

the mind and body in the production of mental or physical illness. The rapid growth of hypnosis in the last few years is another example, and it is gratifying to see that the emphasis in this field is now shifting from hetero-hypnosis to self-hypnosis.

Self-hypnosis is a highly suggestible state wherein the individual can direct suggestions to himself. It is a powerful tool in any therapeutic process, and highly motivated subjects can parallel the success of hetero-hypnosis through their own efforts. Self-hypnosis can be used as a palliative agent and can even afford lasting results in many areas of the organism. Self-hypnosis can alleviate distressing symptoms, substitute strong responses for weak responses, help overcome bad habits, create good habits and help one's power of concentration. The total personality is eventually changed to the point where it can function adequately in an increasingly difficult environment.

In learning self-hypnosis, the subject does not relinquish control of himself as is commonly believed. Actually, more control is gained. Self-sufficiency and self-confidence are inevitable results. It is well to remember, however, that even good things may be overdone, and good judgment is necessary for favorable results. Neither hypnosis nor self-hypnosis should ever be used indiscriminately. The effectiveness of self-hypnosis depends upon many factors. Strong motivation, intelligent application of suggestions and diligence are prerequisites.

We are not suggesting that self-hypnosis can take the place of all forms of psychotherapy. We do recommend it as an adjunct to therapy when indicated. Used judiciously, it can contribute a great deal to an individual's physical and emotional well-being and happiness.

As a professional hypnotist for many years, I have seen astounding and apparently miraculous results by individuals using self-hypnosis. Many of these cases seem unbelievably so to those not familiar with hypnotic phenomena. It should be remembered, in fact, that many individuals seek hypnosis only when all other forms of therapy have failed. This is so common that hypnosis has come to be known as a port of last call. Yet, despite the seeming hopelessness of such cases, medical literature lists thousands of remarkable recoveries.

There is nothing hit or miss about hypnosis. Used intelligently, the results are the same for all those who are properly motivated. Nor are the results singular to modern hypnotists alone. In reviewing the literature going back more than 100 years, the same gratifying results were obtained. The reader would do well to scan some out-of-print books on hypnosis at the library to understand the point further.

This book is written in terms that are comprehensible to the layman. The step-by-step instructions should afford the reader a means of acquiring self-hypnosis. The necessary material is here. The reader need only follow the instructions as they are given.

The author wishes to thank Robert S. Starrett, member of the American Medical Writers' Association, for his valuable help in the editorial preparation of this book.

It is the author's hope that you will, through the selective use of self-hypnosis, arrive at a more rewarding, well-adjusted and fuller life.

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## Chapter 2

### What About the Dangers of Hypnosis?

One of the objections that you hear to hypnosis is that it can be dangerous in the hands of those not trained in the psychodynamics of human behavior. Inasmuch as psychiatrists and clinical psychologists are the only ones who are thoroughly trained in the analysis of human behavior, this objection, if valid, could limit hypnosis to a comparative handful of therapists. Fortunately, it is not valid. This was proved several years ago when the "Bridey Murphy" craze gripped the country. Despite the fact that thousands of amateur hypnotists were practicing hypnosis, little or no harm resulted. I have personally instructed several thousand medical and non-medical individuals and have yet to hear of a single case where a crisis was precipitated or anything of a dangerous or detrimental nature occurred as a result of hypnosis. I have also taught several thousand persons self-hypnosis and can report the same findings.

Many patients who seek treatment from competent psychiatrists, psychoanalysts and psychologists do not always obtain satisfactory results. This doesn't mean that everyone should stop seeking help from these specialists. Even a specialist doesn't have a perfect record of successful therapy.

What then is the objection to hypnosis? The theory that if you get rid of one symptom another symptom will take its place really holds no truth and is usually advanced by those who have had little or no experience in the hypnosis field. However, a difference of opinion does exist even with those practicing hypnosis in this area. Some hypnotists "trade down" symptoms by replacing a serious symptom with a minor one, while others just remove the symptom. The latter is what a doctor does when he recommends aspirin for arthritis. He knows the aspirin will not cure the arthritis, but he wants to alleviate the symptom. To say that another symptom will replace the pain is unscientific--and untrue. The same is true of hypnosis.

Lewis R. Wolberg, M.D., clinical professor of psychiatry, New York Medical College, recently canvassed 30 experts in the field of hypnosis and found a few who felt symptom removal was "irrational, temporary--or outright dangerous." The large majority, however, "employed symptom removal where indicated, and minimized or ridiculed any possible bad effects."

