



HYPNOTISM FOR PROFESSIONALS

HYPNOTISM

FOR PROFESSIONALS

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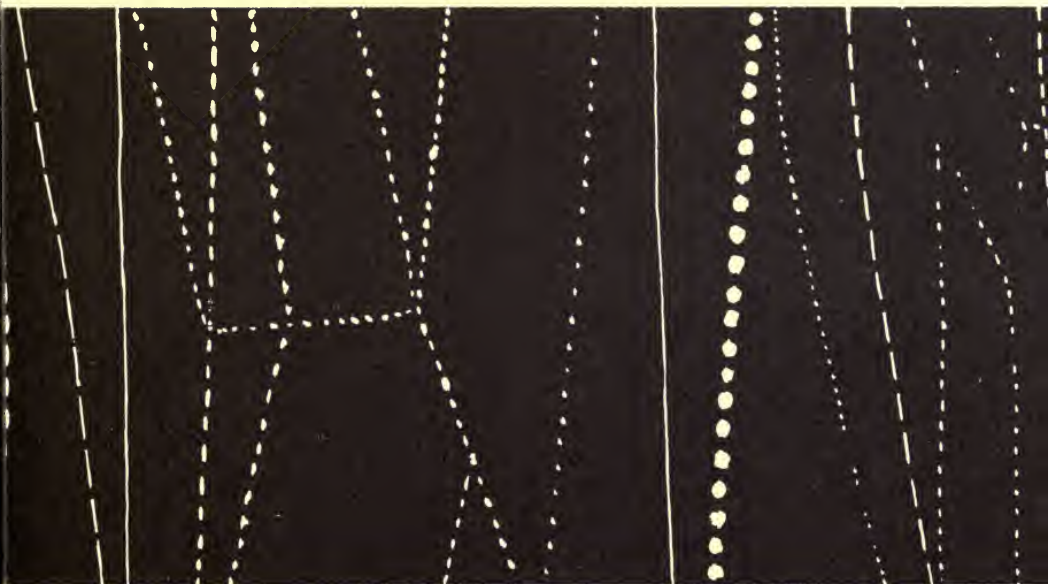
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contents

Chapter	Page
1 By Way of Introduction	9
2 The State of Trance	15
Matters of Degree	16
Some Are More Suggestible	18
Asleep, or Not Asleep?	19
The Cataleptic Test	21
The Reluctant Subject	23
No Rude Awakening	25
Illusions, Unlimited	28
Memory Lane	29
After the Trance Is Over	33
For Experts Only	34
3 Induction among Friends	37
Establishing Rapport	38
The Light Trance	40

The Doubting Subject	41
Removing the Doubt	42
The Overanxious Subject	43
A Young Subject	45
An Aid to Education	47
The Deep Trance	51
Detective Work	53
Self Hypnotism	57
Assorted Helpful Hints	59
4 On Stage	63
The Opening Speech	66
The Audience Is with You	68
The Invisible Cord	70
The Critical Point	73
The Chosen Few	74
Confidence and Control	76
Effective Performance	78
Ending the Show	80
Stage Hypnotism Photographically Illustrated	83
5 If Mesmer Could Have Known!	98
From Cult to Craft	102
Scorn's End	103
Hypnotism Today	107
. . . and Tomorrow	109
Glossary	112
Bibliography	122





1

1

by way of introduction

Hypnotism, as a phenomenon, is probably as old as mankind itself, although it has been studied in an organized way for less than 200 years. If there still remains associated with the word an aura of mystery and the occult, it is no fault of the dozens of earnest scientists who have conclusively established that hypnotism can be included among the modern techniques which may be used for man's benefit. But these same scientists often raise the question whether the public demonstration of the practice of hypnotism has helped the layman to understand and accept its role in modern society.

As a professional hypnotist, who has given countless such demonstrations in Europe and America for

many years, it is my contention that the more people know about hypnotism, and the more familiar they are with it as a credible and not at all mysterious phenomenon, the more they will prove receptive toward its scientific aspects. Surely there is no disservice in winning their attention by arousing curiosity and interest, and very often, in my experience, those who have come only to be amused or entertained, have left my demonstration impressed with the possibilities of this powerful technique.

There is no doubt that charlatans and sensation-
alists have taken advantage of the natural tendency of many people to seek a thrill at an exhibition of something unusual and apparently outside the scope of the "natural." The association of hypnosis with such performances as that of the notorious (though fictional) Svengali and his imitators is certainly regrettable. But I believe that this unhealthy association can best be broken down, not by sending a few devoted students to pore over the more profound monographs on hypnosis, which require exceptional background to be understood, but rather by reaching the millions through honest and dignified demonstrations of the technique, and also by a simple, forthright account of the practice, history, and theory of hypnosis. That is the purpose of this book.

However it must be pointed out that no skill can be acquired through mere reading. The practice of hypnotism by its very nature involves a high degree of personal relationship, and requires a capacity to judge individuals, singly and in groups, and to react quickly and sensitively to idiosyncrasies, moods, and unpredictable circumstances. Such capacities obviously cannot be transmitted by instruction, certainly not by a course of reading. What, then, can you, the prospective practitioner of hypnosis, expect to learn from a book such as this?

From the theoretical and historical sections you will, I earnestly hope, derive an appreciation of the worth and importance of hypnotism as a science. But the bulk of the material deals with the practice of hypnotism, that is to say, with hypnotism as an art. Now the classic method of teaching an art is to formulate a system of rules which are supposed to represent a lifetime's experiences boiled down to predigested capsules. This can be a very dull and not particularly nourishing diet. I prefer the method of personal, informal guidance.

With you, the reader, invisibly at my side, I shall induct a number of subjects into hypnosis, lead them through the various stages of trance, and restore them to a waking state. I shall disclose to you, in a

way impossible during an actual session or performance, my inmost thoughts, my reasons for reacting to various situations which have in fact occurred in my own experience. Thus, in precise and concrete terms, I shall offer you examples of the technique of hypnotism which will serve you as model (but not as blueprint) to adapt according to your own personality. For one of the fascinating aspects of hypnotism is its capacity for infinite variation. Neither the art nor the science suffers from rigidity.

You will perhaps be surprised to learn that no accepted definition of hypnosis has yet been formulated. Like the good citizen of Molière's play, who was amazed to find out that he had been using "prose" all his life but could not define it, just so have many practiced hypnotism for years and yet no one knows just what it is. The word, of course, comes from the Greek *hypnos*, meaning "sleep," and was coined by the 19th century Scottish physician, James Braid. But even Braid realized that there are differences between the hypnotic state and true sleep, and tried unsuccessfully to withdraw the term "hypnosis" from popular usage. More recently scientists have proved that actual hypnosis could be induced in certain subjects while they were definitely awake; and certain physical characteristics of

sleep, for example the lack of noticeable knee reflex, are not present in the hypnotic state.

Perhaps it will be easier to understand hypnotism if we consider in separate chapters the characteristics of the hypnotic state and the manner in which that state may be induced. On the latter aspect I will draw both on my own extensive experience and on the records of eminent practitioners. Once we have clarified these fundamental points, we will take a look backward at the story of hypnotism in the past, so that we may better understand its role in our present society, both in relation to medical practice in general, and its potentialities for the layman. Thus you will discover that hypnotism is neither mysterious nor remote, but an instrument which may one day serve you.



the state of trance

A young man is sitting relaxed in a chair. His eyes are closed, his hands lie comfortably in his lap, his legs are resting in a natural position, and he is breathing regularly but not deeply. He appears to be sleeping, but he is answering questions I put to him as I sit opposite him a few feet away. I am alert, insistent but friendly in my questioning, never allowing the conversation to lag. You are allowed to watch this hypnotic session only on condition that you remain quiet. But you are naturally puzzled.

You have not yet seen the actual process of bringing the subject under the so-called hypnotic spell; this experience will be discussed later at length. But you do know that the young man is under my hyp-

notic control. To what extent is he subject to my will? Must he answer all the questions I put to him, and must he give truthful answers? Will he do more than talk—engage in activity, walk about, eat, or smoke? Could he open his eyes, see objects in the room, recognize those of you he knows? Will he remember what he says and does, and if so, will the memory seem like a dream or have the sharpness of waking life? These are some of the thoughts that probably puzzle you. The answers will tell much about the hypnotic state, usually known as a trance.

matters of degree

First off, let us realize that there are many stages of trance, disregarding for the moment the “waking hypnosis.” One of the first attempts to define these stages was made by the pioneer hypnotist, Hippolite Bernheim. He recognized nine degrees of the hypnotic state:

1. The subject is relaxed and tends to react to suggestions.
2. The subject, under hypnotic suggestion, is unable to open his eyes.
3. The subject’s limbs, under hypnotic suggestion,

remain rigid unless he makes a great effort to resist suggestion.

4. The subject's limbs are irresistibly rigid under hypnotic suggestion.
5. The subject's physical reactions—movements of hands, legs, mouth, etc.—are completely controlled by the hypnotist.
6. The subject will obey the hypnotist in such physical activities as walking or lying down.
7. The subject will, after waking, forget his actions and words during the trance.
8. The subject will accept as real hallucinations suggested by the hypnotist during the trance.
9. The subject will accept as real, even after waking, hallucinations suggested by the hypnotist.

Bernheim's effort to identify progressive degrees of trance was valuable in its day, but it was limited both by his dominant notion that suggestion alone is responsible for what occurs during hypnotism, and by the lack of the recorded experience accumulated by many later hypnotists. Although no system of grading degrees of trance has been universally accepted, a formulation proposed in 1931 by the scientists L. W. Davis and R. W. Husband, based on numerous experiments, is frequently used. The

Davis-Husband scale identifies 30 stages. Such a scale cannot be applied with accuracy to individual subjects, any more than the actuarial statistics of an insurance company will reveal the life expectancy of any individual; but it serves the important purpose of describing the average reactions of a normal subject as the trance progresses.

some are more suggestible

Let us emphasize right here that very few subjects will progress through all the stages of trance, and hardly any would do so at the first session. Some individuals, as we shall see, are not capable of being hypnotized at all. Most people can be hypnotized rather easily through the first 11 stages which precede what is often called the medium trance. Fewer subjects, but still a considerable number, will respond until they reach the stage of somnambulism, corresponding to the 21st degree of the above-mentioned scale, and marked by the subject's opening his eyes while still under hypnosis. Usually the skilful hypnotist leads the subject at each session as deeply into trance as he seems capable of going, recognizes when the subject ceases to respond to added suggestion, and continues in the next session

from that point until the maximum depth of trance for the individual is reached. The capacity of each individual can only be determined by trying, and the skill of the hypnotist is revealed not only by his ability to increase his control, but also by his ability to recognize when the limit is reached, as it always must be at some time. As various metals are more or less capable of conducting electricity, indicating their limit of capacity by resistance, so various individuals will accept hypnotic suggestion up to a point, then develop resistance.

Let us return to our young man, whom we may not leave too long without attention. If I stop talking to him, he will simply fall asleep and, depending on how weary he is, awaken naturally some time later. This is the answer to the often expressed fear that a subject may have to spend his life under a spell if anything should happen to the hypnotist before the trance is ended!

asleep, or not asleep?

