used to produce the hypnotic state stop when eye closure is achieved. To the contrary, there is considerable evidence that eye closure can be brought about with a relative small amount of suggestibility. Much less than the subject's potential. This is the rationale for continuing what was done in the preparatory phase and induction phase. As emphasized earlier, the use of graded suggestions is important in order to avoid creating negative attitudes through failure to respond adequately, and to trigger homoaction and heteroaction.

Most hypnotists follow eye closure with suggested eye catalepsy, with out the instructions to turn the eyes upward. If you have been successful in obtaining eye catalepsy in the waking state, or if you are confident the subject is sufficiently hypnotized, you can end this suggestion with the usual challenge. However, if there is any doubt about the outcome, it is best not to challenge the subject because the trance could be broken if the subject is able to open his eyes. Although the rejection of a suggestion does not necessarily mean the state of hypnosis has ended, a good rule to follow is when in doubt about the success of any hypnotic suggestion, you should not challenge the subject to overcome it. Instead, try to deepen the trance.

If you decide not to challenge the eye catalepsy, you have two choices. You can say nothing about attempts to open the eyes, but go to the next suggest. The second choice is to say something like this: "Your eyelids are stuck tightly together...so tight that *if* you tried to open them *you could not*. But you will *not* try to open them. *You have no desire* to open them, you only want to sleep."

The next suggestion that is usually given is arm rigidity. Some hypnotists give it before eye catalepsy, or instead of it. Arm rigidity is one suggestion that should always be challenged. If a subject is not hypnotized deeply enough to make this suggestion effective, you might as well start hypnotizing him all over again, using a different method.

The following is a sample procedure for deepening the trance. It should be made continuous with the suggestions of the induction phase. It should be given immediately after eye closure:

Sleep...deeply...very deeply. Your eyelids are heavy...v-e-r-y h-e-a-v-y...They are stuck tight, so tightly stuck that you cannot open them no matter how hard you try. YOU CANNOT OPEN YOUR EYES. TRY! YOU CANNOT OPEN THEM...try hard...All right now, stop trying. You are going deeper asleep...much deeper. Lift your arm up [*as you say this take hold of the subject's hand and gently guide his hand and arm straight out to the side at shoulder height.*] Extend it straight out. Make a fist...a tight fist...TIGHTER! Your arm is stiffening; your entire arm is becoming stiff! STIFF! RIGID! LIKE A BAR OF STEEL! YOU CANNOT BEND YOUR ARM, YOU CANNOT MOVE IT. Try. YOU

CAN'T...*try hard*...All right now, you can move it. [*With some individuals you may have to give more counter suggestions than this.* Slowly lower it to your lap. As you do you will go deeper and deeper asleep...d-e-e-p-e-r and d-e-e-p-e-r. You are now deeply asleep. S-l-e-e-p! D-e-e-p, d-e-e-p asleep!...Your entire body is now very relaxed. You have no desire to move. You only wish to s-l-e-e-p...d-e-e-p-l-y...s-o-u-n-d-l-y...You want to do what ever I ask you to do. You can hear me clearly. You will be able to answer my questions and do everything I ask you to do, but you will remain deep asleep. If I tell you to open your eyes, you will not awaken until I tell you to. Any time in the future I tell you to sleep you will *immediately* go into a very deep sleep. As soon as I say 'sleep' your eyelids will get very heavy, you will get very sleepy, your eyes will close, you will go deeply asleep...This will happen each and every time I say the word 'sleep.' [*You can if you wish substitute at this point some other signal, or add to the above instruction. We will have more to say about this later*] Now just continue sleeping...d-e-e-p-l-y, s-o-u-n-d-l-y...I am going to stop talking to you for a short time, but you will continue to go deeper asleep.

Nothing will disturb you...you will only hear the sound of my voice. When I speak to you again you will not be startled...Now sleep...d-e-e-p-l-y. [*Stop talk talking for 5 to 15 minutes, then in a very low voice (even a whisper), continue your suggestions. Gradually but fairly rapidly increase the volume of your voice.*] You are now deep asleep. You can hear everything clearly, but you will only pay attention to the sound of my voice. [*You said earlier the subject would only hear the sound of your voice. With a very suggestible subject this may have the effect of making him deaf to all other sounds. You must be careful to remove this condition, if it exists.*]

Unless you want to deepen the trance more, you should give the subject more complex suggestions in order to determine his depth of hypnosis. If you prefer you can wake your subject up without further testing. But we will assume that you test him and find he is not as deeply hypnotized as you want. This being the case you can continue by saying to the subject:

You are deep asleep, but you can go even more deeply asleep than you are now. It is your desire to sleep as deeply as possible because it is a very pleasant experience, and it is of great benefit to you. You are going to sleep much more deeply and will respond positively to all the suggestions I give you. I shall now count to three [*You can use any number you want here*] and as I do you will begin to drift down into a much deeper sleep, and at the count of three you will be very, very sound asleep. So sound asleep that when I ask you to awaken later [*It is preferable to say "when I ask you to awaken" rather than "when you awaken" because the former reinforces the contingency of waking upon your command, where the later does not and could be interpreted by the subject as giving him some control over the matter of waking.*] you will have no memory of anything that was said or done while you were asleep. It will be as though no time had passed and you had not slept. I will now start counting. One..You are going deeply, much more d-e-e-p-l-y asleep. Two..you are going d-e-e-p-e-r and d-e-e-p-e-r asleep. With each count you go deeper asleep. With each word I say you go deeper asleep. With each easy breath you take you go deeper asleep. You can feel yourself drifting down into a very pleasant deep sleep. [*At this point you can begin to soften and lower your voice.*] You can feel yourself drifting deeper and deeper asleep. You hear nothing but the sound of my voice. The sound of my voice makes you sleepy. My voice sounds as though it were coming from far away. All the suggestions I give you in the future will be effective. You will do everything I ask you to do. As I continue to talk to you go deeper asleep. Any time I tell you to see, hear, smell or feel something you will see, hear, smell or feel it. What I suggest will become reality. You will experience it fully. Every time in the future that I tell you to do something when you are hypnotized, and only then, [*This provision is added to eliminate the possibility that the subject will post hypnotically become dominated by the hypnotist. This is a matter of ethics as well as a safeguard for both the hypnotist and subject.*] you will carry it out without question...I will always be able to remove and change any suggestion that I give you now, have given you, or will have given you. [*This is extremely important and this suggestion should always be given and repeated a number of times. Now allow a few moments of silence.*]...Continue to sleep. At the next count you will be deeply, soundly asleep. [*Allow another period of silence here.*] Three... Deep, d-e-e-p asleep! You will not awaken until I tell you to or unless something should happen to me or something occurs that demands your attention. Otherwise you will remain deep asleep and will do everything I ask you to do. Anytime in the future I say sleep or suggest sleep [*include another signal (i.e., snap of my fingers) here if you have given one.*] you will *instantly*, go into a deep sleep, even deeper than you are now. When I awaken you later you will have no memory of anything but having slept.

At this point you are ready to use the hypnotic trance for whatever purpose you have created it for. With passive subjects the above technique may cause them to go into a lethargic or stuporous state that is difficult to alter. Because they are already prone to passivity, it is probably best to make use of procedures for deepening the trance which de-emphasize passivity and maximize the use of activity. It is especially inadvisable to suggest to such subjects a desire for sleep, or that sleep is a desirable state. Instead suggestions to deepening the trance should emphasize a desire for activity and cooperation. The technique of fractionation that will be taken up in another module is particularly suited here.

"Waking" The Subject

Normally waking up the subject, or more precisely his *de-hypnotization*, is one of the simplest parts of hypnotism. Generally it is only necessary to order the subject, "Wake up!" in a firm but gentle voice. Or you could say: "When I snap my fingers and tell you to wake up, you will be wide awake, feeling wonderful in every way." This is followed by snapping your fingers and the command "Wake up!" For subjects that have been in a deep trance, this form of de-hypnotizing may be a little brusque or unpleasant, especially if they have been in a passive state for some time. In this case it is better to make the process gentle and gradual. One-way to do this is as follows: "In a moment you are going to slowly awaken. I will count from one up to five; at the count of five, you will be wide-awake, feeling wonderful in every way. Now I am beginning to count. One...you are going to awaking very soon...Two...you are slowly beginning to awaken...Three...you are becoming more awake...Four...at the next count you will be wide awaking, feeling perfect in every way...Five...*Wide-awake!* You are alert, feeling better than you have ever felt before. Take a deep breath, and relax."

On occasion, when the subject opens his eyes after being awakened he appears somewhat dazed. If asked to stand up he may seem unsteady on his legs. This usually indicates that the subject is not fully de-hypnotized. It may be the result of awaking the subject too quickly. In such a case you should take additional measures to completely awaken the subject. One way is to snap your fingers near the subjects face and say in a firm voice "*Wake up! Wide awake!*" In awaking the subject, there is one rule that should always be followed: **Never allow a subject to leave you until you have made certain he is fully de-hypnotized, no matter how light his trance may have been.** It is a good idea to have the subject sit nearby for a short time so you can observe him. Before letting him leave ask him a few questions about how he is feeling.

A Quick Method of Induction

Have your subject stand in front of you and place your hands on his shoulders. Bring your face close to his, approximately 8 or 9 inches away and fixate on the bridge of his nose (See Figure 10-1). Say to the subject: "Look into my eyes and think of sleep. You are going to go to sleep, quickly, deeply...You are going into a deep sound sleep. Keep looking into my eyes. As you do you feel a heaviness coming over your body...Your body is getting heavy...Your legs are heavy, very heavy. Your arms are heavy, very heavy. Your hands and arms are heavy as lead. Your entire body is heavy...s-o h-e-a-v-y. Your eyelids are getting heavy...you are getting sleepy...drowsy...You are tired...your body is so heavy...You want to sleep. Your eyelids are so heavy you cannot keep them open. They are closing...closing...closing...You cannot keep them open...You're going to sleep...Your eyes are closed, *Sleep!* DEEP ASLEEP!"



Another Rapid Method of Inducing Hypnosis --This method is ideal when you want to combine testing for hypnotic susceptibility with the induction of hypnosis. Proceed rapidly through the postural sway, hand clasping, and eye catalepsy suggestions in the order given. If the subject gives good strong responses to each of the above, then as soon as you are satisfied he cannot open his eyes, instead of telling him he can open them, proceed as follows:

All right now, stop trying to open your eyes. You are now going to go to sleep. Sleep!...DEEP ASLEEP! [*Following the eye catalepsy suggestions, move your hand downward in front of the subject's face, form a V with the index and middle finger and gently press the subject's closed eyes for a brief moment. Then place your hands on the subject's shoulders. All of this should take only a moment without any obvious break in the suggestions. In many cases the subject will be in a relative deep trance, but it is best to carry the induction a little farther before testing for depth. You can consider the remainder of this procedure as part of the induction proper, or as part of the deepening phase. With your hands lightly grasp the subject's shoulders and very gently move his body in a slight rotary motion using his feet as a pivot point. At the same time continue giving more suggestions.*] You are now drifting into a deep...d-e-e-p sleep. You will not awaken until I tell you to...waves of sleep are coming over you...you are going deeper and deeper asleep. Your body feels heavy...your hands and arms are heavy, v-e-r-y heavy...Your feet and legs are s-o h-e-av-y. You feel yourself drifting into a deep sound sleep. Sleep...deeply...soundly...S-l-e-e-p. [*At this time take hold of his forearm, raise it horizontally to his side saying at the same time:*] Now raise your arm...Make a tight fist. [*Give the arm rigidity suggestions for deepening the trance as was done in the first method. After the challenge, ask the subject to lower his arm slowly, guiding it if necessary, and suggest the trance is getting deeper. As soon as his arm is by his side, continue as follows:*] You are now deep asleep and going even deeper asleep...Take a deep breath...breath deeply and slowly...with each breath you take you go deeper and deeper asleep. Continue to breathe deeply...Sleep...You only desire to sleep. You only think of sleep. Breathe deeply...Sleep deeply...More and more deeply...Each and every time in the future that I tell you to sleep, suggest sleep, or say the word 'sleep' you will instantly go into a deep, sound sleep. Even deeper asleep than now. You will remain asleep until I tell you to awaken or until something happens that demands your attention. You will remain deep asleep. Nothing will bother you. Listen to only the sound of my voice.

Comments on Methods--In this module you have been given three methods of inducing hypnosis. Before trying any of the methods presented in the following modules, *you should make every effort to master the procedures in this module.* These three procedures embody most of the elements that are used in any technique.