A further objection to hypnosis is that the results are temporary as well as symptomatic. It is well to remember that most medical therapy is specifically directed to symptom removal. How permanent is most medical treatment? Once you couple hetero-hypnosis with self-hypnosis, you afford the patient the opportunity of utilizing suggestions for his own benefit any time they are needed. This, of course, can make symptom relief permanent. As an example, I would see no harm in teaching a patient self-hypnosis for symptomatic relief from a problem of insomnia. It would certainly be better than physically depressing the higher brain centers with sleeping pills to produce unconsciousness every night. I needn't tell you that millions of dollars are spent every year on sleeping pills and patients become dependent upon them, needing more and more pills in order to produce sleep. Many accidental suicides stem from an overdose of sleeping pills. Yet, despite the inherent dangers of sleeping pills which are glaringly apparent, they are prescribed by the millions, to say nothing of those that reach the market through illegal channels. Furthermore, how much effort is really made to get the patient off the sleeping pills? There are also more voluntary suicides by sleeping pills than by any other method. Perhaps if these drugs weren't so readily available, many of these unfortunate individuals would be with us today.

What about the often-quoted statement that "you might do some damage"? Let's explore this area. I assume that the reader is somewhat familiar with the work of Emile Coué or at least has heard of his famous autosuggestion formula of "Day by day, in every way, I'm getting better and better." During our time, thousands upon thousands of seemingly helpless and hopeless cases have been cured by repeating this affirmation over and over again, day after day, as the individual falls asleep.

five and are ready to proceed further. Here are sample suggestions you can use: "Six ... My legs are becoming extremely heavy. Seven ... I'll be unable to lift them until I count to 15. Eight ... I feel very comfortable; my legs are becoming heavier and heavier. Nine ... My entire body is completely relaxed, and my legs are so heavy that they are impossible to lift. Ten ... I'm in a very deep hypnotic state, and it is absolutely impossible for me to move my legs until I count to 15." At this point, you actually try to raise your legs. If you can't do it, you have reached the cataleptic stage.

Should you not be able to raise your legs, don't become frightened. All you need to say is: "I can now move my legs." You could also say: "As I count to three, I'll be able to move my legs." However, since we have elected originally to be able to move the legs at the count of 15, it would be best to follow out this pattern. You could at this time merely continue to count to 15, at which time you would be able to move your legs. I prefer giving suggestions between each count as follows: "Eleven ... The heavy feeling is leaving, and I shall be able to raise my legs at the count of 15. Twelve ... I can feel the heavy, relaxed feeling leaving. Thirteen ... I am beginning to move my legs. Fourteen ... I am lifting my legs more and more. Fifteen ... I have perfect control over my bodily functions and legs; I am lifting and moving my legs; the heavy feeling is dissipating; I am in complete control; I can now give myself posthypnotic suggestions that will be very effective and beneficial." Give yourself whatever suggestions you want at this time.

Let us suppose that you tried the foot test for some time and were unsuccessful. Perhaps this puzzles you, and you wonder why it didn't work. Perhaps you were able to get a heavy feeling in the legs, but the second part of the test didn't work. The following information will help you to understand why you were unable to complete this cataleptic test. Either you had not conditioned yourself sufficiently, or you weren't really "letting go" enough to enter into a deeper state of hypnosis. Most subjects need to let themselves and feel secure every step of the way. They don't just plunge into the cataleptic or somnambulistic stages immediately. In this connection, I believe it can be compared with the case of a man who goes into the water one step at a time. Even the playful splashing directed at him by friends does not compel him to duck under the water. Instead, he continues to slowly go deeper and deeper until he is completely submerged. Wouldn't it have been easier to duck under all at once? Perhaps, but I'm sure you have either experienced the same thing yourself or seen it happen.

The analogy should be clear. The subject is reluctant to do what he considers as "giving up his control" when, in reality, he is really more and more in control of himself as he penetrates the deeper levels of hypnosis.

In reality, the subject who does not or cannot raise his feet really could move in case of emergency, even without counting to 15. He has, in effect, entered into a state in which it is too much bother to lift his feet. A common example of this frame of mind is when you remain in bed in the morning even though you know you will be late to work. You are just too comfortable to move, and your initiative seems paralyzed.