But it is easy to find out whether the young man has already begun to sleep; if he has, he will not respond further to my suggestions. So I make a simple test by telling him, in a conversational voice,

to raise his right arm slowly, as I count from 1 to 10. I count very deliberately, and as I say "3" the arm begins to stir; at "4" it is definitely moving upward, and it continues to rise until it extends straight out as I finish my count. Then I tell him that this arm will remain outstretched before him, with no feeling of weight, until I say "heavy," at which word it will become intolerably heavy and drop to his lap. Now, while the young man sits with outstretched arm, I can explain to you why I counted to 10. Don't worry, he is not uncomfortable, for in the stage of catalepsy he is in, he has no sensation that his arm is in the air. This is one of the differences between the hypnotic trance and true sleep.

I counted to 10 because I wanted to make certain of my control. As an experienced hypnotist I am aware that no subject is completely under my control at any time. That answers another of your questions. Of course, when I hypnotize in public, I must adhere to the tradition of the performer and scrupulously maintain the appearance of complete control at all times. This is not entirely acting, for it is part of the hypnotist's skill to suggest only what he is certain will be accepted and followed. But now you know, even if my audience does not, that each indi-

vidual has a maximum capacity for suggestion. I must be sure not to exceed that capacity. That is why I and other hypnotists often make our suggestions, as we pass to a deeper stage of the trance, to a slow count. As the count progresses, we have an opportunity to observe whether the suggestion is "taking." In this case, it began to "take" at the 3d count, and I knew I would succeed. But if the young man had failed to react by the 5th count, I would have to change my tactics.

the cataleptic test

Now it is time to proceed with the hypnosis of the young man. I address him again: "You are still sleeping comfortably. But your right arm is no longer light. It has become *heavy*." At the last word, as though in response to a signal, the arm dropped to the young man's lap. You will notice that, though he was left for several minutes without hearing my voice, he did not fall into a natural sleep. He was still engaged in carrying out my last suggestion, and his mind was alerted to complete the suggestion on hearing the key word, "heavy." In other words, the rapport was maintained. If his arm had dropped

prematurely, it would have revealed to me that the rapport was lost, and that he had substituted natural for hypnotic sleep.

A suitable follow-up to the catalepsy just described would be a trial of anesthesia. Just as the subject's arm could be made light or heavy, so it may be deprived of all feeling. At my suggestion, therefore, his left arm becomes entirely numb. This is not merely an illusion; he will actually feel neither pleasant sensory impressions nor the prick of a needle. Such anesthesia, as we shall see, can be and has been exploited for the performance of the most painful operations with absolutely no suffering to the patient.

Next I wish to test my degree of control by placing the entire physical apparatus of the subject at my disposal. I tell him that he can do nothing with any part of his body unless I specifically permit it, and that for the present he may move his hands as far as the wrists, but cannot use his arms or legs. They are not numb, but they are unable to move. Then I tell him to make every effort to use his limbs. He flexes his hands, and obviously strains to raise his arms. The effort to stretch his legs is apparent, but they do not stir. He begins to perspire with the exertion, and I tell him that power is now

available for his legs, and that he will be so pleased that they can move, that he will not want to use his arms. In relief, with a contented expression, he rises from the chair, standing first on one leg, then on another, but his arms hang limply. At my direction he turns in a circle, then resumes his seat.

the reluctant subject

The time for our first session is running out, but I want to demonstrate one more characteristic of the light trance before the young man awakes. I have already explained how my control is limited by the capacity of the subject; it is also limited in another way, by the deep-seated will of the subject. This point will serve to answer a question invariably raised: will a subject follow an immoral, repulsive, or criminal suggestion? The answer is, "No," with qualifications: not unless such suggestions concur with the actual desires of the subject. It is probable that an individual trained to recklessness and violence would not oppose a hypnotic suggestion to commit an act of violence, even a crime, just as such a person would probably commit a similar act in a waking state, given a suitable opportunity. But no one need fear that the hypnotist can override the

basic personality of the subject, or compel him to act contrary to his training or thoroughly acquired tendencies.

I know, from a preliminary conversation with this young man, that he is deeply devoted to his fiancée, and that he is by nature capable of sentimental attachment to material objects. It is with this knowledge in mind that I give him a succession of instructions. He is to unlace his shoes, and take out the laces. Now he is to take everything out of his pockets, and turn them inside out. He complies readily, as I had expected. I am leading him, through a series of harmless and apparently meaningless acts, to be willing to accept my final instruction: to remove all items of jewelry, however trivial, from his person and place them on the table. One by one he takes off his wrist watch, his tie clasp, his fountain pen (which for some reason he interprets as jewelry—possibly the suggestion of an advertisement), his fraternity ring. I ask him to sit down and wave his left hand when he has fully complied with my instructions. He sits, and waves, not his left hand, but his right hand. For on one of the fingers of his left hand remains the ring his fiancée had given him, which he had probably promised her not to remove, and which he had refused to remove at my sugges-

tion; since he did not wish to call my attention to his non-compliance, he had waved the other hand. This is an instance of resistance which appears often in subtle forms during hypnosis. It also serves to answer another question: the subject will not always give a thoroughly honest response in a literal sense of the word. He will avoid an accurate or truthful answer if such avoidance is required by a deeply rooted emotion within him, just as he will disobey, or refuse to obey, a repugnant suggestion. Resistance will tend to be passive unless aroused into opposition by the ineptness of the hypnotist. Insistence will result, not in overcoming resistance, but in ending the rapport and thus the hypnotic state itself. That is why, to demonstrate this phenomenon, I chose a situation in which the rejection would be so passive that I could ignore it and retain rapport with the subject.

no rude awakening

I therefore pretend that my suggestion had been scrupulously followed, and proceed to awaken the young man by telling him that when I have spelled the letters of his name, he will open his eyes, feeling completely refreshed. This time the delayed count

is for the purpose of easing the transition of the subject to a waking state, for I have found it is sometimes as distressing for a subject to leave a trance abruptly as it is to be rudely awakened from a deep sleep. The mention of feeling refreshed (technically called euphoria), a very simple form of posthypnotic suggestion (about which more later), has the same purpose. As I pronounce the last letters of his name, the young man's eyes open, he looks around and smiles; heaves a sigh of contentment, and composedly begins to put back his jewelry and the contents of his pockets.

"Don't forget to put your shoe-laces back," I remind him.

"I won't," he replies. "Why did you ask me to take them out?" For he remembers clearly and distinctly everything that occurred during the trance. This is a common, though not invariable, condition after light hypnotism.

"That's a lovely ring you have there. May I see it?" I ask.

He extends the finger bearing his fiancee's ring, without hesitation, and as I admire the stone I know that whatever opposition he may have felt during the trance was not serious enough to impede our next session.

During the light trance you have just witnessed, the young man experienced catalepsy and anesthesia, and followed fairly simple suggestions so long as they were not offensive to his sensibilities. Is this all that can be accomplished during the trance or through hypnosis? By no means, but in my opinion it is all that the amateur hypnotist should attempt. Deeper degrees of hypnosis and the resulting responses not only require the skill and judgment of an experienced hypnotist, but may prove dangerous or injurious.

It is with these earnest words of caution that I now discuss some of the more fascinating aspects of hypnotism. To some extent all these phenomena appear in public demonstrations of hypnotism, including my own, for they are so extraordinary that to many they seem to border on magic, and it is probable that what once passed for magic or supernatural was actually in many instances a kind of hypnotism. Yet these phenomena are all based on the natural use of hypnotic power, not fully analyzed or understood, it is true, but actually only a development of the phenomena you have already seen. I refer to the effects known as hallucination, amnesia, hypermnesia (recall), and posthypnotic suggestion.

illusions, unlimited

Hallucination is the term used by hypnotists to describe the acceptance as real by the subject of various imaginary objects, sensations, or statements suggested by the hypnotist. A very simple example of hallucination is one that I often use during performances. An empty glass is handed to the subject, who is then told that it is brimful of water. The manner in which the subject handles the glass thenceforth, careful lest it spill, wiping imaginary drops from a garment where he believes it has spilled, or sipping cautiously from the glass, would be envied by the best actor; but it is not acting, for the subject has no doubt of the hypnotist's suggestion. A hypnotist can turn water into wine or vinegar at a word, and his power to attribute a foul taste to a cigarette, when applied posthypnotically, will cure the most confirmed smoker.

The capacity to respond to hallucination is usually not reached until the subject is in a deep trance, but once reached, it apparently has no limits. One example has been cited* of an individual under hypnosis given the power to see everyone in a room except a designated person; when the latter offered

* Marks (work cited in Bibliography), pp. 14-15.

the subject a cigarette, the subject was terrified at the sight of a cigarette apparently coming at him from out of the air. This is known as a negative hallucination, since the illusion is caused by eliminating a reality rather than imagining one.

Of course, the effect of hallucination is not limited to hypnotism. The notorious pink elephants are excellent examples of waking hallucination, and so are the sea monsters and probably the flying saucers, as well as many visions reported throughout the ages. The most common hallucinations are our dreams, imaginary sequences which seem very real as they occur, and sometimes even for a while after waking. Their importance, suspected since man began to think (as evidenced by such stories as that of Joseph and the Pharaoh), is now recognized by psychoanalysts, and very often hypnotists are enlisted not only to help induce a dreamer to interpret the significance of his dream, but often to cause a subject to have a dream in which details significant to an analyst will clearly appear.

memory lane

The phenomenon of amnesia, similarly, is not restricted to hypnosis; indeed, when it occurs as a

symptom of mental illness, hypnosis is sometimes used therapeutically to eliminate amnesia. As the term is generally used by hypnotists, it refers to the capacity of the subject to forget what occurred during the trance. In general, the deeper the trance, the more likely it is that the subject will have no memory of it after awakening, or at most, a dreamlike impression. Some subjects have awakened only to ask when the session would begin! This type of amnesia may, according to some theories, be the result of implied suggestion on the part of the hypnotist, but actual suggestion, directing the subject to eliminate from his memory any portion or the entirety of the events of the trance, is usually quite successful, and is recommended if some evidence of resistance occurred during the trance, and also to accompany another posthypnotic suggestion. Whatever is thus forgotten through suggestion may easily be recalled through similar suggestion in a subsequent trance, if desired.

The phenomenon of recall, scientifically termed hypermnesia, has promise of tremendous importance in practical hypnotism, notably in therapeutics (hypnoanalysis), criminology, and detection. The principle is obvious enough: it was discovered fairly early in the study of hypnotism that a subject in a

trance was capable of remembering events in his own past which had become part of his subconscious and were thus inaccessible to his waking memory. Theoretically, whatever happened to him, from birth, is available in this mental archive, but its location at will is a somewhat more complicated task than burrowing for a document in the well-organized stacks of a great library. The hypnotist must exercise great skill in leading the memory back from some easily recognizable event to one associated therewith, but less easily recognized. Of course the probabilities of hitting a snag of resistance is ever present. The process is invariably a labyrinthine recapitulation, never a direct plunge. An example may be taken from the therapeutic application of the technique. A subject complaining of a chronic headache, for which no organic cause has been found, is asked under hypnosis to tell when such headaches most frequently occur. In the welter of instances mentioned, the hypnotist observes that many of them occurred during or just after parties; he then asks the subject to tell of the first party at which such a headache occurred, to describe the party, those present, and any outstanding events. The party may have been given 30 years before, but the subject will give an amazingly accurate description, and in the

end will provide the hypnotist with the kind of information which will provide a clue to the origin of the headache, such as a painful embarrassment at this party, which the subject had attempted to erase from his memory at the expense of a psychosomatic headache recurring whenever he would normally have been reminded of the painful incident.