As you are probably aware, you have done nothing here that differs essentially from what you did in working with waking suggestions. The initial portion of the induction involves waking suggestions. Certain procedural features appear to run through all modern trance-inducing techniques. For example, a combination of attention focusing (usually involving visual and auditory fixation) with suggestions of some of the superficial symptoms of the appearance of sleep and of sleep itself, ending in suggested eye closure. However, introducing the concept of sleep and its symptoms is not always necessary. But so far we have been talking about the Standard method of inducing hypnosis. We will end this module with the following general rules:

- If it is not necessary to obtain a deep trance, a rapid induction will probably be satisfactory. But, if a deep trance is required, then it is best to use a slower method.
- A rapid method will impress an audience more than a slow one. If you have access to a fair number of subjects you can enhance the effectiveness of a demonstration by using a rapid method, even though deep hypnosis will not be induced in all the subjects.
- Failure to induce hypnosis by one method can hinder subsequent attempts to induce a trance by other methods. Because the likelihood of failure is greater with rapid methods, it is best to use slower methods where the number of subjects is limited.
- For experimental and therapeutic purposes the slow methods are usually preferred because they allow greater control over the trance and there is a greater chance of success. However, some subjects only respond well to certain techniques that are considered rapid techniques.

MODULE 11 -- INDUCTION OF HYPNOSIS 2

Advanced Techniques

Most of the innumerable induction techniques are virtually variations of the procedures we have already practiced. It would be impractical to discuss all of them and it is not necessary. There are a small number that are worth describing fully. Others of lesser value we will briefly outline. It is a good idea to try each of the methods presented in this module. The order in which you try them is unimportant, but you should master them completely in order to use them effectively.

Hand Levitation Method

This procedure was first described by M. H. Erickson, however, one of the best descriptions of it was given by L. R. Wolberg. He had this to say about the procedure: "I believe this is the best of all induction procedures. It permits of a participation in the induction process by the patient and lends itself to non-directive and analytic techniques. It is, however, the most difficult of methods and calls for greater endurance on the part of the hypnotist." Wolberg started with a brief preparatory phase and continued as follows (The suggestions are a verbatim report of a recorded induction session):

I want you to sit comfortably in your chair and relax. As you sit there, bring both hands palms down on your thigh -- just like that. Keep watching your hands, and you will notice that you are able to observe them closely. What you will do is sit in the chair and relax. Then you will notice certain things happen in the course of relaxing. They always have happened while relaxing, but you have not noticed them so closely before. I am going to point them out to you. I'd like you to concentrate on all sensations and feelings in your hands no matter what they may be. Perhaps you may feel the heaviness of your hand as it lies on your thigh, or you may feel pressure. Perhaps you will feel the texture of your trousers as they press against the palm of your hand; or the warmth of your hand on your thigh. Perhaps you may feel tingling. No matter what sensations there are, I want you to observe them. Keep watching your hand, and you will notice how quite it is, how it remains in one position. There is motion there, but it is not yet noticeable. I want you to keep watching your hand. Your attention may wander from the hand, but it will always return back to the hand, and you keep watching the hand and wondering when the motion that is there will show itself.

At this point the patient's attention is fixed on his hand. He is curious about what will happen, and sensations such as any person might experience are suggested to him as possibilities. No attempt is being made to force any suggestions on him, and if he observes any sensations or feelings, he incorporates them as a product of his own experience. The object eventually is to get him to respond to the suggestions of the hypnotist as if these too are a part of his own experiences. A subtle attempt is being made to get him to associate his sensations with the words spoken to him so that the words or commands uttered by the hypnotist will evoke sensory or motor responses later on. Unless the patient is consciously resisting, a slight motion or jerking will develop in one of the fingers or in the hand. As soon as this happens, the hypnotist mentions it and remarks that the motion will probably increase. The hypnotist must also comment on any other objective reaction of the patient, such as motion of the legs or deep breathing. The result of this linking of the patient's reactions with comments of the hypnotist is an association of the two in the patient's mind.

It will be interesting to see which one of the fingers will move first. It may be the middle finger, or the forefinger, or the ring finger, or the thumb. One of the fingers is going to jerk or move. You don't know exactly when or in which hand. Keep watching and you will notice a slight movement, possible in the right hand. There, the thumb jerks and moves, just like that.

As the movement begins you will notice an interesting thing. Very slowly the spaces between the fingers will widen, the fingers will slowly move apart, and you'll notice that the spaces will get wider and wider and wider. They'll move apart slowly; the fingers will seem to be spreading apart, wider and wider and wider. The fingers are spreading, wider and wider apart, just like that.

As the fingers spread apart, you will notice that the fingers will soon want to arch up from the thigh, as if they wanted to lift, higher and higher. [**The patient's index finger starts moving upward slightly.**] Notice how the index finger lifts. As it does the other fingers want to follow -- up, up, slowly rising. [**The other fingers start lifting.**]

As the fingers lift you will notice a lightness in the hand. A feeling of lightness, so much so that the fingers will arch up, and the whole hand will slowly lift and rise as if it feels like a feather, as a balloon is lifting it up in the air, lifting. Lifting, -- up--up--up, pulling up higher and higher and higher, the hand is becoming very light. [*The hand starts rising.*] As you watch your hand rise, you'll notice that the arm comes up, up, up in the air, a little higher -- and higher -- and higher -- and higher, up -- up -- up. [*The arm has lifted about five inches above the thigh and the patient is gazing at it fixedly.*]

Keep watching the hand and arm as it rises straight up, and as it does you will soon become aware of how drowsy and tired your eyes become. As your arm continues to rise, you will get tired and relaxed and sleepy, very sleepy. Your eyes will get heavy and your lids may want to close. And as your arm rises higher and higher, you will want to feel more relaxed and sleepy, and you will want to enjoy the peaceful relaxed feeling of letting your eyes close and of being sleepy.

[It will be noted that as the patient executes one suggestion, his positive response is used to reinforce the next suggestion. For instance, as his arm rises, it is suggested in essence that he will get drowsy because his arm is rising.]

Your arm lifts -- up -- up -- and you are getting very drowsy; your lids get very heavy, your breathing gets slow and regular. Breathe deeply -- in and out. [*The patient holds his arm stretched out directly in front of him, his eyes are blinking and his breathing is deep and regular.*] As you keep watching your hand and arm and feeling more and more drowsy and relaxed, you will notice that the direction of the hand will change.

The arm will bend, and the hand will move closer and closer to your face -- up -- up -- up and as it rises you will slowly but steadily go into a deep, deep, sleep in which you relax deeply and to your satisfaction. The arm will continue to rise up -- up -- lifting, lifting, -- up in the air until it touches your face, and you will get sleeper and sleeper, but you must not go to sleep until your hand touches your face. When your hand touches your face you will be asleep, deeply asleep.

The patient here is requested to choose his own pace in falling asleep, so that when his hand touches his face, he feels himself to be asleep to his own satisfaction. Hand levitation and sleepiness continue to reinforce each other. When the patient finally does close his eyes, he will have entered a trance with his own participation. He will later be less inclined to deny that he has been in a trance.

Your hand is now changing its direction. It moves up -- up -- up -- up toward your face. Your eyelids are getting heavy. You are getting sleeper, and sleeper, and sleeper. [*The patient's hand is approaching his face, his eyelids are blinking more rapidly.*] Your eyes get heavy, very heavy, and your hand moves straight up toward your face. You get very tired and drowsy. Your eyes are closing, are closing. When your hand touches your face you'll be asleep, deeply asleep. You feel very drowsy. You feel drowsier and drowsier and drowsier, very sleepy, very tired. Your eyes are like lead, and your hand moves up, up, up, right toward your face, and when it touches your face, you will be asleep. [*Patient's hand touches his face and his eyes close.*] Go to sleep, go to sleep, just sleep. And as you sleep you feel very tired and relaxed. I want you to concentrate on relaxation, a state of tensionless relaxation. Think of nothing else, but sleep, deep sleep.

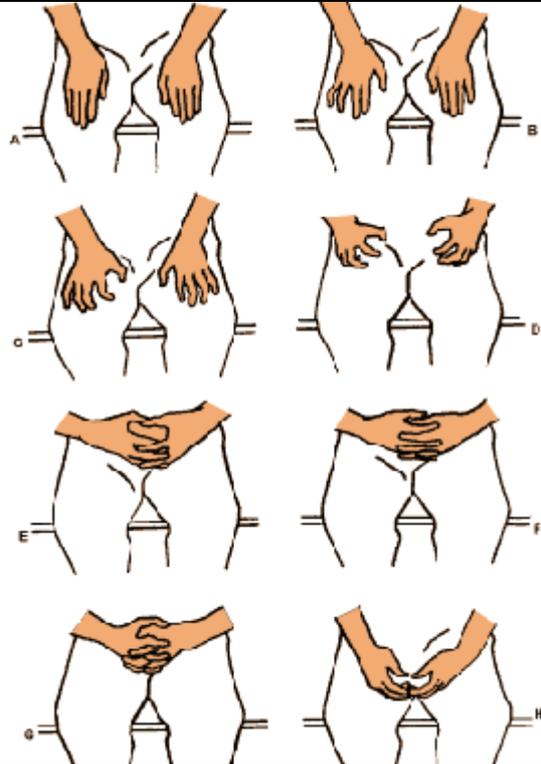
H. Arons described an interesting variation of the Wolberg technique that tends to be more rapid (probably at a cost of the percentage of successes and depth of trance). The subject is instructed to stand facing the hypnotist, stretch out his right arm and point at the hypnotist's feet while fixing his gaze on his pointing finger.

These instructions are followed by suggestions that his arm will become light and his arm will rise. He is told that his arm will rise upward toward the hypnotist's eyes and that the subject's eyes will remain focused on his finger as his arm rises. The hypnotist continues to suggest that the subject's hand will rise until his finger points at the hypnotist's eyes and when this occurs their gaze will meet. The subject is told that as soon as this happens he will instantly fall into a deep hypnotic sleep. When the subject begins to show some response to this suggestion, the hypnotist should change his suggestions accordingly. As soon as the subject's finger points at the hypnotist's eyes and their gazes meet the hypnotist should forcefully command the subject to sleep.

Folding Hand Method

F. F. Wagner first described this method. He found that it was sometimes difficult to get the subject's hand up to his face using Wolberg's technique. This was mainly do to mechanical factors and because the abnormal protracted position of the hands may become painfully tiring for some subjects. He modified the procedure so that the last phase of the trance induction is replaced by hand claspings. In this way only the forearms and hands are involved. Wagner described it as follows:

In short the method is as follows: After careful preparation, hypnosis commences as in the hand levitation method. The initial position is the same (see Figure 11-1A). First, the fingers of one hand are induced to spread out (Fig. 11-1B); secondly, the flexing of the fingers and simultaneously spreading of the fingers of the other hand. When both hands have been raised from the thigh (Fig. 11-1C), suggestions are given that the palms will turn to each other (Fig. 11-1D); and that they will be attracted to each other like opposite poles of a magnet (Fig. 11-1E). Gradually as the hands get closer together, general suggestions are given of increasing drowsiness, deeper breathing and sensations of heaviness of the eyelids. These suggestions are enforced while the fingers interlace (Fig. 11-1F). The hands are clinched simultaneously with eyelids drooping. When the clinching of the hands reaches its maximum (Fig.11-1G), general relaxation and heaviness of the whole body including arms and eyelids is suggested; the hands slip apart (Fig. 11-1H). Then the trance may be deepened in the usual manner, or the patient may be wakened if a fractional technique is preferred.



Wagner states that most people get a very intense feeling of mutual attraction of the hands. This, he says, considerably intensifies the suggestibility. He also states that anxiety that may be aroused during the hypnotic session tends to dissipate as soon as the hands are folded.