Let us assume, at this point, that you have finally succeeded in getting the foot test to work. You are now ready for the hand levitation test--No. 5. In this test, the goal is to get your hand to slowly rise and touch your chin. Once it touches your chin, you enter into a still deeper state and lower your hand slowly to your side. This test is actually combined with the hand tingling test--No. 3. Since you have been successful with test No. 3, the rest is rather simple. This time as you work test No. 3, aim for a light, pleasant feeling in your right hand. Once you get this reaction, you give yourself suggestions that your right hand will now rise and touch your chin. As soon as it does, you will fall into a deeper state and lower your hand. Here are the suggestions that you can use: "As I count to ten and even before I reach the count of ten, I shall have an irresistible impulse to slowly raise my hand to my chin. As I progress with the counting, my hand will slowly rise, and the impulse will become stronger and stronger. As soon as my hand touches my chin, the impulse will leave. I will then lower my hand and fall into a very deep hypnotic state. I shall be fully aware of what is happening, my surroundings, and will be able to give myself beneficial posthypnotic suggestions."

At this point you start counting to ten, giving yourself suggestions that your right hand which already has a

## Chapter 8

### What You Should Know About Becoming An Excellent Subject

Becoming an excellent subject follows the same general rules for becoming proficient in any other endeavor. It depends upon your motivation, persistence and willingness to devote time and study to the subject. Let us agree that most individuals can learn to play a musical instrument to some degree. This degree is usually sufficient for their own needs. To become a virtuoso, however, it is necessary to study the instrument and devote a great deal of energy and time to practice. The same example could be given for most undertakings. Anyone can learn to hit a golf ball, but being able to control the direction and distance and become a skilled golfer is quite another matter.

If you have been successful in accomplishing the first five tests, you can consider yourself a good hypnotic subject. Becoming an excellent subject entails following the same procedure used in accomplishing the first five tests. Some may proceed very easily into the somnambulistic state, and others may have a difficult time reaching this deepest stage. Understanding some of the psychology involved and assuming the right psychological frame of mind for the attainment of the somnambulistic state is more important than just working blindly in an attempt to get the somnambulistic tests to work. Being irritable, disgusted and despondent because of your inability to go further into hypnosis is not the answer and will only lead to frustration and failure. The reader is not to assume he will be a difficult subject. If you have come this far, you'll be able to continue in the same manner. The topic under discussion now is brought up to prepare readers for any contingency that may arise. It's like having a life preserver on a boat. You hope you never need it, but you should be prepared to use it in case of an emergency.

It is natural to assume that if you are willing and trying to go into the lethargic, cataleptic or somnambulistic state, you will be able to do so in a relatively short period of time. Unfortunately, this is by no means the case. Many of the principles of learning and conditioning can be applied to hypnosis, but with many subjects these laws do not seem to apply. Let us assume you wanted to learn to become an excellent typist. This is a reasonable goal and all that is necessary is to continue practicing until you have reached the proficiency you set out to achieve. This proficiency would, as a rule, follow application of the laws of learning and conditioning.

This isn't always so in a subject's attempt to become somnambulistic. When the subject progresses from one stage to another in a classical manner, the theory works admirably, but what happens when a subject cannot seem to progress any further? He has reached a plateau and is unable to climb higher. He seems to have reached a psychological impasse or stalemate. It is easy to say that the subject is thwarted by a subconscious block and let it go at that. This, however, doesn't help him in his dilemma. It's like telling the stranded motorist that the reason his car has stalled is because the motor isn't running. The following information will be helpful to those who haven't been able to reach the first stages of hypnosis, as well as those who apparently can go only so far. Actually, the same principles are involved.

If the subject doesn't respond or responds to a limited degree, there evidently is a cause or reason for this poor response. In order to continue this discussion, it will be necessary for us to agree that the resistance can be either conscious or unconscious. If the subject insists that he is trying to "let go," has nothing to hide, is not afraid of hypnosis, understands what is involved and has strong motivation, we can only assume that the resistance must be unconscious. Usually, it will be necessary to work through this unconscious resistance before the subject responds. If the subject is conditioning himself, this will involve a great deal of introspection, and even then it is an extremely difficult job. One doesn't usually have proper insight into one's own emotional make-up. The end result is that one can only rationalize about his behavior.

Let us explore some interesting aspects of hypnosis with a view toward helping you if you are having difficulty responding the way you desire. I have had the following paradoxical situation happen many times.

A subject calls my office, requesting to be conditioned for self-hypnosis. He further requests that he be allowed to bring along a member of his family or a friend for the hypnotic session. These individuals usually ask if I object to this procedure. I interpreted this request as a sign of distrust during my early career as a professional hypnotist. I was affronted by the idea of the unspoken insinuation verbalized by this request. Didn't they trust me? Between trying to defend myself and assuring them that there was no need for another person being present, since my secretary could observe the procedure, I usually "won" the argument but lost the client. As I developed understanding into the needs of these persons, I began to realize that the request was not directed at my integrity, but was a safeguard for their ego.