The possible uses of hypermnesia in criminology and detection are obvious; other uses are suggested by the story of the executive who resorted to the services of a hypnotist to recover a valuable misplaced document. There are various forms of hypermnesia: the subject may recall the past incident in the light of his present frame of reference or scale of values; or he may be carried back mentally to the actual status of the incident, for example to childhood or even babyhood, and not only recall but also relive and reenact the incident as though actually participating in it for the first time. A middle-aged man may be made to drool and wail like an infant, if it serves the purposes of hypnosis.* This form of recall is sometimes called abreaction. All types of hypermnesia are characteristic of a very deep trance,

* For an elaboration of this, see Wolfe and Rosenthal (work cited in Bibliography), pp. 124-137.

and may be projected into the waking state by posthypnotic suggestion.

after the trance is over

We have made considerable use of this term, posthypnotic suggestion, without having defined it. Perhaps it defines itself: it is simply the raincheck or postdated bank draft of the hypnotic trance. The hypnotist tells the subject that he will have a feeling of well-being on awakening; this is the simplest, most usually effective form of posthypnotic suggestion. Like all other such suggestions, it is given during the trance, but takes effect afterward. The more reasonable or consistent with the subject's probable desires a posthypnotic suggestion is, the more likely will it prove effective following a light trance. As the trance deepens, more difficult or fantastic suggestions may be made, and they may be surrounded with conditions and performed subject to amnesia and hallucination.

For example, a deeply hypnotized subject will, upon waking, follow instructions to converse normally with the group for 15 minutes, or until given a key word or other signal, at which point he will believe he is entirely alone in the room and will

yield to a compulsion to take his shoes off and lie on the floor. He will then resume his normal waking state, look about, and be entirely unaware why his shoes were removed and why he is in a recumbent position.

Like many of the other hypnotic phenomena, posthypnotic suggestion is capable of wide practical application, and indeed has been so used, specifically to relieve pain, to restore morale, and in some cases in the treatment of psychosomatic disorders. It cannot be too strongly urged that all of these effects, which are characteristic of the deeper stages of hypnosis, should only be used by those qualified through experience, and in many cases only with the permission or under the guidance of a physician. The hypnotist unleashes a great power, a degree of control over the nervous system of his subject, and unless he uses great care in the application of posthypnotic suggestion, hypermnnesia, amnesia, hallucination, and even anesthesia, he could do irreparable harm.

for experts only

One strict rule must always be observed: any deviation from the normal must be restored to the

normal before the subject ends his rapport with the hypnotist. This may require clarification, but it is simply the principle of turning off the buzzer of the alarm clock, which is not a normal part of the instrument's functioning as a timepiece. If I should tell a subject that he will hear the buzz of a bee each time the word "be" is heard, he will probably accept this hallucination, and be (buzz!) compelled to dodge the imaginary stinger he be(buzz!)ieves he hears. If I should forget to cancel or annul this suggestion, even though it should have no explicit post-hypnotic effect, the subject might be (bz!) bothered vaguely whenever he heard the key word. A post-hypnotic removal of pain at the hands of an amateur may be very dangerous, for it may prove so effective as to mislead a physician in diagnosing an ailment. Even more harmful, because it cannot easily be detected, is the likelihood that the removal of one painful symptom by hypnosis may be transmuted into a new psychosomatic symptom, by a process familiar to psychoanalysts. In general, these are aspects of hypnosis well worth knowing about, but best left in practice to the expert.



induction among friends

In order to illustrate some of the problems that occur in the practice of hypnotism, particularly the induction of the trance, I want to recount to you as clearly as I can the events that took place in my study one evening several years ago.

I had invited some close friends, a business man whom I shall call Fred Herbert, and his wife, Anna, and their 16-year-old son, Carl. It was a social evening, but since I am a hypnotist by profession, I knew from experience that the question of hypnotism was bound to come up, and that inevitably one of the family, probably Carl, with the curiosity of youth, would request a demonstration. It seemed a fine opportunity to carry out the request of another

old friend, an actor, Hugh Blair (as I shall call him here), to witness my methods close up, and Hugh brought along an acquaintance of his, a shy young scientist whom he introduced as Dennis Smith. I shall omit the irrelevant social amenities that preceded the actual session which developed in the course of the evening. We got down to cases when Hugh told me that Dennis really believed that hypnotism was a kind of fakery. This was nothing new to me, for many people are under that impression, and some of them are not as pleasant as Dennis seemed to be. His only concern at the moment seemed to be that he might be offending me, his host, by the frankness of his position. I reassured him, and merely asked him if he would be open-minded enough to believe what he should actually witness.

establishing rapport

After a little prodding by his wife and son, Fred accepted my offer to put him through the paces. I had him sit in a comfortable chair, darkened the room except for one small light in front of Fred's chair and somewhat above his eye level, and then I took a seat several feet in front of him so that I could watch his face as the light shone on it. I asked

the others in the group to remain as quiet as possible, and told Fred to keep his gaze on the light. As he sat there, I spoke as follows, in a clear and distinct but not loud voice:

“You are comfortable in your chair. Your hands are in your lap, your feet resting easily on the floor. Please do not stretch your legs; pull your feet in until they just rest on the floor.

“You will try to concentrate on the sound of my voice, and think of nothing else. The success of the experiment depends entirely on your desire to let yourself relax, to hear only my voice, to think of nothing.

“Now follow me in breathing: first inhale slowly and gently, in; now exhale slowly, out; now inhale, in; now exhale, out. Keep the rhythm of your breathing to my voice: 1, in; 2, out; 3 . . . 4; 5 . . . 6; 7 . . . 8; 9 . . . 10; keep breathing in and out to that rhythm, and you will feel your eyes becoming tired, your eyelids becoming heavy; in, out; in, out.

“Now your eyes are quite tired, your mind is drowsy, you want to sleep, your eyelids are closing, you breathe in, out, you no longer see the light, your eyes are closed, you breathe more deeply, you are sinking deeply, deeply, into sleep.

“Your eyes are closed; now close them more tightly, now they will remain closed as you sink deeply into sleep; now they cannot open. As you breathe deeply, you are in a deep sleep. You hear only my voice. You have no will, no desire, except to sleep and hear my voice.

“Now you will try to open your eyes, but they will remain closed; you are unable to open them.”

the light trance

For the first time I then gave a direct suggestion: “Try to open your eyes; you will be unable to open them.” Fred made a slight effort, his eyelids twitched, but they were closed and remained closed.

“You can hear every word I say, and nothing else. You will answer me when I ask you questions. Are you comfortable?”

Fred said nothing, but looked disturbed. This was his first experience in a trance; his unconscious was not familiar with the process of answering a voice from sleep. “If you are comfortable, nod your head,” I told him. He nodded. “Now say, ‘I am comfortable.’” In a slightly husky voice he answered, pacing out the words: “I . . . am . . . comfortable.”

“Can you hear me clearly? Answer.”

“Yes.”

“Are you asleep? Tell me whether you are asleep.”

“I am asleep.” The words came out almost normally. Now I knew Fred was in a light trance.

the doubting subject

After I put Fred through the effects of catalepsy, such as I described in the case of the young man in the second chapter, I decided to end the trance, but not before I made a second session somewhat easier by posthypnotic suggestion. I told him:

“I shall spell out the letters of your name. When I have reached the letter ‘d’ you will awaken, feeling refreshed, as though after a pleasant nap. But if at any time you should sit again in that chair and close your eyes, and I begin to count from 1 to 10, at the number 10 you will be just as you are now, asleep and hearing my voice. Do you understand?”

“I understand.”

“Very well, then, now you will wake up as I spell your name.” I spelled it very slowly, and as I said “d” his eyes opened, he looked around, smiled sheepishly, and sat up in the chair.

“How was it, Dad?” Carl asked eagerly.

“Why, I wasn’t hypnotized at all,” Fred an-

nounced. "I remember everything that happened. Is that all there is to it?" he asked me. "Do you call that hypnotism?" He sounded very disappointed.

Hugh came to my defense. "That was hypnotism, all right. Did you ever hold your arm out rigid like that before, by yourself?"

"No, but I could. See?" And Fred held his arm out and tried to give it the appearance of rigidity. Dennis seemed to agree with him, and told Hugh, half jokingly, "I think Mr. Herbert is a better actor than you are."

removing the doubt

"Can't you prove he was hypnotized, Mr. Leitner?" Carl asked almost tearfully.

"Now come, Carl," reproved Anna. "I think it's time we went home anyway. You know how that toothache has been bothering your father all day. I don't see how he sat there so quietly, without showing any sign of pain. Does it still hurt, dear?"

"Yes, it does; and it didn't stop while I was being hypnotized, either," he said, almost triumphantly.

"I didn't know you had a toothache," I told him. "Perhaps that interfered with the success of the ex-

periment." I had decided to play a little trick on him. "Couldn't we try it just once more?"

He sat down in the chair again, and I told him to close his eyes this time. I counted slowly from 1 to 10, and then I asked him if he was asleep. This time he answered without hesitation. Then, by a simple posthypnotic suggestion, I told him that when he awakened his toothache would be gone, but that he would not remember this suggestion for 15 minutes. Thereupon I awakened him, and of course he had no more toothache; but he was as sure as ever that he had not yet been hypnotized. I had warned the others not to remind him of the posthypnotic suggestion, and they all cooperated; even Dennis seemed somewhat less skeptical, although not entirely convinced. With the toothache gone, and more curiosity aroused, the question of the Herberts' leaving had been quite forgotten.

Now Hugh insisted he wanted to be hypnotized.

the overanxious subject

Hugh sat in the big chair, fixed his eyes on the light, and prepared to fall asleep. He was extremely cooperative—too cooperative. His eyes began to

close before I had finished the count of 10, and before I had suggested they close. He was breathing quite deeply, and I could see that he was making an effort to hold his eyelids down. When I asked him whether he was comfortable, he answered immediately and clearly. When I asked him whether he was asleep, again his response was unhesitating. I began the count for the arm catalepsy, and his arm arose promptly and kept perfect pace with my counting. Then I told him to keep it there rigidly, that it would require no effort, because his arm no longer had any weight. I could see he was loyally trying his best to keep his arm outstretched, but it was difficult. I continued to talk to him, and soon his arm began to waver, and I was certain he was not asleep.

“Open your eyes, Hugh,” I told him. He immediately opened them, put his arm down, and looked around in confusion.

“I tried, Konradi,” he said. “I seemed to fall asleep right away, but . . .”

I told him that this often happened when the subject was too anxious. Then I began to explain the theory of the process. I told him that while cooperation on the part of the subject is essential, it must be entirely passive and relaxed. It is a process

of concentration, of focusing, all the attention must be centered on a minimum of physical sensations—the shine of the light, the sound of my voice repeating monotonously, the rhythm of the breathing, are all directed toward focusing the subject's mental processes to one small point which must be allowed to vanish, as the speck of a departing airplane vanishes in the sky; only the drone of the engine—the hypnotist's voice—must remain. Hugh had made such an effort to cooperate that he had not been able to relax.

As I was discussing this, Fred suddenly cried out:

“You son of a gun! You *did* hypnotize me! My toothache, it's completely gone, and you took it away. Now I remember when you did it . . . the last time I sat there. Why didn't I notice it before?”

“Because he told you not to,” Carl exploded.

“Precisely,” I said, sounding as impressive as I could.