Postural Sway Methods

This can be an extraordinarily rapid method of inducing hypnosis. It can be applied when a subject responds well to the postural sway test of suggestibility. The follow procedure is a verbatim report of this procedure by J. G. Watkins:

The therapist speaks to the patient as follows: "Now Jones, I'd like you to stand here with your heels and your toes together and your body erect, shoulders back. That's right. Breathe comfortably and easily with your hands at your sides. Now close your eyes. Just imagine that your feet are hinged to the floor and your body is like a stick pointing upward in the air, free to move back and forth. You will probably feel after a while, you will become unsteady. Don't worry, if you should fall, I'll catch you." *[This last remark is given in a matter-of-fact way, almost as a side comment. If previous suggestibility tests have been given, and the therapist is quite certain the patient will enter the trance, he may modify this statement by saying, "Don't worry, I will catch you when you fall."]*

The therapist then continues: "Now while you are standing there, breathe very calmly and easily. Just imagine that your body is floating up into space. Don't try to do anything, and don't try *not* to do anything. Just stand there and let yourself drift. " The therapist is then silent for a time, perhaps fifteen seconds up to a minute. If the patient is suggestible he will sway back and forth slightly. The therapist should place himself at the side of the patient where he can line the back of the patient's head or the tip of his nose against a mark on the opposite wall so that a slight backward or forward swaying movement can be easily detected and measured. It is even convenient to have a card against

the wall on which black vertical lines have been ruled about an inch apart, thus making it easier to determine the amount of sway. Usually the therapist will soon detect the rhythm of the swaying, since it is almost impossible for anybody to stand perfectly still. There will always be some swaying, although it may be slight in the more unsuggestible patients. One will generally find that the more suggestible the patient, the greater will be the amplitude of the swaying arc.

The therapist next begins to reinforce this swaying by timing his remarks to coincide with it. As soon as the patient has reached the extreme forward part of the arc and begins to sway backward the therapist says, "Now you are drifting backward." Frequently this will cause the patient to immediately catch himself and to reverse the direction, whereupon the therapist instantly reinforces it with, "Now you are drifting forward." As the swaying continues the therapist reinforces it with "Drifting forward, drifting backward and forward, backward, forward, backward," etc. The tone is low, soft, and firm. The therapist should be about one to two feet away from the patient's ear and should repeat the suggestions in a low, soft monotone from which all harshness has been deleted. It should have an almost pleasing quality, monotonous like the drone of a bee. There should be no change in pitch, and the patten should be continued steadily. Occasionally it may be varied from "drifting forward" to "swaying forward, swaying backward, swaying forward, now swaying forward." or "leaning forward, backward, forward, backward." etc. -- on and on in a monotonous, repetitious voice. As the therapist observes the amplitude of the swaying arc increasing, he may make the voice somewhat less pleading, less soft, and more dominant and controlling, even injecting some emotional pitch into the "forward, backward, forward, backward."

When the amplitude of the swaying arc has become quite substantial -- six or more inches -- it is probable that some light degree of trance has been induced (note that the suggestions of sleep do not come up until quite late in this procedure.). Suggestibility should then be checked by beginning a command of "forward, backward" a little before the patient has reached the maximum sway of the arc. If the patient is suggestible, and there is a degree of hypnotic trance, he will interrupt the natural sway in order to follow the therapist's suggestions. The past remarks of the therapist have so closely followed the patient's swaying behavior that the patient begins to think to himself, "What this man says is true, I am swaying backward. Then I do sway forward." Consequently, the therapist's prestige is increased, and the patient begins to follow the suggestions instead of leading them. From this point on the therapist can usually assume the more dominating role and direct rather than follow the swaying of the patient.

To induce deeper trance the voice tone is now made much firmer and the swaying suggestions are given somewhat more rapidly. "*Swaying forward, swaying backward, forward, backward,*" the volume of the voice growing stronger and stronger. Finally, an attempt is made to induce the patient to fall over backward into a deep trance. The emphasis on the "backward" is increased, and on the "forward" diminished, and the verb is changed from "drifting" or "swaying" to "Falling, *falling backward, falling forward, falling backward, falling forward, falling over backward, falling, falling, falling, falling*" rather rapidly and in a higher pitched and more emotional tone. If a deep trance has been induced, the patient will increase the amplitude of his sway until he can no longer stand erect. He will then fall over backward in a deep trance where he may be caught by the therapist and eased into a waiting chair. If the patient is in a light trance he may start to fall backward, but catch himself by placing one of his feet back, or attempt to sway sideways or steady himself voluntarily in some manner. This indicates to the therapist that a deep trance has not been induced and he can then do one of two things: he may either continue the monotonous repetition of "falling forward, falling backward," etc., to induce a deeper degree of trance; or he may reassure the patient that he will not fall by placing a hand lightly behind his shoulder. This allays fears that might arise and interrupts the hypnotic process. After the patient realizes that he will not be permitted to fall and hurt himself, he tends to lose the signs of anxiety which may have begun to appear.. He may then allow himself to fall back against the therapist's arm, whereupon the therapist continues suggestions, "Falling over backward, falling backward, falling back into a deep sleep, back into a deep sleep, deep sleep, deep sleep," and then eases the patient gradually over into a chair. This, preferably an armchair, should have been placed behind the patient. He can also be gradually lowered back upon a couch that has been located conveniently near by.

If the patient is either completely limp or in a stiff catatonic state when he is placed back on the chair or cot, it is evident that a fairly deep degree of trance has been induced. If, however, he is able to help

himself either by taking steps backward or by putting his hands on the arm chair and guiding himself into it, then only a light hypnoidal trance has been induced.

Watkins claims there are several advantages to this technique: It appears inoffensive to the subject, particularly since the hypnotist may present the procedure as a test of reflexes, etc. Because the method is not generally known to the public its use is not likely to cause anxiety or apprehension, as do the standard techniques.

The following method can be used to induce a trance, but it is given here primarily as an effective way of deepening the trance state. Watkins gives two variations that follow.

Metronome Method

Place a metronome, out of sight, near the subject. Watkins recommends setting the metronome to fifty beats per minute. He also suggests that the sound of the metronome be muffled by enclosing it in a box or cabinet. We now assume that the first phase of trance induction has been completed. At this point Watkins says:

He [the patient or subject] is told, "Now I am going to turn on a slow ticking sound. This will help you to go to sleep. Listen very carefully to it and to nothing else. It goes like this." The metronome is turned on. Then the therapist continues, "Just imagine each tick saying to you, 'deep -- sleep -- deep -- sleep,' and the deeper you go into sleep the deeper you will want to go. How comfortable you will feel all over. Just keep on listening to this ticking sound that says over and over again, 'deep -- sleep -- deep -- sleep.' The therapist may even continue speaking the words 'deep -- sleep' for a little while, while timing them to coincide with the ticking.

A second variation given by Watkins is:

Suggest to the patient that as he listens to the ticking he will imagine himself slowly going down a ladder or stairway. "Each tick is saying "step -- down, -- step -- down," or "deep -- sleep, -- step -- down," etc. He may be told, "As you go down this ladder you will feel that you are going down into a deeper and deeper sleep."

After a few moments Watkins leaves the subject, allowing him to listen to the metronome for 10 to 30 minutes. He also outlined a number of other minor variations. In one he tell the subject that he is going to leave him for a short time while the subject listens to the ticking, and that when he comes back he will be in the deepest possible sleep. The subject may also be told that when he reaches the deepest sleep, his hand will slowly rise and touch his forehead. The hypnotist checks periodically to observe whether this has taken place. Watkins points out that the use of the metronome, coupled with the above suggestions, is less fatiguing for the hypnotist.

Fractionation Method

O. Vogt was the first to describe this method. It is probably one of the most effective methods for inducing a very deep trance state, and often succeeds when every other method has failed. It is especially indicated if you expect your subject to enter, at best, a light or medium trance. It also is an effective method for handling subjects, who at first only experience a light state of hypnosis, and doubt that they have been hypnotized. Essentially, the method consists of hypnotizing and waking the subject in rapid consecutive successions. The idea is that each hypnotization makes the subject a little more suggestible and favors the induction of deeper hypnosis on the next trial. Substantial evidence indicates that the hypnotic state continues a short time after the subject is awakened, particularly if the awaking process is sudden.

An effective use of this technique is as follow: When you are ready to awaken the subject tell him the following: "In a moment I will tell you to awaken. When I do you will awake, but you will immediately feel very sleepy again. You will find it difficult to keep your eyes open and stay awake. Your eyelids will feel very heavy, and they will get heavier and heavier until you will not be able to keep them open any longer. You will not be able to prevent yourself from blinking and closing them. You will get sleepier and drowsier with each breath you take and in a moment your eyes will close. You will go deeply asleep, deeper than ever before. I will now count to three, at the count of three you will be awake and

will open your eyes. But you will be drowsy and sleepy. Your eyes will be so heavy that you will not be able to keep them open very long, and will go back to sleep...Now, one...two...three...*Awake!*" As a rule the subject will remain sitting rather passively. He may start to blink or appear sleepy with his eyes have closed. Ask him what is the matter with his eyes. He may tell you he feels sleepy, but more often he will appear puzzled and say he doesn't know what the trouble is. In any case, continue by saying: "You feel kind of sleepy, don't you? It is difficult to keep your eyes open. [*At this point the subject almost always starts blinking before closing his eyes. Whatever he does you should make an effort to follow it up and incorporate it your next suggestions, which might be.*] Your eyes are getting heavy, you feel drowsy and sleepy. Close your eyes you are going to sleep. *Sleep!* If the subject should close his eyes before this, then you should make the proper alterations in the suggestions, for example: "Your eyes are closed, *sleep, deep, deep asleep!*" Or as the eyes close, say commandingly "SLEEP! DEEP ASLEEP!...You are going deeply, soundly asleep."

At this point the trance can be deepened somewhat by the methods previously described, but this is usually not done because the method you are using is designed to do this. Repeat the above procedure a number of times. Following eye closure you might give a few additional suggestions to deepen the trance, then suggestions to the effect that whenever you suggest sleep or say the word sleep, he will go quickly and deeply asleep, and will not wake up until you tell him to awaken. Then instruct him again for the next waking period. This time telling him that he will be awake and will feel fine, but that as soon as you begin to talk to him, no matter what you say, he will find that his eyes are getting heavy, difficult to keep open, that he feels tired and is getting very drowsy and sleepy and that his eyes will close and he will go into a very deep sleep, much deeper than he is now.

Somewhere along the above process you can give the subject the eye catalepsy and arm rigidity suggestions, but don't challenge him. Say something like this: "You cannot open your eyes (or you cannot bend your arm). If you tried you would be unable to do so, but you have no desire to try...Now you are relaxing...relaxing more and more, drifting down into a very deep and sound sleep." Then follow with suggestions regarding waking as previously done, or tell him that you will talk to him after he wakes up and that as soon as you mention the word "sleep," or anything that has to do with sleep, he will feel an overpowering urge to close his eyes and go to sleep.

This procedure, like many others, has variations. Many hypnotists do not bother to give suggestions, but merely dehypnotize and rehypnotize the subject repeatedly. An excellent variation of the Vogt method that often succeeds with subjects who fail to attain a deep trance is to ask them to describe the sensations they experience when going into a trance. In the next induction include suggestions describing these various feelings in the order the subject gave them to you. This feedback technique is often very effective because it prevents you from suggesting experiences the subject will not have. Some hypnotists make it a practice to ask the subject for a description of his sensations after the first induction regardless of the method used. Then on subsequent inductions the subject's own experiences are suggested as part of the induction.

MODULE 12 -- ASSESSING THE DEPTH OF HYPNOSIS

The following is an article copied from the HypnoGenesis Magazine with the permission of the author, Tom Connelly. If you are just learning hypnosis it will help you assess the depth of hypnosis your subjects have achieved.

Assessing the Depth of Hypnosis

By Tom Connelly, BSCH, D.Hyp

After practicing hypnosis for some time we gradually develop an intuitive sense that indicates to us the depth of hypnotic trance our subjects are experiencing. This impression is probably formed inside us in a number of ways but at the beginning of our training we have to rely on a mixture of guesswork and knowledge 'borrowed' from hypnosis books, videos and our tutors.

The obvious way to make an estimate of the ongoing success of your hypnosis is to watch for the 'classic' indications of the deepening hypnotic state. Some of the following might be observed:

Stillness * Change of breathing * Pallid / waxy complexion * Postural slumping * REM type eye movements Eyelid fluttering * Swallowing/gulping * Increased Lachrymation * Redness around the eyes * Other

You will be taught to watch for these signs (and others) at the beginning of any hypnosis course of tuition but accurate assessment of trance depth only really happens when the hypnotist can evaluate these signs from personal experience. An important part of this learning process takes place when the hypnotist takes the part of the subject and experiences hypnosis from the point of view of his prospective clients. After being hypnotized many times the hypnotherapist gains an inside perspective of the mental processes that take place and an empathy for the physical nature of hypnosis. Good experience can also be had from experimenting with self-hypnosis and relaxation techniques.