[Illustration]

Here is an interesting sidelight that has happened frequently in regard to the foregoing situation. I would request the subject to sit near my desk and tell the onlooker to sit in back and to the side of the subject, away from the subject's view so as not to distract him. In this situation, I invariably place the hypnodisc on a spinning, portable phonograph turntable and turn it upright for the subject to look at. The hypnodisc, which is made of stiff cardboard, looks like a 12-inch phonograph record and has concentric heavy lines drawn on it. As it spins, the subject feels he is being pulled toward the center. At the same time, it causes his eyes to become very tired. I have included a drawing of it on this page for those who are not familiar with this hypnotic device. The revolving hypnodisc causes a physiological reaction and must work with everyone. You feed back certain known physiological responses for the successful attainment of hypnosis.

The onlooker has no choice but to look at the hypnodisc as well. As I suggest to the subject that his eyes are becoming heavy and tired and that soon he'll have an irresistible impulse to close them, the onlooker is naturally hearing the same suggestion. Because this person is apart from the hypnotic situation, there can be no conscious resistance. Since these defenses are not hampering the attainment of hypnosis, the onlooker may readily fall under hypnosis. More than once, the onlooker has told me that he was getting a better night's sleep, was feeling wonderfully well or had derived other benefits since coming to my office as an "observer." The exact situation happens when the stage hypnotist is hypnotizing subjects on the stage. Many times a person in the audience who had no intention of becoming hypnotized becomes influenced in the same manner. Incidentally, these individuals make the best subjects.

There are interesting theories as to why a subject responds or does not respond to hypnosis. I think the reader would find some of these theories interesting and perhaps gain some insight into his own hypnotic behavior. These theories are based primarily on a psychoanalytical approach to hypnosis.

The most prevalent theory is that the hypnotist represents either the father image (paternal or fear hypnosis) or the mother image (maternal or love hypnosis). The father usually represents an authoritarian figure. The subject's identification can be on a conscious or subconscious level. Let us suppose the subject has ambivalent feelings toward his father. Because of this, he may not respond. Here is an opportunity to frustrate the authoritative (father) figure. The only trouble with this theory is that if there is an excellent relationship between the father and subject, it doesn't necessarily mean that the subject will respond easily. The stage hypnotist invariably uses a strong, authoritative approach with a great deal of success, but this approach generally does not work best in private practice.

I have found that for the majority of subjects the maternal approach works best. Perhaps the process of hypnosis awakens early unconscious memories of being put to sleep as a child. Some techniques that are used in hypnosis are quite similar to this. The subject, who is lying down, is told to close his eyes and is spoken to in a quiet, reassuring, monotonous tone of voice. The hypnotist is seated near him. The hypnotist even uses the same words that the subject has heard as a child: "Sleep. Go to sleep. When you awaken, you'll feel wonderfully well." In fact, I use some special music that I had recorded for inducing hypnosis. The first musical selection is Brahms' "Lullaby." Children's music boxes invariably contain this selection, and the melody cannot help but activate a pleasant nostalgia. It is a memory associated with love and tenderness. This



I have tried to indicate that there are complexities that may arise in the hypnotic setting. There are many conflicting theories as to why a subject does or does not respond. There are no set rules to follow, and one's intuition, experience and judgment help solve any problem that arises.

Let me relate another frequent incident. I have had subjects come to me after they were unable to be hypnotized by several other professional hypnotists. They have complained that the hypnotists weren't "good hypnotists" because they couldn't hypnotize them. After all, they ask, hadn't they been willing subjects? My usual answer is that the fault, if there is one, is not with the hypnotists and really not with the subjects. It is a matter of exploring what has happened and then deciding on a course of action to insure success.

I am firmly convinced that the subject responds when he is positively, without equivocation, ready to do so. He keeps testing the response to make sure he is in control. He fears a reduction in his voluntary level of reality attachment and control. Unresponsiveness proves to him that he has this control. As long as he does this, which is a natural response, he never lets go sufficiently to attain hypnosis. Hypnosis, as we know, is a very sensitive state. It requires complete faith and trust in the hypnotist. If it is lacking, the subject never does respond. The phenomenon of hypnosis is entirely subjective in nature, and its success lies within the total personality structure of the subject. If there is resistance to hypnosis itself or to deepening the state, the subject by his own honest evaluation and verbalization of his resistance can do much to become a better subject. Hypnosis must begin with the acceptance by the subject of certain basic fundamentals that we have already discussed rather than of the forcefulness of the hypnotist. The deepening of the hypnotic state lies in the intensification of the conditioned response mechanism once it has been initiated.