We all laughed, and I asked: “Who wants to be the next victim?”

a young subject

It was, of course, Carl, and I had already planned my course of action with him, partly with the dubi-

ous Mr. Smith in mind. Carl had told me earlier in the evening that he had no fear of his final examinations in school except for Latin, his one weak subject. It seemed that while he liked the language well enough, he had a poor memory when he was required to learn by rote, and unfortunately he had the old-fashioned kind of teacher who could be counted on to insist that his pupils memorize a certain number of his favorite "gems" and be prepared to write them out in the exam. I thought that, with the aid of hypnotism, I might convince Carl that his mind was perfectly capable of absorbing and retaining such material if he were persuaded that it must be done.

Like almost all young people, he very readily allowed himself to be inducted into a trance state. He was just like a very young child going off to sleep, for he had complete confidence in me and showed no tendency to resist. As soon as I had tested his response to catalepsy, which was definite and positive, I began to question him:

"What are you studying this term at school, Carl?"

He named five subjects, but they did not include Latin. This puzzled me.

"Are you studying Latin also, Carl?"

He did not answer. Somehow I had struck a snag; the problem was more difficult than I had anticipated. I tried a new tack, and asked him how long he had been studying German. He said, "Two years," and together with other information he gave me, I presumed he should have learned enough German to remember a few verses, so I asked him if he had read any poetry in German he happened to like. In a rather inadequate accent, but with no hesitation, he began to recite:

"Du bist wie eine Blume,
So hold und schoen und rein . . ."

I was glad to find that he had, after all, a sensitivity to good poetry in another language, and that his German teacher had not forced him to learn it; for I was convinced that there was some difficulty with the teacher at the bottom of Carl's resistance. I asked Mrs. Herbert the name of Carl's Latin teacher, and then prepared to wage a little war for the language of Virgil and Horace despite the apparently bad tactics of a certain Mr. Winter!

an aid to education

First I told Carl that I was about to awaken him, and that when he was awake I would immediately

spell his name, and he would return to the sleep he was now in. "But the next time you are asleep, Carl, you will want to tell me all about school, whatever I may ask. You are very angry about what happened at school, you are especially angry at Mr. Winter (at this Carl frowned and clenched his fist), and you will want to tell me all about him. Now, as I count to 10, you will wake up."

Perhaps I should explain this procedure. I have found that a second trance immediately following an earlier trance, when properly suggested, is often several degrees deeper. The subject's mind, in this case, was already prepared to follow a suggestion which it was apparently unwilling to accept when first presented. But in the second trance he would be responding, not to my direct question, but to my general suggestion that he feel a need to unburden himself. In other words, I had broadened the scope and deepened the degree of trance simultaneously. It was something like a rider to an act of Congress; if Carl accepted my suggestion that he return to a trance state, he would have to accept the accompanying suggestion that he would talk about his entire school experience, particularly the part that had disturbed him and caused the first repression.

I then counted to 10, and without allowing him

to realize he was awake, began spelling his name. Once more his eyes closed, and he breathed more deeply.

"Carl, you are angry at Mr. Winter?"

"Yes."

"You want to tell me what Mr. Winter did to make you angry. Tell me."

"He stopped me from playing football."

"How did he do that?"

The story came out. Carl's Latin assignments had been so onerous that he could not accomplish them unless he took time from his football practice. He tried to explain to Mr. Winter, as he had successfully explained to his other teachers, that he would catch up in his assignments later, but Mr. Winter was adamant, and had made a point of checking on Carl's work. Carl was too honest a lad to neglect his other work even more to meet Mr. Winter's demands; he had given up his cherished football practice, and had performed his school work satisfactorily. His father had been disappointed that his son had left off his promising athletic activities, but had a habit, acquired in the business world, of refusing to hear excuses, and Carl had not tried to make any. Carl had said nothing, and had repressed his anger at Mr. Winter, apparently with success.

But he just couldn't remember Latin; and that was largely why.

Now I had started Carl talking about his work, and he answered all my questions. "What did you study in your Latin class this year, Carl?" I asked.

"Horace."

"Are there any of his poems you particularly like?"

"Vides ut alta stet nive candidum," he answered.

"How does it go?" I asked. Then he recited the rest of the first stanza of the famous ode.

"You will remember this clearly after you are awake, Carl. Soon I am going to awaken you, and as soon as you wake up, you will again recite the entire ode, just as you have begun it now. This will make you realize that you remember more of your Latin than you thought, and you will only have to look over the other poems you have studied in order to recall at will those you have already had to memorize. Do you understand?"

It happened just as I had suggested, and it would be hard to tell who was more delighted, Carl's parents or Carl. Moreover, Dennis Smith was visibly impressed.

"It's really quite wonderful. I wonder if you could help me keep all the formulas in my handbook

at the tip of my tongue; it would be most useful!" He was only half joking; he had really begun to believe I could hypnotize.

"I don't think I could do quite that, Mr. Smith," I replied, "but whatever is already part of your intellectual apparatus could certainly be tapped more easily with the aid of hypnotism."

"Then why don't more people make use of it?" he wanted to know.

"I often wonder!" I replied, and this time I was only half joking.

the deep trance

The hypnosis of Dennis Smith proved to be the speediest of all. As is so often the case with a well-ordered, disciplined mind, he knew the trick of thorough concentration, and once I had won his confidence, the problem was solved. As you have probably deduced by now, the process of inducing hypnotic trance is at least as dependent upon the capacity of the subject as upon the skill of the hypnotist. Perhaps a better way of saying the same thing would be: the hypnotist's skill is reflected in his ability to evaluate the capacity of the subject and adapt his technique accordingly. Dennis, I knew,

was a very intelligent and sincere young man; I used the simplest methods with him, an abbreviated version of my approach toward Fred Herbert, and he was asleep in about two minutes.

But what surprised me was the depth of the trance he attained within ten minutes. There is no way of predicting or, indeed, facilitating a rapid deepening of the hypnotic state. Most individuals, as I have said earlier, can be brought through the light trance to the verge of somnambulism, but there is no way except trial and more trial to discover how long—how many sessions, usually—it will take for a given individual. Dennis reached a deep trance with amazing speed. Catalepsy and anesthesia were almost immediately evident, and the nature of his responses encouraged me to tell him that he might open his eyes while he remained asleep. He did so, and saw, as I suggested, everything and everybody in the room. Yet he remained asleep, and when Hugh spoke to him (at my request), although Dennis could see Hugh was speaking, he heard nothing his friend said.

It has rarely been my privilege to work with a subject as ideal as Dennis, and I decided to make the most of my opportunity. I had been reading about the technique of autohypnotism, and I felt

that an experiment along those lines would be quite safe with this young scientist. But first I wanted to satisfy my own curiosity as to his previous prejudice against hypnotism.

In his somnambulistic state, it was possible to carry on a conversation that to any outsider would have appeared quite normal. Dennis sat in his chair, his legs crossed, looking at me as he spoke. There was a slight apparent fixation in his eyes, and the entire initiative in our discourse was in my hands, but otherwise there was nothing to indicate to the unpracticed observer that Dennis was in the deepest stage of hypnotism while I was probing the far reaches of his mind.

detective work

I asked him what he thought of the session he had seen so far. He told me that at first he thought it was some kind of stunt, but that Carl's recitation of the Latin poem had convinced him there was some scientific value in what I was doing. He compared my treatment of Fred's toothache with "faith cures," which he regarded with what seemed to me unjustified scorn. From my point of view both such cures and the approach of the hypnotist are evidences of

the power of suggestion, though in different forms and with different ends in mind. But he did have a point; for no amount of suggestion alone could have evoked from Carl the memory of a poem he hadn't learned. In other words, more than suggestion was involved; the hypnotist had taken the role of a catalyst, to use an analogy from chemistry, rather than that of active agent. This appealed, naturally, to Dennis's mind.

Then I asked him why he had not approached the phenomenon of hypnotism, as he would any other phenomenon, with a curious and experimental attitude characteristic of a scientist, rather than with the uncritical and emotional attitude that the hypnotist was probably guilty of charlatanry until he proved himself innocent. This question, try as he might (and I could see he was trying), he could not answer. The reason was that, in the layer of his mind with which I was dealing in conversation, he did not know. It was necessary to reach a deeper layer; and for that hypnosis also has a special technique: automatic writing.

I set a pad of paper before him, gave him a pencil, and spoke to him as follows:

"Dennis, you think you do not know why you were opposed to hypnotism, but there is nothing

that has ever happened to you that you do not know. Take this pencil in your hand, listen to the music I am going to play on the phonograph, and write whatever comes to your mind. When you are satisfied you have written the answer, write it over and over until the music stops playing. Here is the pencil, and now I am going to start the record.”

While the record played—a device to monopolize that part of his mind which had been engaged in our conversation and which evidently included some kind of monitor—Dennis’s hand laboriously scrawled on the pad. When it was over, I told Dennis to close his eyes and rest, for automatic writing, like its parallel activities, crystal gazing and abreaction, seems to consume considerable energy. I looked at what he had written; the first two words were repeated seven times, but it was only the last three times that the writing was legible. The words were *Crews Henderson*. They meant nothing to me.

“Who is Crews Henderson?” I asked Dennis.

He didn’t know. This was very disappointing, but I persisted. “Do you know anyone named Henderson?” I asked. No, he didn’t. Had he ever known anyone by that name? “High school,” he answered. “Perry Henderson taught physiology in high school.”

Then the dam began to break. It appears it

was this Mr. Henderson who had definitely turned Dennis toward his later career as a scientist, for which Dennis never ceased to be grateful to him; it also appeared that Henderson (who had since died—that is why Dennis answered that he “did not know him”) had expressed violent disapproval of hypnotism. This had occurred when Dennis was at a very impressionable age, intellectually. Now for Mr. Crews!

“Do you know a Mr. Crews, or did you know a Mr. Crews, Dennis?” No, he didn’t and never had. “Was there ever a Mr. Crews?” The answer to that came quickly enough: “Must have been, they named Crews Hall for him.”

“What was Crews Hall?”

“That’s where they gave school plays at college.”

The rest was obvious. “Did you ever see an exhibition of hypnotism at Crews Hall?” Yes, he did. Moreover, it was the kind of exhibition that generally serves to discredit hypnotism. It was not conducted by a professional hypnotist, but by an amateur who had a greater amount of technique than judgment. He made some of the subjects undergo humiliating activities, such as crawling around on all fours and making animal noises, to the amusement of some of the spectators, but to the disgust of

others, including Dennis. This experience, combined with Henderson's position, had persisted long after both had been quite forgotten as incidents. Thus do many of our attitudes form and acquire a reality that persists and outlives its immediate causes; that is why prejudice is so difficult to eradicate. Here again hypnotism may prove to be of inestimable practical use. Well, at least my questions were answered; and what is more important, Dennis now knew, and would consciously be aware of, the origin of his attitude toward hypnotism, and could deal with it on a rational as well as on an emotional basis.

self-hypnotism

It was getting quite late, and I thought I had better conclude the evening's demonstrations with my little experiment in autohypnotism.

"Dennis," I said, "you know you are asleep, and you know you are not in a so-called natural sleep, but in a hypnotic sleep. Is that right? Answer me by name."

"Yes, Konradi."

I was pleased that he called me by my first name; it was a sincere reflection of his new attitude.

“I am now going to give you a great power, Dennis. You will be able, by yourself, to reach this same state of trance. You will never do so when you are in pain, or when you are in danger, or when you are afraid. You will only do so when you are in my presence, or when you are alone, and if you are very tired or very thirsty, and there is nothing near for you to drink. If you are very tired, you will be able to look at the ceiling, count to 10, and at the count of 10 you will fall into a light trance, which will change to natural sleep after 5 minutes. If you are thirsty, and there is nothing to drink near you, you will take the nearest glass, sit in a chair, count to 10, and you will then be able to quench your thirst by drinking from the glass, after which you will awaken. Now I am going to awaken you, as I spell out your name. You will remember all that has occurred, except what I have just said, and you will feel refreshed, except that you will be very thirsty. As I spell your name, now, you will become awake.” I spelled his name, he woke almost imperceptibly, and arose to grasp my hand.