Apart from personal experience of hypnosis it's possible to learn a great deal from verbal feedback. Don't be afraid to ask your subjects about their experience of trance, most will be happy to describe the 'feeling' of hypnosis and many interesting insights can be gained. Remember that hypnosis is a subjective experience and although there are many common elements to it there is much that will be unique to each individual.

It's also possible to gather direct information about the process of hypnosis and depth of trance by using a fractionation type of induction.

With the fractionation method of inducing hypnosis the process is broken into stages and the subject is questioned at each point for a verbal description of their particular experience. So the novice hypnotist can learn a great deal about the experience of relaxation and trance as it occurs in others.

The main idea behind the fractionation method of inducing hypnosis (sometimes known as Vogt's fractionation) is to discover the personal experience of the subject as they begin to enter trance and then to 'feed back' this information to take them deeper. Subjects are relaxed into the early stages of trance and then roused and questioned for their particular experience of hypnosis and this information is then used to help the subject to go deeper still. So in a very real sense the subject is describing the best way that they personally should be hypnotized! This type of induction is not as quick as other methods but its interactive nature does seem to lead to the deeper trance states. This method of inducing hypnosis is outlined in most good tuition courses and books but as it is outside the scope of this article the student is advised to search this information out.

Apart from methods of assessing depth of trance through observation there are also physical tests that give the hypnotist valuable information about the ongoing state of hypnosis.

The most common test is for catalepsy, usually of the eyelids. Here the subject is asked to relax the muscles of the eyelids deeply, so deeply that the eyelids will not open. This is an excellent test of relaxation, susceptibility and willingness to co-operate with the hypnosis process.

It is also possible to ask the patient to look upwards with their eyes (the head remaining still) as if at a point at the top of the head and when they have done this you can inform them that they cannot open their eyelids. It is typically quite hard to open one's eyelids with the eyes looking upwards and this might help to convince your subject of the efficacy of your techniques but it is also quite a well-known physiological 'trick' and might just as easily arouse suspicion.

Another test to gauge the level of relaxation that has the added benefit of allowing you to test for an increase in body temperature (which indicates a medium deep trance state) is the hand lift technique. After first informing your subject (who's eyes will no doubt be closed) that you are going to lift their hand, gently raise it up and let it go. The hand of a relaxed person will flop limply back. Notice how limp, warm and pliant the hand seems. Suggestions can be added to this testing technique. For example you might suggest "that as your hand falls limply down, you can go deeper and deeper into hypnosis", "as your hand falls to your lap you will go twice as deeply into relaxation."

Finally a cognitive technique to test trance depth, which does not rely on observation or physical testing. Here the hypnotist tests for amnesia (an important hypnotic phenomenon) usually by asking the subject to begin counting backwards from 300 (the actual number is not too important but it must be sufficiently large to be out of the range of 'automatic' counting) and suggesting that a point will soon be reached when the numbers will be forgotten.

If a suitable trance state exists the suggestion will be accepted and the subject will forget the numeric train of thought. This method has the additional benefit that even if the subject doesn't have the correct depth of trance at that moment, the counting process may well help to bring it about!

For most practical purposes the hypnotherapist will be more concerned with establishing that there is sufficient trance depth for therapy, rather than the more academic pursuit of gauging the precise depth of trance attained. There seems to be a consensus of opinion from most learned sources that trance depth might not be such an important concern and that effective therapy can take place providing at least a light stage of hypnosis is established. This may well be the case but obtaining a medium to deep hypnotic state has two advantages:

- It inspires confidence in the hypnotist, which improves personal performance and is detected, however subliminally, by the subject.
- It is a hypnotic convincer and while it might not be any more therapeutic than a light trance state it is more of a contrast to normal waking consciousness and so helps to persuade the subject to persuade themselves that something 'significant' has taken place.

Throughout this short article I have used the convention of dividing the depth of hypnotic trance into three stages - light, medium and deep, as this seems quite sufficient for my purposes. I should point out however that there are several systems of classification, some more ancient than others. The difference is usually one of division and nomenclature as the nature of the state must be a constant but the student may encounter the following descriptions depending on the source of information: i.e., Lethargy, Catalepsy and Somnambulism or Hypnoidal, Somnambulism, Coma / Esdaile state, Hypnosis attached to sleep.

It is important to realize that the 'depth of trance' does not refer to an objective or quantifiable state but is characterized by the phenomena available in that state, thereby equating trance depth with suggestibility. For example, eyelid catalepsy is quite easy to obtain and so when this phenomenon becomes available we can label the trance depth as 'light'. Pain control becomes available as a hypnotic phenomenon only when the subject becomes more suggestible and when this phenomenon becomes accessible we can label this a medium trance depth, and so on. Full amnesia or positive / negative hallucination are among the most extreme of hypnotic phenomena and require the greatest suggestibility and so when these become available we can label this a deep trance state.

Tom Connelly is the editor of HypnoGenesis, an on line magazine.

MODULE 13 -- INDUCTION OF HYPNOSIS 3

SENSORIMOTOR METHOD (Hypnotizing Without Suggestions of Sleep)

Using this method a subject cannot only be hypnotized without reference to sleep, but without his awareness that he is being hypnotized. This method does require a lot of skill on the part of the hypnotist. The postural sway method is actually a form of the sensorimotor method of trance induction. When practicing the waking suggestions exercises, you may have found that some of your subjects passed into a condition no different than hypnosis, especially when using a series of progressively more complex waking suggestions. W.R. Wells wrote about "waking hypnosis" as the result of using waking suggestions. He began by talking to his subjects about involuntary ideomotor action and about the phenomena that happens naturally to persons in their everyday life (dissociation phenomena). He followed this with a few preliminary exercises, then asked the subjects to fix their visual attention upon some small object. He then gave the subjects suggestions of eyelid catalepsy, using the methods described in previous modules, except he did not place his finger on the subject's forehead. If this was successful, he proceeded to produce other muscular contractures (i.e., hand clasping, arm rigidity, etc.). If the eye closure suggestions failed, he recommended that one should go on to other suggestions and then come back to it. At the end of a "waking hypnosis" sessions he brought about dehypnotization by telling the subject that at a given signal he will return to his normal self. The term "sleep" or "waking" was never used.

The following is a Verbatim description by M.H. Adler and L. Secunda of a method used by them to induce a trance. They called it an indirect method because no direct suggestion of hypnotizing the subject or putting him to sleep is made. Although the authors have described the method in a therapy setting, it can be adapted to other situations.

We made use of two frequent complaints -- inability to relax and to concentrate -- as the only orientation to the hypnosis. After the preliminary case study, the procedure is introduced saying: "I shall teach you to relax and concentrate." The patient is interested in learning this procedure for it offers relief from symptoms in an objective manner. The patient is seated in a comfortable arm chair and is told to let all his muscles go limp; the head should be inclined slightly forward; the arms rest fully on the chair arms with the hands hanging limply over the edges. He is then asked to fix his glance on the thumb and forefinger of one of his hands. The physician then states: "I am going to ask you to close your eyes soon, but continue to concentrate on your thumb and forefinger. As you concentrate I shall count, and as I count you will become more and more relaxed. As you do so you will feel your thumb and forefinger draw closer and closer together. When they touch you will then know you are in a deep state of relaxation."

After this explanation, the patient is requested to close his eyes and concentrate on his thumb and forefinger. The physician repeats: "I shall start to count. As I count you will feel your thumb and forefinger draw closer and closer together as you become more and more relaxed. When your fingers touch, you will know you are in a deep state of relaxation." The count is synchronized with the patient's respirations, and continued indefinitely. At one hundred the formula is repeated. "Continue to concentrate on your thumb and forefinger. As I count you will feel your thumb and forefinger draw closer and closer together as you become more and more relaxed. When they touch you will know that you are in a deep state of relaxation." When the thumb and forefinger are in contact, the patient is told, "Now you know you are in a deep state of relaxation."

The movement of a larger muscle group is then undertaken. The physician continues: "As I count further you go into a deeper state of relaxation. As you do so, your left hand gradually, and without effort on your part, moves from the arm rest and comes to rest on the chair beside you." When this occurs, the patient is told: "Now you know you are in a deeper state of relaxation." At this point the patient is at least in light hypnosis, i.e., inability to move a limb at suggestions of heaviness and hyperesthesia to pin prick.

To bridge the gap between light hypnosis and deep trance, the suggestion of Erickson is followed. It differs only in that the words "sleep" and "trance" are omitted: "Without further counting you will continue to relax more and more, as you do so, your hand will rise without effort, and touch your face."

However, your hand will not and must not touch your face until you are in the deepest state of relaxation. Then the touching of your face will be a signal that you are in a profound state of relaxation."

When this has been accomplished, a brief orientation procedure is gone through, i.e., "What is your name?" "What are you doing?" At this point the patient can be tested for depth of trance; however, deep hypnosis is not required for therapeutic results.

The patient is then trained for future induction into the same depth of trance he had attained by suggesting to him that from now on, as the physician counts from 1 to 20, he will go into this depth of relaxation and at this point his hand will rise automatically and touch his face, as a signal that he has reached the required depth of trance.

To return the patient to his non-hypnotic state the physician says: "As I count from 1 to 5, you will gradually awaken -- at 5 you will be wide awake."

After the patient awakens he usually asks whether he has been asleep or hypnotized. Whichever term he uses is then accepted by the physician who then confirms what has occurred, using the phenomena as reassurance for the patient's ability to relax under adverse circumstances. Then a discussion follows on the use of the technique to obtain subconscious and repressed material, and an opportunity is given to the patient to express his opinions on what has occurred. Since no attempts are made in the first session to produce hypnotic or posthypnotic amnesia, the patient recollects the entire process. No patient has every expressed objections to the matter in which he was introduced to hypnotherapy.

J. H. Conn described a similar technique that he used to facilitate free association. After a satisfactory transference relationship ("rapport") was established he introduced the topic of relaxation and its therapeutic effects. The patient is then requested to move to a more comfortable chair. Once seated he is asked to look up at a bright object placed several inches from his eyes and just above the horizontal line of vision. At this point, Conn emphasizes that he "*carefully defines how he expects the patient to act*" by telling him that he will *not* fall asleep so they can communicate when complete relaxation takes place. Suggestions of progressive relaxation are then given, followed by suggested eye closure. Simultaneously the bright object is gradually lowered below the line of vision. Although progressively deeper relaxation is suggested, the word sleep is never mentioned again. In some cases the eyes remained open and staring, in which case the hypnotist should ask the patient to close them. The entire procedure takes 3 to 5 minutes.

Once he obtained some overt signs of hypnosis he brings up the matter of free association by telling the subject that if anything comes to mind while he is relaxed and he feels like talking, he should do so, but that it should come without making any effort, just as easy as *breathing*. From this mention of breathing, he instructs the subject to "breathe in" and "breathe out" in a rhythmic manner. He tells the subject that this will keep him "listening" and close to the waking state. From this point on the procedure is directed at obtaining free association.

Picture Visualization (A Semi-Indirect Method of Trance Induction)

This interesting and ingenious technique of induction was reported by M. V. Kline. He found it to be particularly effective with refractory subjects. He claims that a light to medium trance can be obtained in about 10 minutes. He referred to the procedure as a "visual imagery technique." He divides the procedure into five steps. We will now quote Kline in his own description of the method:

1. In the waking state with the eyes open, each subject was asked to visualize in "his mind's eye" certain familiar objects. In order these were: (a) a house, (b) a tree, (c) a person, and (d) an animal. The psychodiagnostic value of this imagery production will be dealt with elsewhere. This step was continued until each stimulus had been achieved. In this population of 15 subjects, (all of whom had proven refractory to the usual techniques) all were able to achieve the requested images readily and easily. For subjects who may have difficulty in visual imagery, other methods may have to be devised based upon the principles described here.

2. Following the attainment of image formation in the waking state, each subject was told, "Close your eyes and in your mind's eye visualize yourself as you are here; sitting in the chair (or lying on the couch) *except the image of yourself has his (her) eyes open.*"

3. At this point the subject was told to concentrate on the image and that all the therapist's (experimenter's) comments would be directed toward the subject's *image* and *not* toward the subject.

4. Then, a simple ocular-fixation technique was described and related to the eye-closure of the *image*.

lose clinical observation of the subject will reveal subtle response patterns indicating the associative effect upon him directly. The subject can be asked to confirm eye-closure in the image, though often his straining to raise his eyebrows will reveal the situation. The image can be challenged on the lid catalepsy depending on the value that this mechanism may have in the total hypnotic relationship. Following eye-closure in the *image*, suggestions for "deepening" the trance are given in the usual manner.