You should not expect to achieve immediate results although sometimes that does happen. As you continue to work with perseverance, intelligence and enthusiasm, you will definitely achieve the goals that you have set for yourself. It is well to remember that you guide yourself toward the somnambulistic state, depending upon your belief and acceptance of those principles that have been outlined for you.

I have attempted to point out some of the salient points and theories to keep in mind in your attempt to develop into an excellent hypnotist. Some of these only pertain to the situations where the hypnotist works with the subject. Many of the problems inherent in this setting are not applicable to the situation where the subject is hypnotizing himself. Both settings have their advantages and disadvantages. As long as you proceed to follow the instructions given you, you can feel assured that you will finally achieve self-hypnosis.

It should be emphasized that it is vital to adopt the right frame of mind in your attempt to achieve self-hypnosis, particularly a deep state. If you approach hypnosis with a "prove-it-to-me" attitude, nothing is going to happen. Self-hypnosis requires practicing a set of mental exercises or mental gymnastics. To acquire the ultimate from this training requires systematic conditioning. The word "training" is used quite extensively in hypnotic literature. The use of the word implies that hypnosis can be attained by a training period. The literature speaks frequently of a subject being trained to respond in a certain way. Obviously, this means over a certain period of time. It also means you train yourself to become a good hypnotic subject. It is a skill that all can acquire.

There are four books dealing specifically with self-hypnosis that I would recommend to you for further reading. They are: *What is Hypnosis* by Andrew Salter, *Hypnosis and Self-Hypnosis* by Bernard Hollander, M.D., *Autogenic Training* by Johannes H. Schultz, M.D., and *Self-Hypnosis--Its Theory, Technique and Application* by Melvin Powers.

*dangerous, lead to infection and cause other harmful results.* You should also not dig your nails into your skin to make sure that you don't feel pain.

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hypnotizing someone else.

I have produced three different hypnotic records and a 30-minute hypnotic tape containing the three records which are sold commercially. One record, called the Musical Hypnotic Record, has a very pleasant, relaxing musical background as the voice of the hypnotist induces hypnosis. The second record, called the Metronome Hypnotic Record, incorporates the monotonous and lulling beat of an electric metronome in the background. The subject is instructed to mentally repeat "sleep" as he slowly inhales and "deep sleep" as he slowly exhales in rhythm with the beat of the metronome. While the subject is concentrating on this activity, the voice of the hypnotist induces hypnosis. The third record, called Self-Hypnosis Record No. 3, contains only the voice of the hypnotist inducing hypnosis. It features a unique approach and technique.

I have had a great deal of correspondence with those who have used these phonograph records and the hypnotic tape for conditioning themselves for self-hypnosis. The results are quite interesting and run the range of immediate results to no results. One person wrote that one of the records hypnotized him at the first playing and conditioned him for self-hypnosis, whereas he had failed to respond to hypnosis after many visits to one of the country's foremost authorities. I have had similar experiences after having failed to hypnotize a subject despite many attempts. I can only speculate that the subjects in these cases unconsciously resist the hypnotist because they feel a personal threat. Since the record is impersonal, they are better able to relax and subsequently be hypnotized. Interestingly, this occurred when the subject was convinced that he was a very difficult subject. It would seem that only then was the conditioned response pattern finally established. The basic function of the hypnotic records and hypnotic tape is to establish a conditioned response pattern to a given stimulus. In time, most subjects are conditioned by the intelligent and systematic use of these recordings.

Let me describe another varied approach to achieving self-hypnosis. One of the chief assets of a good hypnotist is to be flexible in his approach in hypnotizing his subject. As I have already pointed out, it is necessary many times to adopt a technique that is suitable to the subject and not to make the subject adapt himself to the method of induction.

We know that with somnambulist subjects any procedure will put the subject under hypnosis immediately. The hypnotist gains complete control of his subject as the subject is able to put himself in the proper psychological frame of mind for hypnosis. Unfortunately, most subjects do not respond at the first session or sessions because of conscious or subconscious fears that must be gradually eliminated. Once you get the subject to relax, or "let go," he will naturally succumb to hypnosis. This is the problem that confronts all hypnotists.