“That was just wonderful, Konradi,” he said, with enthusiasm. “This is an evening I’ll never forget, of that you may be sure. By the way, do you have a glass—oh, may I borrow that one there?” I nodded,

he took the glass, and as if it were the most natural thing in the world, he sat in the chair, counted to 10, and quaffed the air from the glass as though it were spring water. Then he returned the glass to me, and began talking to his friend Hugh about going home. It was a good thing I had thought about inserting that proviso, that he would not engage in autohypnotism unless alone or in my presence, or Dennis Smith might have acquired the reputation of being a very eccentric young man indeed!

Shortly thereafter my friends went their way, and I was satisfied not only that all had enjoyed themselves, but also that I had made new friends for my profession. Subsequently Dennis Smith became an accomplished amateur hypnotist himself, and I did what I could to help him. Some of the advice I gave him might be in place to conclude this discussion.

assorted helpful hints

It is my considered opinion that a demonstration of hypnotism, while it may be entertaining, should never approach vulgarity or cheapness. One way of keeping the level high is to suggest, without becoming a bore, the practical value of the technique, and to emphasize that it is not just a stunt or a trick.

Another way is to retain a certain quiet dignity in your own handling of your subjects and of your audience. Never forget that you are being entrusted, by your subject, with a considerable degree of control over his or her person; do not violate that trust even though you may be reasonably sure that your control would probably terminate, as I have suggested, if your demands should prove excessive.

So much for fundamental attitudes, which to me are so important because I have seen the damage caused by disregarding them. The principles of the technique will be evident by rereading the discussion thus far. I might stress that a hypnotist is never dictatorial, commanding, oversolemn or facetious. His influence is felt, first by winning the thorough cooperation of the subject, then by suggested instructions. If you feel that cooperation is lacking or only partial, remind the subject that he has accepted that status of his own volition, and that he must make a distinct effort to relax and concentrate as you suggest. I always prefer phrasing my suggestions thus: "You are becoming sleepy; your eyes are becoming weary; etc." rather than: "Close your eyes; keep your eyes closed." Never raise your voice; if you are not putting your suggestion across, you must find out the reason (resistance; subject has reached

capacity of trance for the moment; subject has fallen asleep), and act accordingly, but a louder or more insistent tone will rarely prove the solution. On the other hand, your diction should be clear and your choice of language simple and direct. Until the trance has been thoroughly induced, the use of repetition and alliteration is recommended; a rhythmic monotony of sound and meaning assists the effort to concentrate, which is a large part of the process of falling into the hypnotic state. Once the trance is reached, this technique is replaced by one of simple and direct approach. For illustrations, see my approach in the cases cited in this chapter.

The amateur practice of hypnotism may benefit you and your friends, if it is conducted wisely, seriously, and discreetly. On the other hand, if treated as a sport or misapplied contrary to the warnings I have given on previous pages, it may be annoying and dangerous. Like all other powers with which man is endowed, it may be used for evil or for good.



on stage

I am standing on the platform, waiting for the greeting applause to subside. Before me sits a large audience, mostly GI's, for this is a USO show and I am billed as a form of entertainment. The boys in uniform and the sprinkling of women—nurses, club hostesses, a few officers' wives—are friendly and curious. It is a typical audience, and I hope to give them the entertainment they seek, and perhaps something more. I begin my demonstration:

“Ladies and gentlemen . . .”

Perhaps you, too, would like to stand before a similar audience some day and give a demonstration of hypnotism. There is no reason why you should not do so, providing you prepare yourself ade-

quately. But if you follow my advice, you will first absorb all I have written up to now, and then practice, practice, on your friends and acquaintances, until you are quite certain of your skill. For while self-confidence is important even if you are hypnotizing your wife or a close friend, it is absolutely essential in any public performance. Self-confidence must then so completely surround you that every movement will be direct, unhesitating, assured. The difference between a public and a private performance is the same as that between telling a joke to a companion across the table and putting across an anecdote as guest speaker at a banquet.

The technique of publicly demonstrating hypnotism ordinarily would require a book in itself, and as a matter of fact I have written such a book.* But with the information you have already acquired in the earlier chapters, I can now confide in you, not only how I conduct such demonstrations, but also the reasons behind some of the devices I employ. So even if you have read my earlier book, you will find this chapter useful.

You will notice that my appearance on the stage is formal but simple. The audience did not come

* *How to Hypnotize: A Master Key to Hypnotism*, by Konradi Leitner, Stravon Publishers, New York, N.Y., 1950.

to see Konradi Leitner, the man; they came to see Professor Leitner, the Hypnotist, or in actuality, a demonstration of hypnotism. In other words, nothing must detract from the show. Let all the drama appear in the performance, which will certainly be dramatic enough; never let your apparel or stage props or background scenery divert attention from what you are doing.

Just as your costume must be simple, so should your movements be natural, dignified, and insofar as possible, graceful. Never indulge in artificial gestures or expressions or in what may be considered mannerisms. If you tend to overdramatize or gesticulate or use an elocutionary delivery of speech, make an effort to overcome this defect, for it will reduce your effectiveness. You are demonstrating a mental dominance over your subjects; do not try to overpower them physically by a stentorian stage presence. Although much of your technique depends on a kind of acting, you are not primarily an actor. Be especially careful to avoid the kind of hocus-pocus (such as making exaggerated digital passes) commonly associated with spurious displays.

As soon as the initial applause after your introduction has subsided, address yourself to your audience with a simple, dignified explanation of what you pro-

pose to do. Every public speaker knows that he has the maximum of attention at the outset; this attention is either retained or is allowed to dissipate, depending on the ability of the speaker to hold it. Your first words, then, must not only make some concessions to the curiosity of the audience, which wants to know what to expect; it must also build up to an increasing curiosity, based on constant anticipation of interesting developments, and this must be maintained until you leave the stage with applause you have really earned.

the opening speech

I am going to give you a sample of my opening speech, one which I make with few changes at all my demonstrations. I have found it works, so there is no point in my changing it. Some slight variation may be more suitable for you, since your personality naturally differs from mine. But I advise you to retain the general approach.

“Ladies and Gentlemen:

“I am about to demonstrate to you the powers of hypnotism. The first part of the word, ‘hypno,’ means sleep, and as part of the demonstration I shall cause some of you to enter a state resembling sleep.

I want you to understand that everything I am about to do is entirely in accord with the laws of nature, and is just as natural as sleeping. Whatever I do must have your complete cooperation, for I cannot succeed in hypnotizing anyone without that individual's cooperation. For that reason I request that only those who desire to cooperate will take part in this demonstration. I would also request that all persons in the audience who are over 65 years of age, or under 14 years of age, refrain from participating in the demonstration. If you are ready, then, will everybody please stand up."

This speech is given in a clear and simple manner. Look directly at the audience, at all times, and speak without hesitation. If necessary, memorize your speech until you can deliver it smoothly. Much depends on your first impression, which must convince your audience that you know what you are doing. Since few audiences are likely to contain many persons older than 65 or younger than 14 (who are, from experience, most difficult to hypnotize), you will usually have almost everybody rise to their feet at your request. Occasionally one or two "independent souls" will signify their unwillingness to cooperate by remaining seated; accept the situation quietly, and never coax or cajole. Those who

come incredulous or ready to scoff will applaud most vigorously at the close if you give an effective demonstration.

the audience is with you

When the entire participating audience has stood up, I allow a moment for the rustling and shuffling to ease up; then I stand up straight, with shoulders thrown back, breaking from my previous somewhat informal stance. At the same time I say, "Stand perfectly straight, and please remove everything from your hands." All my requests are preceded, when feasible, by my own physical example, to supplement my words; this makes it possible for my audience to follow my suggestions by using both eyes and ears, and more than doubles their effectiveness.

After a few moments, during which handbags, cigarettes, etc., are finally disposed of, I say: "Up straight, now. Relax." At the same time I demonstrate an erect but relaxed position of my body. "Everybody inhale deeply with me, and hold your breath for 10 seconds." I inhale with slight exaggeration so that it will be distinctly visible, then hold it for a count of 10. It is advisable to practice so that you can actually estimate accurately by sec-

onds, using a watch for your practicing. You may indicate the passing of seconds to your audience by a slight finger motion, nothing dramatic. Make a distinctive motion at the count of 9, and exhale very definitely at 10.

Why are all these details so important? Because it is through your complete mastery of the audience during these first minutes that the effectiveness of your entire demonstration will depend. The slightest uncertainty or lack of unison may prove so distracting that you will be unable to secure the control you need; and remember, once that control is lost, it is very difficult to recapture it.

Repeat the inhaling and exhaling exercises several times. Be careful not to become oversolemn, and on the other hand, do not smile or smirk. Your manner should be that of an efficient orchestra conductor, and you will have your audience with you. As you gain experience, you will feel the audience participation as sensitively as such a conductor senses the compliance of his musicians. I often accent the rhythm of the breathing with motions of my arms, taking care not to become overdramatic. I am now ready for the first suggestion which will demonstrate my control over the audience.

“Stretch out your arms. Turn your palms to face each other.”

As I give this suggestion, I make these motions myself very deliberately. I notice one or two who have not followed the instructions to the letter: one nurse has her palms down, and a sergeant, of all people, has his fists clenched. If I were to correct these two, the effect and the rhythm would be disturbed. Almost immediately they correct themselves, by observing their neighbors. This will almost always happen.

“Spread your fingers wide apart.

“Breathe deeply. Fill the very bottom of your lungs with air. Now exhale slowly.”

the invisible cord

I watch the audience alertly, making each and every one of them feel my glance. More and more the relationship should develop between the separate members of the audience and myself, as though an invisible cord connected each with me. Now if an individual responds incorrectly or hesitantly, my glance remains a fraction of a second longer with that individual; he senses something wrong, and almost invariably accelerates his response.

“Breathe deeply, with me. As you inhale, raise your arms up.”

As in one movement, all the arms in the room arise. Only the sighing sound of the drawn-in breaths can be heard.

“Now, as you exhale, slowly, slowly, lower your arms.”

There is a slight unevenness in the descending motion. Physical control is less certain in this movement than in the ascending motion, and naturally varies more among individuals. (A hypnotist should know such details.) This imperfection in unison will decrease as the exercise is repeated. Twice more I ask for a raising and lowering of arms. Now the audience moves almost as one; their very unity assists in the effect I want to produce. While they are still under this spell, I demonstrate the next step, speaking as I demonstrate:

“Now you will do as I am doing, interlocking your fingers.”

Very deliberately I place my palms together, with fingers wide apart, and interlock the fingers until a clasp is formed, such as good little children used to hold their hands while sitting quietly in school. This clasp has the knuckles turned outward; I now rotate my wrists so that the knuckles are turned

inward while the elbows rise and both forearms are brought into line parallel to the chest. At the same time I verbalize the suggestion: "Now turn your hands outward, palms outward, and stretch out your arms." Since this is a relatively complex movement, I do it slowly, so that the audience may easily follow in unison. While they do so, I repeat the inhaling and exhaling instructions, to maintain the rhythm.

"Harmonize your breathing with the movement of your arms. Your hands, your fingers, are interlocked. Now, as you breathe in, move your hands over your heads." The audience is following me; it is time to reassure them. "You are moving your hands over your heads, very well done, good work!"