5. The next step involves moving directly into the induction relationship with the *subject*. This may be done by saying, "Now you are feeling just like the image, going deeper and deeper asleep (or an equated word) and the image is disappearing." Within a few minutes, depending on the subject's personality, you will have obtained a light to medium hypnotic trance. Further depth may be secured in the usual manner, but the patient is now ready for hypnotherapeutic work.

A similar technique combined with the hand levitation method has been described by A. A. Moss. He asks the subject to select something he has seen (i.e., a movie, TV show, baseball game, etc.) and then try to recall it in exact detail and to keep it in mind. Also, the subject is told that his right arm will rise when he sees a faithful reproduction of the scene he has selected. Moss then waited for a short period. If nothing happened, he urges the subject to concentrate more, and tells him again that his hand will rise when he sees the picture. This is followed immediately with suggestions of hand levitation. As soon as the hand begins to rise, he urges the subject to keep the picture in mind and pay attention to nothing else. At this point he also adds suggestions of sleep: "...as you keep looking at the picture you are going into a pleasant deep sleep. Deeper and deeper. Sleep! Deeply! Deep sleep!" Moss then takes the subject's right arm and raises it up and forward. At the same time he tells the subject his arm will bend and his hand will move toward his face and touch it, and at that moment he will go into a deep sleep. He also suggests that the subject will continue to see the picture. He then suggests that the arm is bending, etc.

When the hand touches the face, he says in a firm voice, "Deep sleep! Deep sleep!" and returns the subject's hand to his lap (if the subject does not do this himself).

Another method of hypnotization by image visualization is described by M. Powers. He has the subject, with his eyes closed, visualize a large blackboard. As soon as the subject reports he sees the blackboard, Powers tells him to visualize himself drawing a large circle on the board. Following this, he is asked to mentally draw a large "X" in the center of the circle. If he is successful, he is then asked to erase the whole picture from his mind. The subject is then again asked to visualize the empty circle and told to visualize, then erase, each letter of the alphabet in consecutive order. Powers verifies that the subject successfully enters the first few letters, then instructs him to continue, and makes no further check. As the subject continues with the letters, suggestions of deep hypnotic sleep are given. Powers claims this method is particularly effective with individuals who have a low attention span.

An Indirect Method of Trance Induction

This ingenious procedure used to induce hypnosis without the subject's knowledge, under circumstances when it is probable the subject would not have been willing to be hypnotized, was reported by E. M. Erickson and L. S. Kubie. The subject was a patient who was known to have a roommate. The roommate was contacted and her cooperation in the procedure was obtained. The patient was then requested to act as a chaperone while her roommate, who she believed to be a patient of Erickson, was being hypnotized. At the first hypnotization Erickson suggested that the patient pay close attention to the hypnotic procedure because she might someday wish to try it also. The remainder of the process is described in the author's own words:

Upon entering the office, the two girls were seated in adjacent chairs and a prolonged, tedious, and laborious series of suggestions were given to the roommate who soon developed an excellent trance, thereby setting an effective example for the intended patient. During the course of the trance, suggestions were given to the roommate in such a way that by imperceptible degrees they were accepted by the patient as applying to her. The two girls were seated not far apart in identical chairs, and in such a manner that they adopted more or less similar postures as they faced the hypnotist; also they were so placed that inconspicuously the hypnotist could observe either or both of them continuously. In this way it was possible to give a suggestion to the roommate that she inhale or exhale more deeply, so timing the suggestion as to coincide with the patient's respiratory movements. By repeating this carefully many times it was possible finally to see that any suggestion given to the roommate with regard to her respiration was automatically performed by the patient as well. Similarly, the patient having been observed placing her hand upon her thigh, the suggestion was given to the roommate that she places her hand upon her thigh and that she should feel it resting there. Such maneuvers gradually and cumulatively brought the patient into a close identification with her roommate, so that gradually anything said to the roommate applied to the patient as well. Interspersed with this were other maneuvers. For instance, the hypnotist would turn to the patient and say casually, "I hope you are not getting too tired waiting." In subsequent suggestions to the roommate that she was tired, the patient herself would thereupon feel increasing fatigue without any realization that this was because of a suggestion that had been given to her. Gradually, it then became possible for the hypnotist to make suggestions to the roommate, while looking directly at the patient, thus creating in the patient an impulse to respond, just as anyone feels when someone looks at one, while addressing a question or comment to another person.

Once deep hypnosis was induced (which took an hour and a half) the authors took a number of measures to insure continuance of the trance, cooperation of the subject while in it, and that there would be future opportunity to use hypnotherapy. The patient was gently made aware that she was hypnotized. She was also told that nothing would be done to her that she did not want done, and there would be no need for a chaperone in the future. She was told that she could break the trance if the hypnotist should offend her. We will continue to quote the authors:

Finally, technical suggestions were given to the patient to the effect that she should allow herself to be hypnotized again, that she should go into a sound and deep trance, that if she had any resistances toward such a trance she would make the hypnotist aware of it *after* the trance had developed, whereupon she could then decide whether or not to continue in the trance. The purpose of these suggestions was merely to make certain that the patient would again allow herself to be hypnotized with full confidence that she could if she so chose disrupt the trance at any time. This illusion of self-determination made it certain that the hypnotist would be able to swing the patient into a trance. Once in that condition, he was confident that he could keep her there until his therapeutic aims had been achieved.

Although the above method is described in a therapeutic setting and involves the cooperation of a roommate, it can be adapted to other situations. It is not uncommon, as will be seen in the next module, while giving hypnotic demonstrations before groups, to find some members of the group responding to the suggestions unintentionally. This can be used to obtain additional subjects. Frequently a sudden shift of attention to these individuals with a strong command of "Sleep!" will put them into a trance.

"Drug Hypnosis" Not a lot is known about the effects of drugs on suggestibility and hypnosis. Three things are fairly well known: 1. Narcotics of all kinds can seemingly increase waking suggestibility if given in proper dosage. 2. It is often much easier to induce hypnosis following the administration of these drugs. In some cases the drugs allow the induction of hypnosis in otherwise refractory subjects. 3. These same drugs produce other effects when given in similar dosages, such as release of emotional material, breakdown of inhibition, hyperamnesia, regression and amnesia.

These effects may not be related to hypnosis, but it too can produce them. Possibly this is because, as Wolberg suggested, hypnosis and drugs partially act upon the same cortical loci. It has been shown by Brazier and Finesinger that barbiturates depress the frontal lobes first, then the motor cortex and occipital lobes.

Nowhere, as far as I know, has it ever been demonstrated that any drug by itself induces a hypnotic state. At present all we can really say is that certain drugs (i.e., any strong depressant of the nervous system) can be used as an aid in inducing hypnosis by the Standard method or related techniques. They do seem to increase waking suggestibility. However, the exact action of these drugs on suggestibility is far from clear.

Narcotics may indirectly aid in inducing hypnosis because they produce many of the symptoms of sleep that we suggest to the subject in the verbal part of the induction procedure. In the early stages of inducing hypnosis it is the temporal contiguous association of the response with the suggestion that the response is taking place or will take place that is important; not what causes the response to actually take place. If drugs will produce the suggested symptoms in the correct time frame, then we can well expect that drugs will help in the production of hypnosis.

In the early history of hypnotism, chloroform and Cannabis indica were first used as adjuncts to suggestions. When the barbiturates were developed there was a shift to their use. They proved to be safer, have a rapid action and their effect wears off quickly. Also their effects on the subject can be better graded and the optimal dosages determined. If the dose is too small the subject's suggestibility is not affected. Too large a dose will depress the subject too much. We will list some of the dosages preferred by those who have had considerable experience with this technique.

Among the earlier experts, Schilder and Kauders recommended using 0.5 to 1 gm. (Maximum 1.5 gm) of Medinal. They claim quicker action can be obtained with 4 to 12 gm. But with a too rapid induction of narcosis you are more likely to miss the critical range when hypnosis can be induced, or you may not have time to produce hypnosis.

E. Stungo used Evipal sodium, about a 10 percent solution that was injected intravenously at the rate of 1 cc./min. He found that 1 to 3 cc. are required. To determine when the subject had reached the proper stage he had him count backward. When the subject began to display confusion he took this as a signal the subject had reached the desired stage. He then tried to maintain this level of sedation by continuous injection.

Wolberg recommended 6 to 9 gr. of Sodium Amytal be taken orally 30 minutes prior to hypnosis, or 1 to 2 drams of paraldehyde be taken 5 to 10 minutes before induction of the trance. If the preceding failed he suggested using intravenous injections of other drugs. He recommended 1 gm. Sodium Amytal in 30 or 40 cc. of distilled water injected at a rate of 1 to 2 cc./min.; or 7.5 gr. Sodium Pentothal in 20 cc. distilled water given in a similar manner.

Horsley in his book "Narco-analysis" states that 2 cc. of Sodium Pentothal (presumably a 2.5 percent solution) is usually sufficient, but for anxious individuals 4 cc. may be necessary. In a later book "Narcotic Hypnosis" he recommended giving orally 3 gr. of Nembutal about 30 minutes prior to the induction of hypnosis. According to him the choice of the drug used depends upon whether the patient was an in-patient or out-patient. Long-acting drugs like Nembutal are recommended with in-patients and short-acting drugs like Pentothal with outpatients.

As a rule the barbiturates used intravenously should be injected slowly with the patient counting backward. As soon as the patient becomes incoherent in counting the injection should be interrupted. This level of sedation should then be maintained. Rapport should be made prior to the injection and should be continued during and throughout the narcosis.

The standard practice using these drugs to induce hypnosis is to give a sub-anesthetic dose, just enough to cause a state of confusion and relaxation. Once the proper sedation has been obtained the subject is given suggestions aimed at inducing hypnosis proper, testing and deepening the trance as usual.

Natural Sleep and Hypnosis

Many early writers on hypnosis (and some modern ones) spoke of natural sleep being converted or passing into the hypnotic state. Some spoke of giving suggestions directly to the sleeping individual who, presumably, remained asleep. Suggestions can be effectively given to an individual who is initially asleep. However, it is debatable just what the individual's real condition is at the time the suggestions take effect. Hull has argued that when a suggestion is given to a sleeper and it is effective, he always awakens to some degree and then passes into a hypnotic state. Hull also claims that sleep is never converted directly into hypnosis, nor are suggestions ever effective if natural sleep is present. Data reported by N. Barker and S. Burwin seems to support this position.

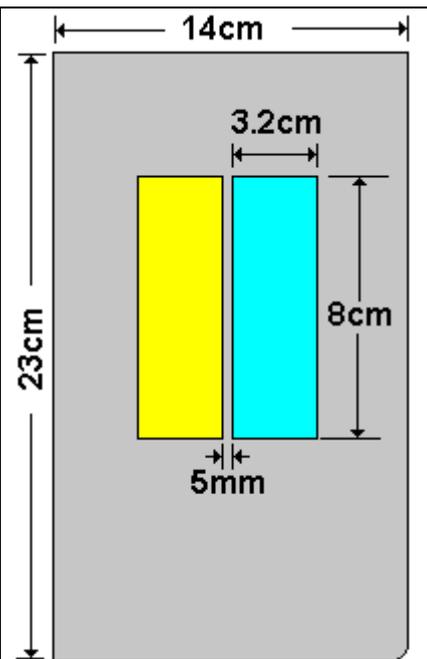
The method consists of speaking to the sleeping person in a soft whispered monotone. Something like this is said to him: "Sleep. Remain deep asleep. You are sleeping deeply but you can hear me. You will not wake up, but you will listen to what I tell you. You are comfortable. My voice does not bother or disturb you. You are going deeper asleep, deeper all the time. But you keep hearing me. You can understand everything I tell you, but you are going more deeply asleep all the time. You will not wake up until I tell you. Remain deep asleep. You hear everything I say. You will now raise your hand to indicate to me that you can hear me. You are now raising your hand, but you will remain deep asleep." After the subject has responded to a few suggestions, tell him that even though you are going to speak louder, he will remain deep asleep. Continue to suggest sleep while raising your voice gradually until you speak in a normal tone of voice. After this proceed with whatever suggestions you want to give.

Color Contrast Method

The following method was first reported by B. Stokvis. A piece of plain gray cardboard 14 by 23 cm. is used. On it two strips of paper 8 by 3.2 cm are pasted parallel to one another with a space of 5 mm. between them. The strip on the right is light blue in color and the one on the left is light yellow. Both strips have a dull finish. The lower right corner where the subject will be asked to hold the cardboard is rounded. See Figure 13-1.