Merely suggesting to the subject to relax is not sufficient, as a rule, to bring about this desired mental state. The subject, at this point, cannot easily turn on or off his mental and physical feelings. Even if we have the subject lie down, this does not assure the hypnotic state as the subject can still be tense. Our main problem is to get the subject relaxed. Our situation is similar to the physician telling his patient to go home and forget about a certain problem. I'm sure you'll agree that the advice is virtually impossible to follow.

One of the major stumbling blocks in hypnotizing a subject or in self-hypnosis lies in the fact that although we use terms such as "relax," "let yourself go," and others, the subject cannot readily put the meaning of these words into effect. It is difficult for most people to let go when we live in a society that beckons us to "look sharp," "be sharp," "be alert," "be on the ball" and "make every minute count." Emphasis on productivity does not lend to a society of relaxed individuals.

In my long experience as a professional hypnotist, I have tried many novel innovations for inducing hypnosis and teaching individuals self-hypnosis. Some have met with a great deal of success and others have failed. It is, furthermore, difficult to determine the causal factors for success or failure. We can only theorize.



believe are partially correct, but the ones named will do for the purposes of this volume. Incidentally, all the hypnosis theories presented are equally applicable to self-hypnosis except where, as in transference, it is obvious a therapist is needed.

In conclusion, the author would like to take issue with those who believe that it is the monotonous intonations of the therapist that cause the subject to lapse from the deeply relaxed state into true sleep. I have observed many times, by comparing verbalization with silence, that the former gives the subject's mind a focal point of attention which prevents him from entering a sleep state where hypnotherapy is impossible. Like the man who cannot sleep because of an active mind, sleep and myriad thoughts and suggestions are incompatible, and I believe, once a hypnotic state has been attained, that the subject is kept awake (unless definite sleep suggestions are given) by the therapist's series of suggestions. We have discussed the effect of the experiential background at length, and surely nothing connotes sleep more than closing one's eyes--test No. 1. And so, in my view, you are doing two things when you talk to the subject; you are giving him helpful suggestions, but you are also keeping him awake and hyperacute so that these suggestions will sink in.

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basic tenets that suggestion not only can cause psychological personality disorders, but many physical disorders as well.

It is, therefore, logical to conclude that the systematic use of positive mental attitudes in an organized, progressive, self-improvement program can be a vital influence in helping you lead a healthier life, both emotionally and physically.

Many people in need of help are at a loss as to where they can locate reputable hypnotherapists in their area. You may consult your family physician, county medical society or mental hygiene society. The chairman of the psychology department at your nearest college or university would usually have this information. I maintain a file of over 4,000 doctors located all over the world who practice hypnosis and would be pleased to refer you to doctors located in your locality.

The following national organizations maintain a specialized list:

American Academy of Child Psychiatry 335 S. Franklin St. Wilkes-Barre, Pa.

American Academy of Psychoanalysis 750 Park Avenue New York 21, N. Y.

American Group Psychotherapy Association 2 E. 103rd St. New York 29, N. Y.

American Psychiatric Association 1700 18th St., N. W. Washington 9, D. C.

American Psychological Association 1333 16th St., N. W. Washington, D. C.

American Speech and Hearing Association 10801 Rockville Pike Rockville, Maryland 20852

National Association for Mental Health 10 Columbus Circle New York 19, New York

National Association for Retarded Children, Inc. 99 University Place New York 3, New York

National Council on Alcoholism, Inc. 2 E. 103rd St. New York 29, N. Y.

National Health Council 1790 Broadway New York 19, N. Y.

National Institute of Mental Health U. S. Public Health Service Bethesda 14, Maryland

Veterans' Administration Psychiatry & Neurology Service Department of Medicine

## THE POWERS HYPNOTIC EYES

[Illustration]

Here is an original technique that can be used very successfully in inducing hypnosis. The technique consists of using two glass eyes with eyelashes that close as you rotate the mechanism that holds the eyes in place. This action is similar to closing your eyes when falling asleep. You suggest to the subject as you hold these two eyes between your thumb and first finger that his eyes will become extremely heavy and tired as the eyes that you are holding begin to close. You then gradually begin to rotate your hand which causes the eyes to partially close. The subject, finding it extremely difficult to look at the eyes, begins to close his own eyes in unison with those that you are holding. You continue giving suggestions of hypnosis and before you know it the subject is under hypnosis. The eyes are the size of human eyes and are colored blue with brown eyelashes in order to give the exact effect of looking into real eyes.

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