The next suggestions, for a while, follow a similar pattern: "I am going to ask you to close your eyes." Of course, this time I do not set the example; my own eyes must stay open. "You will inhale slowly, and close your eyes. Your arms are still overhead. Your eyes are closing. Now they are closed. You have complete control over your entire body, your eyes, your arms, your hands. You are breathing deeply, all together, in, slowly out, slowly in, slowly out. Now your hands are beginning to tighten, very gradually they are getting tighter and tighter. I am going to count to 3, and as I reach the last number

you will not be able to unlock your fingers. Breathe together, as I count: in, one, out, your hands are feeling quite tight; in, two, out, your arms are feeling very stiff; in, *three*, and as you exhale you find you cannot unlock your hands. You are otherwise relaxed, but you cannot open your hands.”

the critical point

I have reached the critical point of the preparatory stage. About a dozen of the audience, according to my previous experience, should actually be unable to unlock their hands. These are the most capable of accepting suggestions, for one reason or another, and therefore the best subjects for hypnosis. In every audience, as you have learned from my earlier remarks, there are some who can never be hypnotized, some who are difficult to hypnotize, and some who are very easily brought into a trance. For the sake of a successful, convincing demonstration, it is this last group that I am seeking, and that I have found; for the finger-locking test is merely a device to determine suggestibility.

Changing the tone of my voice slightly, so that it will temporarily break the spell-like atmosphere, I call out:

“Everybody open your eyes. Will those persons who cannot open their hands please step forward, right up here. Please come toward me, and take a place on the platform. Everybody else, please be seated.”

A few moments of shuffling and moving about must follow; there is no need to be disturbed, and no use in trying to maintain complete quiet until everybody has had time to settle down. Don't forget that their minds may also be disturbed; why were some able to unlock their hands, while others could not? You and I know, but the audience cannot know. Nor is this the time to explain; I am not giving a class, but a demonstration. So I merely assure everyone that those who cannot unclasp their hands are reacting quite normally, as I had expected.

the chosen few

As I explain this, I assist the suggestible group to a position on the platform, guiding each to a chair in full view of the audience. My manner toward them is natural, friendly, and above all assured. It is important to avoid the two extremes of excessive shyness or humility on the one hand, unnecessary aloofness or a dictatorial attitude on the other. This

is the moment when I must inspire utmost confidence in my prospective subjects.

Now everyone is seated. It is my purpose to select from the group on the platform the most suggestible individual for the first demonstration. This selection I accomplish by releasing the entire group from the last suggestion, allowing them all to regain control of their hands. I do this by lighting a candle or switching on a flashlight. Now I address the stage mediums as follows:

“I will count from one to three. At three I will switch off the flashlight (or blow out the candle) and you will relax your hands and open your fingers, one, two, three, open your fingers.”

I observe very carefully which are the last to unlock their fingers, and choose one of these as my first subject for the actual demonstration of hypnosis.

From here on my technique is similar to that explained in previous chapters, in the hypnosis of an individual. But there are differences, because this individual is a complete stranger, about whom I have no knowledge; and because the audience is much less personal and intimate. The lack of knowledge concerning the subject requires the greatest care on my part to retain my control, for I have no other guide than trial and error. The character of the

audience and the general circumstance that I am a public performer, in a sense proving myself before these people, increases the importance of my retaining an appearance of poise and self-confidence at all times.

confidence and control

No matter what doubts may arise in my own mind, in case some suggestion fails to “take” immediately or I should find myself up some psychological dead end, as far as the audience is concerned everything must appear to be going precisely as I had planned and desired it. This is a kind of acting and, if you will, something of a trick, but it is thoroughly ethical and fundamentally honest. For those of you who may be troubled by this aspect, I can only compare it to the attitude of a physician toward a patient who needs reassurance, somewhat more than the facts of the case may justify, to enable him to make an effort to move or walk or eat. Confidence is the core of hypnotic suggestion; the subject and the audience cannot and need not know, as you are learning in these pages, every detail by which success is achieved even though this involves occasional and usually temporary setbacks.

Even more important is the requirement that neither the subject nor the audience be embarrassed. It is well to deal frankly here with this aspect of public performance. Since control over the physical and mental person of the subject is involved, it is natural for some doubt to enter as to whether the hypnotist can be trusted. Especially in matters relating to personal beliefs, ethics, and above all sex, both the subjects and the audience will require assurance that the hypnotist will and must respect the integrity of the individual.

It may be well to point out before the performance that no suggestion contrary to law, morals, or good taste can be accepted by a subject under hypnosis. This is not entirely accurate, as you already know, but it assumes necessarily that the subject will not have a tendency to commit such acts; and of course the problem will never arise since I, as the hypnotist, have no intention of tempting the subject in that direction. The reassurance is made merely for its morale value. But regardless of such reassurance, some members of the audience will be on the lookout for evidences of bad taste or worse on my part. That is only human nature, and it must be reckoned with. Therefore I am extremely careful in my relationship with my subject, particularly if it is a

woman. All physical contact must be scrupulously impersonal and within the public view. The subject's clothing must never be allowed to become disarrayed or even awkwardly arranged. The most innocent departure from the ordinary, such as a slip allowed to show or a button accidentally undone, will distract some part of the audience and ruin the performance.

effective performance

I usually allow the subject to receive suggestions appropriate to the light trance, including catalepsy. The rigid body, unable to prevent itself from falling backward or forward, is very convincing and almost invariably part of the repertoire; but of course it must be exhibited gracefully. If you contemplate using this device, you must practice with a voluntary subject, for there is a technique in receiving the inert body as it falls forward, without injury or embarrassment to subject or audience. The same caution applies to the placing of a subject in catalepsy on a table.

If your subject can be carried deeply enough into trance, the device of minor hallucination is very effective. The gesture with which a subject inhales

a cigarette under the illusion that it is a rose, or turns in disgust from it under the illusion that it has the odor of gasoline, cannot be attributed to acting. Similarly, the use of posthypnotic suggestion is recommended, but it will not prove invariably successful. Its success will depend at least in part on the "reasonableness" of the action suggested. You will want to suggest something sufficiently unusual so that it will not be dismissed as coincidence by the audience; for example, a suggestion that the subject light a cigarette some time after awakening might be interpreted as a "normal" action even if it were done precisely as suggested. On the other hand, if your suggestion is too unusual or bizarre, it may be rejected by the subconscious mind of the subject. I usually suggest that the subject laugh out loud at some prearranged phrase which is not intrinsically humorous, or if possible (this requires a fairly deep trance) at an imagined vision of something really funny, such as a comic cartoon or a movie sequence.

It is usually a good idea to use more than one subject at any demonstration. The likelihood that one or two individuals, probably skilled actors, may have been planted by you to hoax the public will probably occur to some members of certain audiences, even if only in the form of a faint suspicion

or memory of stories of such frauds; a number of subjects will help dispel such notions. If you should find that one of your subjects resists suggestions or cannot be induced into a trance state, do not be dismayed; turn it to your advantage by explaining, since you have little choice, that some individuals are in fact difficult to hypnotize. The sincerity of your approach will redound to your credit, and your subsequent successful demonstrations will be all the more convincing. Finally, a second session with the same subject, who has accepted a posthypnotic suggestion to resume the trance state at a simple signal (as in the case of young Carl Herbert, mentioned in a previous chapter), will often prove unusually effective.

ending the show

Above all, never, never forget to implant the posthypnotic suggestion of well-being and to state clearly and categorically, so that the entire audience will hear you, that the subject will awaken refreshed and with no after-effects or proneness to further suggestion. The misconception that hypnosis in some way weakens the will or increases the suggestibility is quite prevalent; you have no oppor-

tunity to dispel this or similar errors by giving a lecture, so it is best to nullify them by some positive action. I usually close my session in some such manner as this:

“In a few minutes I shall say to you, ‘Rain makes the grass grow,’ and you will awaken, feeling refreshed as though after a deep, restful sleep. You will rise slowly, and walk slowly to your seat. After sitting a few seconds you will desire to smoke, and you will light a cigarette. The first two puffs will have a pleasant taste, but the next puff will have a taste like gasoline; it will be so unpleasant that you will extinguish the cigarette. After this, you will arise from your chair, walk across the room to the person sitting nearest the rear exit, and shout as loudly as you can, ‘Happy New Year!’ You will then return to your seat, and thereafter be entirely free of any suggestion or after-effect as a result of this demonstration. Now, take a deep breath. Rain . . . makes . . . the . . . grass . . . grow.”

I always conclude my demonstrations with a little speech courteously thanking both the subjects and the audience for their cooperation. I never allow myself to be drawn into discussions concerning hypnosis or any other topic during a public demonstration. There is a time and place for everything; a

performer should not allow his show to be transformed into a classroom or lecture. No one would dream of interrogating a prestidigitator or a monologist concerning the technique of his performance; neither should a professional hypnotist, in my opinion, become a teacher during or after a performance. It may be advisable to have a few books, such as the present work, for sale to those who are sufficiently interested to pursue the subject further.

I have never ended a public demonstration of hypnotism without a sense of profound satisfaction. Undoubtedly all performers are stirred when they are able to communicate an aspect of beauty or truth to an audience. But to me a demonstration of hypnotism is more than a performance; it is an opportunity to reveal to more and more people this amazing science through which one human being is able to exercise control over the will of others. It is often billed as a form of entertainment, because it is still relatively novel and mysterious. But I never forget that those who come to my "exhibition" to be amused are bound to become converts to a great science to which, in a humble way, I have dedicated myself. Perhaps it is this sense of the importance of my performance which has endowed it with a measure of success.

on stage with



KONRADI LEITNER

STEP BY STEP PHOTOGRAPHIC DEMONSTRATION OF STAGE HYPNOTIS





Wear formal but simple clothes. Never let your apparel or stage props divert attention from what you are doing. Don't overdramatize or gesticulate for it will reduce your effectiveness. When you are sure of the full attention of your audience, give your opening speech. I suggest you stick closely to the one I use as it has proved successful thousands of times. For my speech refer to page 66.



The First Suggestion "Stretch out your arms. Turn your palms to face each other."

"Spread your fingers wide apart."







When you are sure and not before that everyone in your audience has correctly carried out the suggestion in Step 3 you are ready for the next suggestion. Now say "Breathe deeply, with me. As you inhale raise your arms."



"Now you will do as I am doing, interlocking your fingers."

"Now turn your hands outward, palms outward, and stretch out your arms. Now as you breathe in, move your hands over your heads."





This is the critical point of the preparatory stage and if I have conducted my demonstration properly it will yield the individuals that I shall invite on to the stage for the actual demonstration of hypnotism. For detailed explanation and speech for this step see page 75.

"Look into my eyes. Now breathe in deeply."





"Breathe deeply. Your body is swaying toward me and now away from me."

Note: For this part you may need the assistance of another person if you are not strong enough yourself.

"Close your eyes. You are going to sleep."





Your medium is now completely relaxed and resting calmly on the table or cot. You may now give the various suggestions discussed earlier. No doubt you will be able to amaze your audience with a variety of post-hypnotic suggestions that your medium will surely always carry out.





if MESMER could have known!

Long before there was any science of medicine, the art of healing was practiced. Its practitioners were, of course, not aware of the principles they used, or even that they were using any principles at all. They depended on a strange mixture of magic and the use of herbs. When they healed, they claimed the credit; when the patient died, it was because the signs were unfavorable, or some other such reason. Probably such witch doctors or medicine men were better than no healers at all, but there is no doubt that life expectancy increased with the advent of true medical science.