The subject lying on a couch is given the cardboard and asked to hold it at arms length. He is requested to fix his gaze on the slit between the two strips. While the subject is doing this, Stokvis says:

...he is asked what he sees there. He will naturally reply "A piece of gray cardboard on which a yellow strip is pasted on the left, and a blue on the right of it, with a gray slit between." The subject is told that, as he continues to watch the picture, especially the slit, he will soon observe some additional colors appearing. These chromatic phenomena, as a general rule, will be observed physiologically by any normal person, including the so-called "red-green dichromatics," and by all "anomalous trichromatics;" they consist in appearance of the respective complementary colors along the outside edges of the yellow and blue strips.



When you have seen the color phenomena appear, that will be proof that the hypnotic state is going to set in," I tell the subject. "In fact the appearance of the colors is the first sign of the effect of the hypnotic influence; it is a kind of fatigue phenomenon of the eyes," I assure him.

"In the same way as you have seen these color phenomena, you will observe some other signs of the approaching hypnotic state. Do keep looking at the slit; then you will soon see that the inner edge of the blue strip, that is to say, the edge bordering on the slit, becomes more intensely blue, while the rest of the blue slip will become a much duller shade. In precisely the same manner you will notice that

the part of the yellow immediately bordering on the gray slit becomes more intensely yellow, while the rest of the yellow strip becomes more faintly yellow. Just keep watching sharply ... keep looking fixedly at the slit ... look very closely; you will see something else happen as well. You will also see colors appear in the slit; you will see a yellow border appear along the edge of the blue strip, and a blue border along the edge of the yellow slip. These two newly made colors will touch at about the center of the slit; now and then they will overlap; they may even disappear for a moment or two; perhaps because your consciousness is now beginning to waver, owing to the hypnotic condition, which is on the point of setting in." I will continue in this (purposely long-winded) strain.

Although the subject may perhaps feel somewhat skeptical at first toward this method of treatment, there is no doubt that by this time he will have abandoned this attitude; for he now sees before his eyes, point for point, that what is being told to him is also actually happening, with the result that his confidence in the physician will increase correspondingly.

"You remember what I told you just now" (I continue very softly and monotonously) "that, as you observe the color phenomena, you will find that your eyelids are getting heavier and heavier ... Still heavier all the time ... you will feel that you are getting more and more tired ... tired and weary ... and you will soon get so tired that you would just love to shut your eyes. When you feel like that don't resist ... don't resist ... you may close your eyes.

From this point on Stokvis' technique is the same as others. Note that he did not mention sleep anywhere in the procedure. Stokvis goes on to comment that although this technique does not usually bring about a very deep trance, there are many situations in therapy where this is not essential. Also the trance could be deepened by other means.

A method very similar to the color contrast method has been described by Powers. He recommends that the hypnotist use a pencil flashlight and aim its light into one of the subject's eyes. The subject is asked to concentrate his gaze upon the light until his eyes become heavy with fatigue. The hypnotist also tells him that he will count to five, at which time he (the subject) will close his eyes and go into a deep trance. A slow count of five is then given. If by that time the subject has not closed his eyes, he is asked to close them at his convenience. Then it is suggested that he will see a red spot inside the eye exposed to the light. He is asked to look for it and report it to the hypnotist if he sees it. When the subject reports seeing the red spot, it is suggested that it will disappear in a flash and that in its place a purple spot will appear. If the subject responds to this suggestion, other color spots are suggested. As the subject watches for color changes, suggestions of relaxation are given. From this point on the technique is one of deepening the trance.

This technique is not as subtle as Stokvis' and probably will not work with someone that has some elementary knowledge of sensory phenomena. The principle involved here is that of suggesting real sensory or perceptual effects and then suggesting very similar effects that normally would not occur. The main problem with these techniques is in preventing the subject from suspecting the true nature of his initial "hallucination."

MODULE 14 --INDUCTION OF HYPNOSIS 4 MISCELLANEOUS METHODS

Counting Methods

Seat the subject comfortably and ask him to fixate upon some object held up in front of him or have him look straight ahead at a wall. Then tell him:

I am going to begin counting and as I do I want you to follow me closely. When I say 'one' you will close your eyes and keep them closed until I say 'two.' At the count of 'two' you will open your eyes. As I say 'three' you will close them again and keep them closed until I say 'four.' Do you understand these instructions? [If the subject seems to show some confusion, demonstrate for him what you want him to do. Many hypnotists make it standard practice to demonstrate these instructions as they are given.] As I count you will continue opening and closing your eyes until they get very tired. You will find it increasingly difficult to open your eyes. They will get heavier and heavier. You will find yourself becoming more and more drowsy and sleepy. After a while your eyes will feel so heavy and you will feel so sleepy that your eyes will close and remain closed and you will go into a deep sound sleep. You will have no desire to open your eyes, you will only want to sleep, sleep deeply and soundly. At this point begin to count in a monotonous voice, pausing after each count. Watch the subject's reactions closely. If he consistently anticipates your count, especially when opening his eyes, you may suspect he is either not paying close attention or that he is resisting. If he has difficulty opening his eyes or keeping them open, he may be entering a hypnotic state. Although it is possible to produce hypnosis by using only the counting part of the procedure, it will probably be more effective to use suggestions of heaviness of the eyelids, drowsiness, etc. These suggestions can be interjected between counts. It is a good idea to continue counting for a short time after the subject's eyes remain closed. At first, the subject may raise and lower his eyebrows in time with the count while his eyes remain close.

There are cases where a subject will continue to open and close his eyes despite becoming deeply hypnotized. This can happen if the subject does not clearly understand the instructions, or from the fact that each count acts through association as a command-suggestion. In such cases it should not be too difficult to determine if the subject is hypnotized or not. Usually he will have a fixed and blank stare if in a trance. Also his posture will assume a rigid appearance, and the motion of his eyes becomes typically automatic. Another way of determining his condition is to alter the rate of counting. If he follows these changes faithfully you can be pretty sure he is hypnotized, probably deeply. Once you have decided the subject is hypnotized, wait until he closes his eyes again, and then stop counting and say something like the following: "Now your eyes are closed and you are deep asleep. Your eyelids are very heavy...just like lead. They are stuck together...so tightly stuck together you cannot open them."

Note in the above procedure that the subject is told not to open his eyes until the next count, but is not told not to close them before the next count. This is because he may go into a deep hypnotic state and his eyes may close any time in the induction.

Metronome and Allied Methods

This method, which is closely related to the previous one, consists of having the subject listen to a metronome, a clock, watch, or a steady tone. Typically the subject is comfortably seated in a dimly lit room with his eyes closed. Having his eyes closed can be a disadvantage because there will be no way of knowing when he passes in to the hypnotic state. However, even with his eyes open, you cannot tell for sure. Because the time required for induction by this method is extremely variably, you may assume when time is at a premium that if the subject has not passed into hypnosis within 5 to 10 minutes, he will not respond or will require much more time. For this reason, you should begin making suggestions after 5 or 10 minutes. If you have lots of time, you can allow 30 minutes to pass before starting to make suggestions. The main difficulty with this technique is that the subject may fall into a natural sleep. Often subjects who are potentially hypnotizable by this method fail to go into a trance in a short time because they do not concentrate on the sound. Sometimes it is helpful to have the subject alternately close and open his eyes with consecutive beats of the metronome.

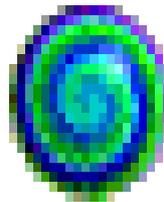
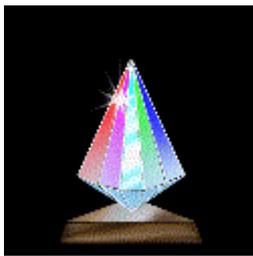
In the classically metronome method it was assumed the subject had no knowledge of what was going to happen as he concentrated on the beats. Most hypnotists today find it more advantageous to give suggestions regarding the effects of the metronome prior to using it. Some also instruct the subjects to repeat to themselves the word "sleep" every time they hear a beat. The most effective use of the metronome seems to be in combination with suggestions. Usually an initial period of about 10 minutes

is allowed without suggestions. If the subject should be responsive to the metronome alone, he will have time to manifest it.

One variation on this method consists of using a microphone to amplify the subject's heart beat or respiratory sounds. This technique makes use of two separate effects. A monotonous rhythm as a fixating stimulus. Also the rhythm of respiration acts as a conditioned stimulus for sleep. Many hypnotists believe that the metronome method works best when the rate is adjusted to some body rhythm (i.e., heart beat, respiration -- about 2 beats per second). If respiration is used, a responsive subject will adjust his rhythm to the beat of the metronome. A way to use this for the induction of hypnosis is start out with a metronome beating at a rate slightly lower than the subject's normal breathing. Ask him to breathe in unison with the metronome and pay close attention to it. This instruction should be repeated a number of times. After a few moments imperceptibly decrease the rate of the metronome. If the subject's breathing coincides with the metronome, change it back to the original rhythm and then increase the rhythm. If properly done, you will find that the subject adjusts his breathing to the metronome. Once this pattern has been established, suggestions of sleep can be given.

It is also possible to use a "visual metronome" (flashing light) that the subject fixates on. Actually, a combination of the two, auditory and visual stimuli can be used to an advantage.

Pendulum and Rotating Mirror Method -These are related procedures. The pendulum method makes use of a bright object attached to a chain or string. Some older hypnotists used their pocket watches which were carried at the end of a chain. The bob is held in front of the subject, slightly above eye level, and allowed to slowly swing back and forth. Suggestions as well as the beating of a metronome can be combined with this method.



The original rotating mirror method was developed by Luys. He used an old fashioned lure for meadowlarks, consisting of vertical wooden supports with many small mirrors imbedded in the surface. The device revolved about a central axis at a slow rate. Subjects were instructed to concentrate on the lure.

There have been many variations made of this device. One consists of one or more small glass spheres on one or more rotating arms. The subject is asked to fixate upon and follow the spheres with his eyes. As with previous techniques, suggestions can be combined with this method.

Hypnodisks and Other Devices

From the beginning of the history of hypnotism, hypnotists have tried to find some automatic and easy method of inducing hypnosis. This hope has been supported by the fact that Braid and Charcot had recourse to purely physical means to produce hypnosis. As a consequence of this search for more productive techniques, a rash of gadgets and gimmicks have been devised. Many of them have been sold (and are still being sold) as sure-fire methods of producing hypnosis. It is very doubtful any device exists that will facilitate the induction of hypnosis *in every use*. The existence of any device that induces hypnosis by a purely physical means, without the conscious participation and cooperation of the subject is very, very unlikely.

It is possible that as our knowledge of hypnotism and the nervous system increases such a device may eventually be invented or discovered, but it has not been as of this time. The fact that the alpha wave can be influenced by intermittent photic and auditory stimulation and that slowing down of the alpha rhythm is symptomatic of the appearance of sleep might be used as a bases for such a device.

It has been found that a flickering light can induce mental confusion, hallucinations and various other disturbed states in many people, and that in every case the disturbances were associated with specific electrical response patterns in the brain. It is conceivable that the effects of such devices as whirling spirals create similar phenomenon. If we assume that focusing of attention is an essential factor in the induction of hypnosis, it is theoretically possible that some fixation stimuli are more effective than others, because of their greater attention-catching or compelling power.

There are many such devices. For example, one device, called a hypnosphere or hypnoscope, consists of a small polished metal sphere enclosed within a larger hollow glass sphere. The presence of multiple spherical surfaces theoretically causes light placed anywhere in the room to be reflected in the subject's eyes. Also, the spherical nature of the reflecting surfaces allows the reflected lights to appear steady and relatively undisturbed by movements of the person holding the device.

Another device, called a hypnodisk or hypnotron, is a disk with a spiral (or spirals) drawn from the center. The disk is mounted on a turntable or on a shaft and rotated at a moderate speed. The subject is asked to look at the disk as he is given suggestions designed to induce hypnosis. The rationale is that the apparent contracting and expanding movement gives an illusion of an axial flow which is very attention compelling. Often subjects claim that watching the disk makes them dizzy which some hypnotist capitalize on. In any event, this device appears to be one of the more effective ones. Wolberg recommends it when dealing with refractory subjects. He recommends repeating the following suggestions until the subject's eyes are closed. "Keep your eyes fastened on the wheel. As you watch it, you will notice that it vibrates. The white circles become prominent, then the black. Then it seems to recede in the distance and you feel as if you are drawn into it. Your breathing becomes deep and regular. You get drowsy, very drowsy. Soon you will be asleep."