In much the same way, hypnosis was practiced long before it was studied or even considered worth

studying. Moreover, those who first tried to study hypnosis made the same kind of mistakes and were subjected to the same ridicule as many of those who pioneered in medicine. But physicians have been known for many thousands of years, and modern medical men consider themselves bound by the principles of Hippocrates, a physician who practiced in Greece about 2300 years ago; while the first theory of hypnotism was propounded less than 200 years ago by a physician whose very name suggests to many, however mistakenly, quackery and charlatanry.

Franz Anton Mesmer was a physician who lived and practiced in Vienna in the 1770's and who became curious about the workings of magnets, of which synthetic samples had been made for the first time only a few years previously. Tracking down a contemporary notion that they could be applied in therapy, he had apparently succeeded in curing the symptoms of hysteria by tying magnets at certain parts of the patient's body. But when he found that non-magnetic objects performed similar cures, he very intelligently deduced that it was not the objects but the relationship between doctor and patient that accounted for the cure. Then he vitiated his deduction by assigning to this relationship the same qual-

ities which, he believed, inhered in magnets; considering that some kind of fluid permeated himself and all objects he dealt with, he called his power over his patients "animal magnetism." Soon he was transferring this power to certain objects which he believed had the capacity to act in his place. This was not very far from age-old magic practices, but it apparently worked.

A period of tremendous popularity followed; "mesmerism" became a fad, which spread to the imperial court. But as a result of one unfortunate incident, in which the professional jealousy of court physicians catastrophically destroyed one of Mesmer's cures (he had restored sight to a girl believed hopelessly blind), the fad ended and Mesmer, now popularly regarded as a fake, left Vienna in disgrace in 1778.

During the next few years, Mesmer succeeded in gaining new disciples, especially in France. He became rich, his teachings developed into an elaborate cult with ritualistic trimmings, and from this period originated much of the aura of charlatanry; for the mesmerists surrounded the core of genuine treatment with extravagant exhibitions by way of promotion. King Louis XVI appointed a commission to investigate what was becoming a scandal, and

in 1784 the learned commissioners, who included among others Benjamin Franklin and Dr. Guillotin, found that Mesmer's practices were dangerous, immoral, and of no scientific value. On the last count, at least, history has reversed the royal commission; but, as so often, the reversal came too late to help the accused. Mesmer spent the remaining 30 years of his life in unknown exile in Baden.

from cult to craft

But his promotion had succeeded where his science had failed: the cult was maintained and expanded, nurtured by numerous followers, a few of whom were, like Mesmer, seekers after truth as well as riches. Dr. Alexandre Bertrand, at first a firm believer in the original animal-magnetism theory, during the 1830's most effectively debunked this theory by inducing a trance through an object which was presumably "magnetized" in the orthodox manner, but which had actually not been treated in any way; in other words, he successfully demonstrated the role of suggestion. For the next half-century mesmerism and derivative doctrines were fairly widely known and grudgingly credited on the level of a pseudo-science, but not taken seriously by the

medical profession, except for a few bold spirits whose genuine scientific open-mindedness brought them little except grief. Notable among these were Dr. John Elliotson, a respected professor at London University, whose career was sacrificed because he insisted on experimenting in the application of mesmerism as an anesthetic technique; Dr. James Esdaile, who performed hundreds of painless and successful operations in India with no other anesthetic than the mesmeric trance, only to be refused permission to publish a report of his work in English medical journals; and Dr. James Braid, in whose treatise, *Neurypnology* (1843), the word "hypnotism" appeared for the first time.

scorn's end

The connection between these militant British pioneers and the experimenters on the Continent during the 1880's is obscure. Some of their writings, some of their tradition or that of the earlier followers of Mesmer, had apparently pervaded the medical world and, while generally ignored or ridiculed, had stimulated the thinking of a few physicians. Two such, the French physicians A. A. Liébeault and Hippolite Bernheim, are especially worth remem-

bering. Liébeault was a village doctor of no distinction who had acquired a local reputation for his success in therapy through mesmerism. He made no attempt to publicize, proselytize, or exploit his success. But he happened to cure a patient whom other physicians had unsuccessfully treated for years, and one of the latter group, Bernheim, an eminent scholar at a nearby medical school, descended on the Liébeault clinic prepared to expose the charlatan. He remained to honor and collaborate with his obscure colleague, and through Bernheim's publications their joint work became widely known. Bernheim was the first to document the treatment of disease through hypnosis; his *Suggestive Therapeutics* (1886) is still in the bibliography of almost every work on hypnotism. His conclusion may be summed up with the statement that hypnotism is nothing more than a special form of suggestion, capable of universal application. This conclusion is not accepted today without considerable modification; but it was closer to the modern view than many theories propounded subsequently by very distinguished scientists. After Bernheim, hypnotism was accepted as a phenomenon deserving serious consideration.

There is little point in narrating in detail the trag-

edy of errors that marked the history of hypnotism during the next few decades. The story of Jean Charcot, a noted neurologist contemporary with Bernheim, is representative. Charcot concentrated on studying hypnotic phenomena, using what appeared to be superscientific methodology. His observations were careful and detailed, but limited to three mentally ill subjects. His conclusions, that hypnotism was a form of hysteria and that normal people could not be hypnotized, were manifestly absurd and easily refuted by Bernheim and others. But Charcot's reversion to the long-discarded notions of animal magnetism definitely set back the theory of hypnosis, because it influenced an entire school of serious students, among them the noted Alfred Binet (inventor of the intelligence test) and the pioneer psychologist Pierre Janet.

Another observer of Charcot's experiments was Sigmund Freud, who also witnessed the work of Liébeault and Bernheim. Realizing the significance of the new technique, Freud was especially impressed by the case of a patient of his old friend, Dr. Josef Breuer, in which hypnotism had played an important role. This patient, a victim of acute hysteria, had been able to recall while in a hypnotic

trance significant data relating to the origin of her malady; more important, the very process of revealing these data apparently relieved many of her symptoms.

This is not the place to discuss the importance of this famous case in the annals of psychoanalysis; but it was the earliest historical instance of what later became known as hypnotherapy. Breuer and Freud termed this technique "the cathartic method"; in their view, the release of the suppressed memories under hypnosis served to purge the patient and accounted for the cure. It would seem that the role of hypnotism was about to achieve deserved recognition at long last.

But Freud found that similar release could be obtained through the technique of free association during the waking state, and he found that this form of catharsis was more dependable than hypnosis. With our modern knowledge we can understand why Freud was unable to depend on the hypnotic technique, for we know that there are degrees of receptivity to hypnosis among individuals. The experience of several generations of scientific hypnosis has so improved the technique that more individuals may be hypnotized now than in Freud's time, and all inductions into trance may be conducted with

greater ease and certainty. But just because Freud himself abandoned hypnotism as a technique, many of his disciples followed his example, and have continued to follow his example to the present day, in a somewhat mechanical display of loyalty. In this manner, also, the scientific application of hypnotism suffered a serious setback.

hypnotism today

During the last few years, however, especially since World War II, there has occurred a rejuvenation of the technique, study, and application of hypnotism. I have already indicated that there is no general agreement on theory, but an abundance of hypotheses have been offered, and the study is in a healthy status of experimentation, marked by the constant publication of data, all on the highest scientific level. Those interested in delving into the theoretical discussion should consult the bibliography; here it will suffice to indicate a few clear trends.

The early relationship between hypnotherapy and psychoanalysis has been suggested in the previous account of Breuer and Freud. It was only natural, then, that with a development in the science of psychoanalysis, a parallel reassignment of the role of

hypnosis should be expected. The original purpose of Freud's cathartic method was the alleviation of psychic symptoms. As psychiatry discovered that not alleviation but the discovery of the root causes of these symptoms was the correct goal of the analyst, free association continued to be the technique most frequently employed. As a keenly trained analyst observed and guided the talking-out process, layer after layer of the patient's mind was uncovered. It only remained to heal the breach caused by Freud's understandable rejection of hypnosis as a substitute for free association.

At present the major role of hypnosis in therapy is that of a short-cut to arrive with speed, and probably with less anguish and harm to the patient, at the point of diagnosis for a psychosomatic or psychic disease. The origins of a symptom, excavated from the patient's memory by scores or hundreds of sessions with a psychiatrist, may often be revealed in less than six sessions at which the psychiatrist is assisted by hypnosis. The significance is obvious: more patients can be treated in less time; many patients who could not afford extended treatment can now be relieved; where speed is essential, or in an emergency situation (like war), cases may be treated which would otherwise never be attempted;

in general, the limited collective time of the corps of practicing psychiatrists can be more efficiently utilized.

. . . and tomorrow

Many of these truths, now self-evident, were only discovered under the pressure of necessity during the recent war. It must be emphasized, however, that in the scientific use of hypnosis, in modern hypnoanalysis, the trance serves solely as a device to facilitate the work of the psychoanalyst. The process is carried even one step farther by the use of drugs, such as the so-called "truth" serum (scopolamine), to increase the suggestibility of the patient and render him more susceptible to hypnotism. It is just as inaccurate to ascribe to the drug the capacity to elicit "the truth" as it is to ascribe to hypnosis the capacity to cure a disease. The drug facilitates, under certain conditions; the induction of the hypnotic trance; the trance facilitates the efforts of the analyst in probing the psychic processes which are believed to be at the root of a specific malady.

From the foregoing discussion of hypnoanalysis, it might be deduced that this is the only application of hypnotism to medical practice. This is, of course,

not the case. The use of direct hypnotic suggestion to eliminate a symptom may still be appropriate under certain circumstances; instances are recorded where many symptoms, varying from a simple headache to a complex obsession, have been banished, apparently permanently, through hypnosis. The use of the hypnotic trance, usually initially with the assistance of drugs, to stimulate a thoroughgoing abreaction (total recall involving a re-living of an earlier state) and thereby destroy the roots of a neurosis, was frequently practiced during World War II; its importance will undoubtedly increase in the future. Potentially of great significance is the application of the hypnotic technique as an anesthetic; in some instances, for example childbirth, its superiority over drugs has been asserted. Such matters had best be left to the medical profession for final determination, but they are certainly of interest to the layman. Similarly, the application of hypnosis, also with the aid of drugs, may be anticipated in crime detection and perhaps in wartime counter-intelligence.

The greater part of this book has been concerned with the fundamentals of the hypnotic state and some of the techniques used to induce that state. Whether or not this interests you because you in-

tend to become an amateur (or even a professional) hypnotist yourself, an understanding of these points must precede any serious discussion of the modern role of hypnosis. You will understand by now, I hope, that while hypnosis may legitimately be used as a form of entertainment, it has a serious function in modern society. Hypnotherapy will undoubtedly develop as one of the most fruitful fields of medical science; its potential benefits are unsuspected by almost all laymen and, possibly, by many scientists. I can only hope that those who practice hypnotism for less serious purposes will do nothing to bring discredit on a worthy branch of mankind's noblest science.

GLOSSARY

of terms

as used in works on hypnotism

abreaction A form of recall, in which the subject lives again an episode of his past. According to Brenman and Gill (work cited), abreaction has been found especially effective in the therapy of so-called war neuroses. An induced abreaction is a modern form of catharsis.

amnesia Removal from the memory of part or all of an experience; the former is partial, the latter total amnesia. Either may be obtained by suggestion during hypnosis or, as a result of posthypnotic suggestion, after the subject has awakened. This usage of the term is not identical with the more general usage, "loss of memory," referring to a symptom resulting from trauma.

- anesthesia** Loss of sensory perception, or "feeling." As induced under hypnosis, it may be partial or total. It has been used successfully in surgery and in relief of pain during therapy.
- aphasia** Loss of the power of speech.
- aphonia** Loss of the use of the vocal cords; distinguished from aphasia in that aphonia does not preclude whispering.
- association** The process of relating various elements of perception or memory to one another. As used by Freud and later psychoanalysts, ideas are elicited from the subject as they occur to him in their natural relationship by a process of so-called free association. An interpretation of the association thus revealed is involved in the technique of psychoanalysis. Association is a passive process serving to reveal the contents of the mind and the mental processes of the individual, thus indicating to the analyst the cause for a specific symptom or nexus of symptoms. Free association may be practiced in the waking state or, more effectively, under hypnosis.

- automatic writing** . . . A device by which a subject, under hypnosis, reveals through writing, independently of his will, thoughts which are incapable of being expressed vocally. See *crystal-gazing*.
- autohypnosis** . . . The induction of the hypnotic trance by the subject on himself. The power is initially achieved only with the aid of a hypnotist, as an application of posthypnotic suggestion, but may subsequently be exercised independently of the hypnotist. For a discussion of this phenomenon, see A. Salter, "Three Techniques of Autohypnosis," in *Journal of General Psychology*, No. 24 (1941).
- cataplepsy** A condition of rigidity in which the muscles may not be voluntarily moved, but may be moved by an outside agency. The condition may be induced by suggestion in a relatively light hypnotic trance, and is sometimes used to test whether a subject is under hypnosis.
- catharsis** The process of resolving a repression by bringing it from the subconscious to the conscious state. The term, Greek for "purging," was applied by Freud and

Breuer to their technique of relieving psychic symptoms by getting the patient to "talk out," and thus become aware of, associated events.

crystal-gazing . . . A device sometimes used in hypnosis to elicit responses from a subject. The latter, in a deep trance, is told to look into a crystal ball or similar object (a vessel of water; a blank sheet of paper) and there see, and describe, visual representations in answer to a question. Like automatic writing, it will often result in a revelation of thoughts unavailable to a direct approach.

euphoria A status of psychic well-being. It may be induced during hypnosis, and is usually suggested for a beneficial posthypnotic effect.

free association . . . See *association*.

hallucination . . . An illusion, accepted as real by a subject either during a trance or, as the result of posthypnotic suggestion, in the waking state. A positive hallucination is effected by creating in the subject's mind an illusion of a non-existent sensation

(whether of sight, smell, etc.); a negative hallucination is effected by negating in the subject's mind an existent sensation. Examples are given in the text.

hyperesthesia . . An abnormal capacity of sensory perception.

hypermnnesia . . An abnormal capacity to remember; the power of recall.

hypnoanalysis . . A term sometimes used for the combined processes of hypnosis and psychoanalysis. It is, therefore, a form of hypnotherapy. For its theory, see the text and, for a full discussion, see work cited, by Brenman and Gill.

hypnotherapy . . The use of hypnotism in the treatment of disease. See work cited, by Brenman and Gill.

hysteria A form of neurosis, usually characterized by a conversion of disorders originating in the mind or nervous system into physical symptoms. Freud's study of the nature of hysteria, which he defined in terms of mental conflict, led to the modern techniques of psychoanalysis and hypnotherapy. Charcot's erroneous con-

clusions concerning the relationship between hypnosis and hysteria are discussed in the text.

monoideism . . Term coined by James Braid as a substitute for hypnotism, to define his concept of the nature of the hypnotic state after he had rejected its identification with sleep. As used by Braid, the term signifies the complete absorption with a single idea which he believed characterized the process of undergoing hypnosis. Neither the term nor the theory won acceptance.

neurosis A deviation from so-called normal behavior patterns, of which a neurotic individual may be aware but which is usually beyond that individual's unassisted control. Forms of neurosis include hysteria, compulsions, and neurasthenia. All are capable of responding to psychotherapy and hypnotherapy.

posthypnotic . . Relating to the state following hypnosis. The word is usually used in the term *posthypnotic suggestion*, a suggestion given by a hypnotist to a subject

- during a trance, to become effective after the trance has ended.
- psychosis** A deviation from so-called normal behavior patterns, beyond the consciousness or control of the psychotic individual. Such individuals are classed as insane. The question of whether psychotics are susceptible to hypnosis is still controversial.
- psychosomatic** . . . Relating to bodily functions, especially diseases, of mental origin. Many diseases, including organic maladies, are now recognized as psychosomatic and therefore susceptible to psychotherapy and hypnotherapy.
- rapport** . . . Term designating the relationship between hypnotist and subject essential to successful hypnosis. It includes a cooperative attitude on the part of the subject and a capacity to guide the mental process of the subject on the part of the hypnotist.
- recall** . . . Capacity to remember, involving a greater exercise of that capacity than is normal in the waking state: hypermnesia. It may be expressed simply in the form

of a narrative account in the past tense or in the present tense; as a reenactment of the episode by the subject; or as a complete reversion of the subject's entire personality to that of the period involved. The last two types of recall are termed abreaction. All types of recall are utilized in psychotherapy, and may be induced through hypnosis.

repression The deviation of an impulse from its normal fruition, often resulting in a psychosomatic symptom. Repressions are involuntary and frequently subconscious, according to psychoanalytic theory. Their discovery and correction may be accomplished by psychotherapy, in which hypnosis may play a part.

somnambulism . . . In general usage, sleepwalking; but the term has been appropriated to describe the deepest stages of hypnotic trance (stages 21-30 of the Davis-Husband scale), the onset of which is marked by the capacity of the subject to open his eyes while under hypnosis.

suggestion The conveying of an idea by a hypnotist to a subject, with the object of affecting

the latter's actions. This usage is merely an extension of the customary meaning of the word; an individual is said to be open to suggestion, or suggestible, to the degree that he is susceptible to the expressed desires of another. There is no decisive point at which normal suggestion becomes hypnotic suggestion: the waking suggestibility of the individual usually indicates his capacity for hypnotic suggestion. However, hypnotic suggestion depends on rapport, and must be distinguished from arbitrary command.

- therapy** Treatment of disease. The term is often compounded with other words, as in the forms *psychotherapy*, *hypnotherapy*.
- trance** . . . The hypnotic state, differing in specific respects from normal sleep.
- trauma** . . . A psychic wound or injury. The task of psychotherapy is to discover the traumatic origin of a symptom, i.e., the specific event which wounded the nervous apparatus of the individual in such a way as eventually to bring about the malady for which a remedy is sought.

SELECTED BIBLIOGRAPHY

of works appearing in English, and as complete books: space prohibits listing of important articles in such periodicals as *American Journal of Orthopsychiatry*; *American Journal of Psychiatry*; *American Journal of Psychology*; *Bulletin of the Menninger Clinic*; *Journal of Abnormal and Social Psychology*; *Journal of Experimental Psychology*; *Journal of General Psychology*; *Psychoanalytic Quarterly*; *Psychosomatic Medicine*.

BAUDOUIN, Charles

SUGGESTION AND AUTOSUGGESTION. New York: Dodd, Mead, 1922.

BERNHEIM, Hippolite

SUGGESTIVE THERAPEUTICS. New York: London Book Co., 1947.

BRAID, James

NEURYPNOLOGY. London: G. Redway, 1899.

BRENMAN, Margaret, and GILL, Merton M. HYPNOTHERAPY. New York: International Universities Press, 1947.

BREUER, Josef, and FREUD, Sigmund

STUDIES IN HYSTERIA. *Nervous and Mental Disease Monograph Series*, 1936.

HYPNOTISM FOR PROFESSIONALS

BROWN, W.

PSYCHOLOGY AND PSYCHOTHERAPY. London: Edward Arnold, 1934.

ESTABROOKS, G. H.

HYPNOTISM. New York: E. P. Dutton, 1943.

FREUD, Sigmund

THE QUESTION OF LAY ANALYSIS. New York: W. W. Norton, 1950.

FREUD, Sigmund

AN OUTLINE OF PSYCHOANALYSIS. New York: W. W. Norton, 1949.

FREUD, Sigmund

BASIC WRITINGS. New York: Random House (Modern Library), 1938.

GRINKER, Roy R., and SPIEGEL, John P.

MEN UNDER STRESS. Philadelphia: Blakiston Co., 1945.

GRINKER, Roy R., and SPIEGEL, John P.

WAR NEUROSES. Philadelphia: Blakiston Co., 1945.

HADFIELD, J. A.

NEUROSES IN WAR. New York: Macmillan, 1940.

HORSLEY, J. Stephen

NARCOANALYSIS. London: Oxford University Press, 1943.

HULL, Clark L.

HYPNOSIS AND SUGGESTIBILITY. New York: Appleton-Century, 1933.

- JANET, Pierre
PSYCHOLOGICAL HEALING. New York: Macmillan, 1925
- KRAFFT-EBING, R.
EXPERIMENTAL STUDY IN THE DOMAIN OF HYPNOSIS. New York: G. P. Putnam's, 1889.
- KUHN, L., and RUSSO, S.
MODERN HYPNOSIS. New York: Psychological Library, 1947.
- LECRON, L. M. and BORDEAUX, L.
HYPNOTISM TODAY. New York: Grune and Stratton, 1947.
- LEVINE, M.
PSYCHOTHERAPY IN MEDICAL PRACTICE. New York: Macmillan, 1942.
- LINDNER, R. M.
REBEL WITHOUT A CAUSE. New York: Grune and Stratton, 1944.
- LLOYD, B. L.
HYPNOTISM IN THE TREATMENT OF DISEASE. London: Bale and Danielsson, 1934.
- MARKS, Robert W.
THE STORY OF HYPNOTISM. New York: Prentice-Hall, 1947.
- PAVLOV, I. P.
CONDITIONED REFLEXES. London: Oxford University Press, 1927.
- RHODES, Raphael H.
HYPNOSIS: THEORY, PRACTICE, AND APPLICATION. New York: Citadel Press, 1950.

HYPNOTISM FOR PROFESSIONALS

SALTER, Andrew

WHAT IS HYPNOSIS? New York: Richard R. Smith, 1944.

SATOW, Louis

HYPNOTISM AND SUGGESTION. New York: Dodd, Mead, 1923.

SHAW, S. Irwin

HYPNOTISM CAN HELP. Philadelphia: David McKay, 1948.

STEKEL, W.

PSYCHOANALYSIS AND SUGGESTION THERAPY. London: Kegan Paul, 1923.

TAPLIN, A. B.

HYPNOTISM AND TREATMENT BY SUGGESTION. Liverpool: Littlebury Bros., 1928.

WINGFIELD, H. E.

INTRODUCTION TO THE STUDY OF HYPNOTISM. London: Bailliere, Tindall, and Cox, 1920.

WOLBERG, L. R.

MEDICAL HYPNOSIS. New York: Grune and Stratton, 1948.

WOLBERG, L. R.

HYPNOANALYSIS. New York: Grune and Stratton, 1945.

WOLFE, Bernard, and ROSENTHAL, Raymond
HYPNOTISM COMES OF AGE. Indianapolis
and New York: Bobbs-Merrill, 1948.

ZILBOORG, G.

MIND, MEDICINE, AND MAN. New York: Harcourt, Brace, 1943.

ZILBOORG, G.

HISTORY OF MEDICAL PSYCHOLOGY. New York: W. W. Norton, 1941.