There are several variations of the disk. One has a number of concentric rings drawn on it. The subject is requested to fixate upon it as the hypnotist rotates it. It results in an illusion that the concentric rings are turning. Another variation consists of a background of spirals covered by a piece of plastic molded so that its surface consists of a large number of tiny parallel semi cylindrical lenses. Any slight movement of the disk causes the spirals to shimmer and change.

The Use of Candles: Another method often found in book for beginners is the "candle method." The subject is required to watch the flame of a candle. Probably its effectiveness is due to the mysterious and dramatic effect of the ever changing shape of the flame. It is said that dancing flames exert a peculiar fascination on people.

It is doubtful that any of these devices are superior in speed, depth of hypnosis, or the percentage of subjects successfully hypnotized. They are also bulky to carry around. However, a professional hypnotist should avail himself of such devices because when other methods fail one of these devices may succeed.

Hypnosis by Passes

Passes are movements of the hands made by the hypnotist over the subject's body. The hands may or may not touch the body. They were originally introduced by the mesmerists on the assumption that the motions directed, concentrated or dispersed the animal magnetism upon and within the subject. Today they are used almost entirely for theatrical effect. However, if a subject believes in their effectiveness, there is a certain value in using them. According to the mesmerists passes are very important and must be used correctly or not at all. This involves special ways of holding the hands and fingers, certain mental attitudes, certain ways of moving the hands etc. There are six major types of passes:

1. *Longitudinal passes* are made head to foot with the hands a few inches from the surface of the body. Their objective is to dissipate the magnetic fluid throughout the body. They are extensively used to induce "magnetic sleep."
2. *Passes "a grand courant."* These are similar to the above but made more rapidly, with wider motions and at a greater distance from the body. They are said to have a greater effect on the subject than the longitudinal passes.
3. *Oblique passes* are a variation of (2). They differ in that the two arms describe arcs of circles in front of the subject. The object is to remove or dissipate whatever animal magnetism is present in the chest

and head. They are used to awaken the subject from induced magnetic somnambulism.

4. *Transverse passes*. The arms are crossed in front of the hypnotist's chest, the palms forward facing the subject. Then the arms are rapidly stretched forward and outward. These passes are supposedly the most radical method of dissipating any magnetism accumulated at any point in the subject's body. The mesmerists consider these passes an excellent way to awaken the subject.

5. *Vibratory passes* are supposed to be the magnetizer's most powerful pass in regard to his emission of animal magnetism. They are made in a variety of ways. Different parts of the hand come into contact with the subject, with the hands stationary in one position or moving in one of the ways described above. At the same time the hands are given a continuous vibratory motion.

6. *Circular passes* are made with short or large circular motions of the hands and arms and have different qualities depending upon whether done clockwise or counterclockwise. There is no evidence to indicate that passes have any special properties. Whether one uses them is a matter of personal choice, belief, and showmanship. Judging by past records they can be very effective.

Hyperventilation

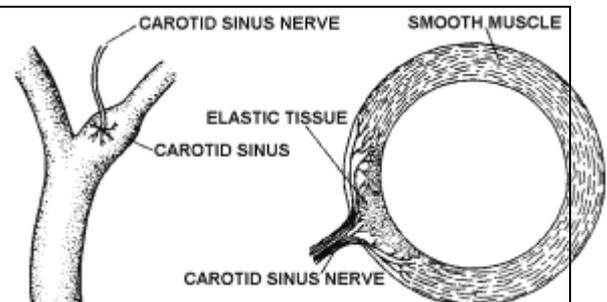
Voluntary hyperventilation (forced deep breathing *without forced expiration*) appears to raise a subject's suggestibility. Many hypnotists do use it to facilitate the induction of hypnosis. However, to be effective it must be maintained over a period of time and not limited to a few deep breaths. There are a number of ways of proceeding. The induction of hypnosis can be preceded by two to four minutes of hyperventilation and then followed by suggestions. Another good method is to have the subject concentrate on his breathing and take rhythmic breaths as deeply as possible in regular, rapid succession. Probably the hypnotist should set the pace at first by indicating the rhythm with movements of his hands or by saying in a monotonous voice, "in -- out," or "breathe in -- breathe out." This not only sets the pace, but getting the subject to voluntarily respond to the words of the hypnotist adds to his suggestibility. After a rhythm has been established, standard suggestions can be integrated with the breathing.

If hyperventilation is carried out to long unconsciousness can occur. This is not particularly dangerous because when the subject loses consciousness he automatically stops hyperventilating and will regain consciousness. However, this would certainly interfere with attempts at hypnotization. Normally, you may expect subjects to enter a state of hypnosis before hyperventilation causes them to lose consciousness, however, some people are particularly susceptible to the effects of hyperventilation and may faint before hypnosis has been induced. It is actually an easy matter to check on the subject's state of awareness and the suggestibility of the subject and discontinue hyperventilation with the onset of hypnosis.

What do you do if a subject should faint? Nothing, he will shortly recover alone because fainting automatically brings an end to hyperventilation. Besides fainting, a number of other effects may be observed during hyperventilation; Sweating, cold, clammy skin, more rapid heart beat, muscular weakness and fatigue. These are normal reactions and you should not be concerned about them. However, the subject may be concerned and you may have to assure him that they are normal reactions.

The Carotid Sinus Method

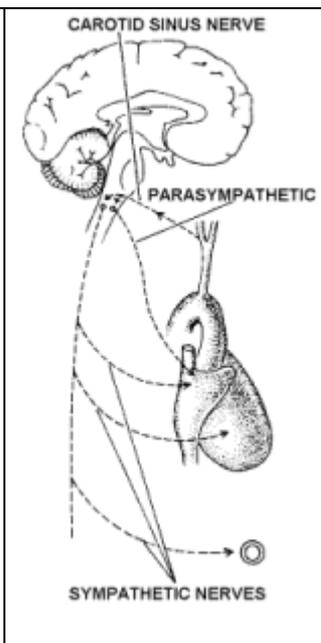
High in the neck each of the major arteries (carotids) supplying blood to the brain divides into two smaller arteries. At this bifurcation, the wall of the artery is thinner than usual and contains a large number of branching, vine like nerve endings. This small portion of the artery is called the *carotid sinus*. These nerve endings are highly sensitive to stretch and distortion. Applying pressure to them can trigger a syndrome that affects the flow of blood, oxygen and carbon dioxide in the blood, heart rate, blood pressure and other functions.



One of the main attractions of the carotid sinus method is its great speed of action, its *apparent* simplicity and the *false* assumption that it is a sure fire technique requiring little skill on the part of the hypnotist. The carotid sinus technique is based on a known physiologic phenomenon that often results in a state of unconsciousness when carried to completion.

Warning: This procedure is very dangerous and has no place in the practices of a reputable hypnotist. This procedure triggers an entire syndrome, which among other things can cause the heart to stop. There are numerous records of instantaneous deaths caused through the elicitation of the carotid sinus reflexes. Also it is difficult to use these reflexes to produce hypnosis because their action is often too rapid, variable, and difficult to control. It is doubtful, even when used by an expert, that it has anything but "show" value. One thing is certain; the collapse of the subject following the elicitation of the syndrome is not hypnosis, although some less than honest stage hypnotists have often indicated otherwise.

The actual production of hypnosis using this technique involves giving the subject proper suggestions while he is passing from consciousness to unconsciousness. With many subjects this in-between state can be fairly easily maintained. With others it is extremely brief in time



Rapid Methods

In modern times stage hypnotists have placed much emphasis upon "rapid hypnosis" and particularly "instantaneous hypnosis." An example of the instantaneous method is the triggering of the hypnotic state by the use of a posthypnotic signal. This will produce hypnosis in a fraction of a second. Many of the other so-called "instantaneous" methods are better described as rapid techniques that require at best a minute or more. In many cases the claims of rapid hypnosis are deceptive because they neglect to take into account the time used to prepare the subject or to "set the stage." With the exception of hypnosis produced by a posthypnotic signal, the best you can say for the rapid methods is that they very fast, *when they work*. When they fail, you are probably worse off than if you had tried a slower technique in the first place. However, there is no question that under the proper conditions rapid hypnosis is possible.

If a person has a high suggestibility quotient, and feels you are a "powerful" hypnotist, a sudden look from you with a firm command of "sleep!" will sometimes be sufficient to induce a state of hypnosis. This is particularly successful if he has just witnessed the induction of hypnosis in others at a signal or command by you.

Sometimes when a subject appears a little dazed, eyes glazed, and unstable on his feet after responding well to a few waking suggestions will go into a hypnotic state if you suddenly look at him and command, "sleep." This is especially true after a good response to the postural sway experiment. A simple but effective technique is to quickly extend your hand toward the subject's face; snap your fingers near his eyes and at the same time command "*Sleep! Deep asleep!*" If done properly, the eyelids will close due to a reflex if not as the result of hypnosis and will remain closed if the subject is sufficiently suggestible. Another technique is to watch nearby people in an audience while giving a demonstration of hypnosis. It is not uncommon to find someone in the audience showing evidence of being influenced by the proceedings. Very often if you turn toward him and command sleep, he will be deeply hypnotized.

One very effective method used by many stage hypnotists is to start giving the postural sway suggestions and as the subject begins to fall, step back so that their chest will support the head and shoulders of the subject when he is caught. As he comes to rest against the hypnotist's chest the hypnotist slides one hand over the subject's eyes, forcing him to close them. At the same time the command "*Sleep! Deep, deep sleep!*" is given. Then suggestions to deepen the trance are given before the subject is helped back to a normal standing position.

Even the Chevreul pendulum demonstration can be used to induce hypnosis. The subject is asked to concentrate on the bob and its motion. When movement is obtained, he is told he cannot stop it and is challenged to do so. Depending on his reaction, you can command sleep or begin a slower induction of hypnosis. With a subject that fails to meet the challenge, a trance can often be induced by stating in a positive manner "All right, now you can stop it if you wish, but you are getting very sleepy. *Sleep!* DEEP ASLEEP!" This command can be emphasized by snapping your fingers next to his eyes.

The problem with all of these methods is that they are very uncertain. Their success depends too much on the hypnotist's ability to pick the proper subjects and to adequately set the stage. The ability to detect if a subject is ready for these techniques is somewhat of an art. A tense, fixed expression, bodily tenseness, expectancy and glazed eyes are among the cues an experienced hypnotist looks for.

These methods are rarely recommended for the beginner's use. The only true method of instantaneous hypnosis is the use of a posthypnotic signal. While the subject is hypnotized you suggest to him that the next time you give a particular signal he will immediately go into a deep sleep. Any signal will do. It is a good idea to suggest that he will not recall this. While this is a simple and effective technique, it is not foolproof. Of course, the subject has to be hypnotized the first time before it can be used. Although posthypnotic suggestions can be effective with a light trance, to be fully effective and lasting, the subject should be in a deep hypnotic state, or at least in moderately deep hypnosis. When using this technique, *you should be very careful to not use a word as a signal that you would use in an ordinary conversation with the subject.* If you do not observe this rule, you may find your subject falling into a trance when it is not intended. Also it should be made clear that he will only respond to the signal if it is given by an authorized person. Never say, "Anytime you hear the word 'rosebud' you will go into a trance," or even "Anytime someone says 'rosebud' to you".

MODULE 16 - INDUCTION OF HYPNOSIS 6

Mass or Group Hypnosis

Hypnotizing a large number of people at the same time is not difficult. The group can either be a selected group or an unselected group. In the first case, the subjects can be individuals that have submitted to a few tests of suggestibility (i.e., postural sway, hand claspings, etc.) and proven to be potentially good hypnotic subjects or they can be untested volunteers. As a rule, you will find that volunteers are more susceptible to hypnosis than are non-volunteers. In the second case, the entire audience is used, no testing or calling for volunteers is done.

In the case of the group selected on the bases of suggestibility tests, you can proceed in one of two ways. You can pick out a few subjects that you consider highly suggestible and hypnotize them individually before the rest of the group. Often you will find that other members of the group will also have gone to "sleep" or have become partially hypnotized. If this is the case, you can turn to them and finish hypnotizing them or deepen the trance. Tell each subject, including the ones you worked with individually: "You will remain as you are, deep asleep, until I tell you otherwise. You will not awaken until I tell you to." It is good practice to lightly touch each subject on the shoulder or arm as you address him. This will make your suggestions more emphatic and personal. Whether or not other members of the group go into a trance after you have hypnotized a few subjects individually, turn to them and say something like this: "Hypnotizing is as easy as that. Now, I want all of you to look at my eyes."

The other mode of proceeding is to hypnotize the group with out any individual demonstrations. You can start with a group of volunteers or the entire audience by demonstrating waking suggestions or even hypnosis with a few subjects picked from the group. Alternately, you can give the entire audience waking suggestions as explained in module 9. Most hypnotists will only give the hand-claspings test to the entire audience. Then ask those that had difficulty, or are unable to separate their hands, to come forward and act as subjects. If you are dealing with a group of volunteers, you can very effectively turn the hand-claspings test into a trance-inducing procedure. When the test is concluded you can go

directly into suggestions of sleep.

Once you have exhausted the volunteers and the subjects selected by means of a test, you probably have not gotten all the good subjects in the audience. Some of the best subjects may still be in the audience. For this reason, when you are ready to hypnotize the selected group, tell the audience something like this: "Shortly I am going to ask those who have volunteered to perform an exercise in relaxation. You may try it also if you wish. I think you will find it very interesting. All you have to do is close your eyes and listen to what I tell you and do what I tell you. Now just close your eyes." Then turn to the volunteer group and say: "Those of you have volunteered look into my eyes."

Alternately, you can address the volunteers first and give them some preliminary instructions. Say to them: "In a moment we will do an exercise in relaxation. I think you will find it very interesting. All you need to do is look at my eyes and listen to what I tell you and do what I ask you to do. Now just close your eyes." At this point turn to the audience and add: "Those of you that are watching may like to try this also. You will find it a very pleasant and interesting experience. Just close your eyes and listen to what I say. Don't worry, you will not miss anything. All right now, close your eyes and just listen." Now, turn to the subjects and proceed to induce hypnosis.

When you have finished the induction, add the following instructions: "Some of you in the audience are now sound asleep. You will remain sleeping and will not wake up until I tell you to do so. In a few moments I will have someone next to you bring you to me. You will remain deeply asleep and follow him to me. The rest of you in the audience may now open your eyes. Please look around you, if you see anyone sleeping, please bring him to me. Just take hold of his arm and help him gently out of the chair and guide him to me." You should always make it a point to come forward to meet the subject.

Other than outlined above, the induction of hypnosis in a group is virtually the same as inducing hypnosis in single individuals. One method that can be used with hardly any alterations is the first method described in module 10 (A Simple Induction).

We will now give a few samples of mass hypnosis. The following instructions assume that the audience is being address. Except for the last part of the following, the instructions are equally applicable to groups of volunteers assembled on a stage or anywhere in the room. When dealing with volunteers, there may be occasions when they are not all seated. If possible try to have as many chairs as you estimate you will have volunteers. However, *never turn down volunteers for a lack of chairs*

There is no reason why some subject cannot be kept standing. You can arrange the extra subjects in rows behind or in line with the chairs. You can then start giving your suggestions, making a few appropriate changes where needed. For example, you might say something like this: "...Those of you who are standing relax as much as possible, but hold yourself straight, hands by your sides." When the time comes to instruct the subjects to clasp their hands, specify that the standing subjects keep their clasped hands in front of them, and the sitting subjects hold them in their laps.

After making some introductory remarks to the audience, say something like the following:

I would now like to invite you to participate in an interesting experiment. Please place both of your feet flat on the floor. If you have any rings on your fingers, please remove them and place them in your pocket or handbag. Now clasp your hands together as I am doing and keep them in your lap. Breathe deeply, just as I am doing. Continue breathing deeply and only listen to my voice.

As you continue breathing deeply imagine that every muscle in your body is relaxing, just turn them loose, just like a hand full of loose rubber bands. Allow a wonderful feeling of relaxation to flow into every muscle of your body. Feel your entire body relaxing. Your entire body is relaxing more and more with each easy breath you take. Now let your eyelids close and continue breathing deeply and easily. Your arms and hands are beginning to feel heavy, your legs are growing heavy. Your entire body is growing heavy, heavier and heavier. You are becoming pleasantly drowsy, sleepy...Just listen to my voice. Think of nothing but what I tell you.

As you continue to relax more and more and become more and more sleepy you will find that your hands are becoming stuck together. In a few moments you will find that your hands are so tightly stuck together that you will not be able to take them apart until I tell you that you can. But for now just continue listening to my voice. Your hands are heavy, very heavy. Your arms are heavy, very heavy.

Your legs and feet are very heavy. Your entire body is very heavy, so very heavy. You are drowsy, so very drowsy, so sleepy. Just allow yourself to drift into a deep pleasant sleep.

Feel yourself drifting down into a very pleasant, restful sleep. You can hear everything I say and will continue to listen to me. Nothing will disturb you. You are only aware of my voice. You feel comfortable and are going into a deep sleep. Now as I continue to speak to you, you will find that your hands are stuck together. They are so completely stuck together that you cannot separate them. The more you try, the more tightly they stick together. You will remain asleep with your eyelids closed and as I count your hands will become more tightly stuck together. One...They are sticking tighter together. Two...they are stuck tight. Three...tighter. Four...tighter and tighter. Five...They are stuck tight, you cannot take them apart, the more you try, the tighter they stick together...Now stop trying and relax.

Now you can take your hands apart, but now your eyelids are sticking together, sticking more and more tightly closed. No matter how hard you try, you cannot open your eyes, they are stuck closed...All right now, stop trying and relax. You are going deep asleep, deep asleep. Drifting down deeper and deeper asleep.

You might then suggest that they raise their right arms above their heads and make a tight fist. Follow this with suggestions that their arms are stiff and they cannot bend them until you tell them they can. This has the triple purpose of testing suggestibility, deepening the trance and allowing you to get an idea of whom in the audience has responded to your suggestions.

At this point, you can do one of three things. Have members of the audience guide these subjects to you as described before. If practical, go to each subject and give him a few additional suggestions to deepen his trance and escort him to the place where you will give the rest of the demonstration. Or, you can instruct the subjects that they will in the future become instantaneously hypnotized when you command them to sleep; wake them up and ask them to come forward as subjects. You can then quickly hypnotize them as a group or individually.

An effective variation of this procedure is as follows. Either the entire audience or a group of volunteers are instructed to clasp their hands. Have them look at some fixation object or your eyes. If feasible, have the lights dimmed. Now ask them to breathe deeply and rhythmically. Then tell them you are going to count and as you do, they should pay close attention to the counts and what you say. Tell them not to think about anything but what you tell them. Then count something like this:

One...As I count you will feel yourself relaxing and soon you will fall asleep.

Two...You will find this an interesting and very pleasant experience.

Three...As you continue to relax more and more; a feeling of heaviness will come over you.

Four...You feel yourself getting drowsy, so sleepy.

Five...As you continue to relax and feel more and more sleepy; your hands are becoming stuck together.

Six...Your hands are sticking tighter together.

Seven...Tighter.

Eight...Tighter and Tighter.

Nine...Your hands are stuck together, you cannot separate them, try!

Ten...Stop trying and go deeper asleep.

Eleven...If your eyelids are not closed, please close them.

Twelve...Let yourself go deeper and deeper asleep.

Thirteen...You are deep asleep.

Fourteen...I may awaken some of you shortly; if I do, you will go right back to sleep as soon as I tell you to.

Fifteen...Sleep deeply...Soundly. You will not awaken until I tell you. Just stay as you are until I speak to you again.

At this time, as explained before, instruct the nonhypnotized members of the audience regarding those that have entered a trance. Then, as soon as feasible, dismiss the subjects that are obviously not hypnotized. Watch for subjects that are lightly hypnotized and may tend to awaken. If you observe a subject awakening, you can usually re-induce the trance by giving

him a few suggestions of sleep. It is good practice to give individual attention to each subject that is hypnotized by touching him on the shoulder or the arm. As you do you should deepen his trance and restate that he will not awaken until you tell him to. Also tell him that if he should awaken for any other reason, he will immediately go back to sleep at your command.

As a rule, this method will quickly hypnotize a large group of people. However, with the exception of a few, most of the subjects will be in a light to medium state of hypnosis. A good way to deepen the trance would be to apply a variation of the fractionation method (see Module 9) by awaking the subjects, all at once or only a few at a time, under some pretext, and then re-hypnotizing them. You do not have to have all the subjects participate at the same time. However, it is a good idea to suggest to those remaining inactive, that their trance will deepen while they wait and that they will not pay any attention to what you say until you address them or give them some signal such as touching them on the shoulder. In general, you will get the best results with mass hypnosis by working quickly but smoothly and keeping your subjects performing most of the time.

The fractionation method can be used very effectively when performing group hypnosis. Tell the subjects that appear sufficiently hypnotized that you are going to awaken them and have them return to their chairs, but once they are seated, they will feel sleepy. Also tell them that as they watch you, they will get sleepier as time passes, their eyelids will get progressively heavier, so heavy that they will close and they will drift deeply asleep; and not awaken until you tell them to. Then awaken them, and have them return to their chairs. While working with those subjects who went into satisfactory trances, keep an eye on those given the above suggestions. Often after a short time you will notice one of these subjects nodding or showing difficulty keeping his eyes open. When this occurs, point your finger at him in a rapid, sudden motion, and say in a commanding voice, "SLEEP!" This will often put him into a deep trance. In many cases these subjects will become hypnotized without this step and you can attend to them later.

Mass hypnosis is useful when giving demonstrations and increasing the susceptibility of prospective subjects or patients. It can act as a form of psychotherapy. Mass suggestion is probably at the bottom of mass cures that have been reported to occur in temples, churches, and holy sites since ancient times. Mesmer was one of the first physicians to make use of these techniques on a large scale. Bernheim used the technique to increase the susceptibility of his patients.

MODULE 17 - INDUCTION OF HYPNOSIS 7

Animal Hypnosis Immobilization

There are four principal ways that a state of hypnosis can be induced in an animal. The methods are:

Repetitive Stimuli -- This includes scratching or stroking various areas of the body, staring into the eyes of the animal, closing the eyes of the animal and swinging it back and fourth, and suddenly presenting a very bright stimulus.

Inversion -- In many instances a sudden inversion of an animal will induce a state of hypnosis.

Pressure on Body Parts -- Often pressure applied to the abdominal region of an inverted animal will produce a state of hypnosis. This region will vary with different animals.

Restraint of Movement -- This seems to be an essential element in the production of hypnosis in animals. It is probably virtually impossible to use any of the other methods without some form of restraint of motion.

There appears to be no way of knowing which method will work best with any given animal. Some animals may not respond twice to the same method. Other may respond well to several of the methods. The state of hypnosis in animals is manifested by a state of immobilization characterized by a condition of hypertonicity, usually associated with marked plasticity. However, relaxation and rigidity

have also been observed. The state of immobility may last for several hours. During this time the animal appears to be insensitive to most stimuli. Some animals tend to go into this state more quickly and remain in this condition longer with successive repetitions of the induction process.

Because of the nature of Pavlov's study of Conditioned Reflexes he encountered the phenomenon of animal hypnosis quite often. His dogs were restrained during his experiments and subjected to monotonous situations. After extensively studying animal hypnosis he came to the conclusion that it was due to a self-protecting reflex of an inhibitory nature. Faced with an overwhelming power from which there was no escape an animal's only chance of survival is to remain immobile in order not to be noticed. The condition of immobility is triggered in the following way.

The animal is subjected to external highly intense stimuli or to unusual stimuli that are capable of triggering a rapid inhibitory reflex in the motor region of the cerebral cortex that controls voluntary movements. Depending on the duration or intensity of the stimuli, this inhibition is either confined to the motor region, or it irradiates to other regions of the cerebral hemispheres all the way to the mid-brain. If it is confined to just the motor region reflexes of the eye muscles are present (i.e. the animal follows the experimenter with its eyes), and tonic reflexes from the mid-brain to the skeletal muscles cause the animal to retain the position it is placed in (catalepsy). In the second case the above-mentioned reflexes gradually disappear as the animal becomes absolutely passive with a general relaxation of the musculature. Pavlov believed this inhibition is nothing more than sleep, but partial and localized.

There has been a lot of research done in the area of animal hypnosis, however little is known about the phenomenon and there is very little agreement among investigators regarding the known facts. The methods of induction are extremely variable in their effectiveness. Very little can be done with animals in these states. There are no known applications that can be applied to human management from the studies of animal hypnosis. It is a topic of great scientific interest and in time may be of considerable value for the practical use of hypnosis