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EDITORIAL

A STATEMENT OF POLICY

With this issue the JOURNAL OF HYPNOTISM enters its third volume. We well remember the dire predictions of friends who did not believe there was a market for a magazine of popular hypnosis. That there IS a market has been proven. Each issue has reached a greater number of readers. The exceptionally high renewal rate we enjoy is our best proof that the JOURNAL is here to stay. With your continued support we will go ever forward and we will continue to improve the magazine.

The JOURNAL is an independent publication. I am the sole owner and there are no direct or indirect backers. The JOURNAL is published in the offices of THE HYPNOTISM CENTER and has no connection with any other institution except that it is the official organ of THE NATIONAL GUILD OF HYPNOTISTS. I am sole owner of the HYPNOTISM CENTER. THE NATIONAL GUILD OF HYPNOTISTS is a non-profit organization of hypnotists, ably directed by George L. Rogers.

The JOURNAL OF HYPNOTISM will continue this policy of independence. As in the past, we will open our pages to all writers who have something to offer our readers and, as in the past, we will publish articles even though we do not necessarily agree with the writer IF we believe in the writer's integrity. We cannot hope to set ourselves up as judges because the field is still too new . . . there is still much that we must learn and we can learn only by experimenting, making our findings available to others and evaluating these findings after they have been tested by time. This is the policy that *your* JOURNAL OF HYPNOTISM will follow in the future as well as it has in the past.

REXFORD L. NORTH, PH. D.

THE JOURNAL OF HYPNOTISM

Dr. Rexford L. North, Editor

M.L. Moreira, Associate Editor

Hypnotism is as yet a controversial subject. Therefore, this publication cannot accept responsibility for the views expressed by the contributors.

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BETWEEN OURSELVES

■ I always look forward to sending the copy for a new issue to the printer. Now, starting our third year of publication I look back at the many new friendships that I've established through the JOURNAL. As each new issue comes out I seem to widen this circle of new friends.

This month's Book Review was written by Bonnie Day. Mrs. Day recently visited the HYPNOTISM CENTER for a private instruction course and we showed her the manuscript of A BETTER LIFE THROUGH CONSCIOUS SELF-HYPNOSIS and she was so enthusiastic in her reactions that we asked her to write the review. Dr. Levison was on vacation at the time but he will be back with us next issue.

Incidentally, speaking of A BETTER LIFE, I just received word from the author, Ormond McGill, that he is winding up his Western Canada tour and is seriously thinking of coming on to the HYPNOTISM CENTER with his charming wife. Ormond is certainly a great hypnotist and a wonderful person.

THE HYPNOTISM CENTER, the largest operation of its kind in the world, is currently undergoing extensive redecorating. Painting, new drapes and furnishings will make it much more attractive for the many, many visitors from all over the country who come here. Be sure to include Boston at anytime you come into New England so you can visit us. The welcome mat is always out.

I recently visited the Philadelphia Chapter of the NATIONAL GUILD OF HYPNOTISTS. This group is certainly doing a great job. They are all men of high caliber and it was a wonderful experience to meet them and I'm looking forward to another visit. They meet at the home of Dr. William F. Gresham and he has a meeting room that is perfect. Incidentally, during the meeting Stanley Sokeitous gave a demonstration. Stanley is certainly a very dynamic operator. I was very much impressed

(continued on page 27)

HYPNOTISM FOR WEIGHT CONTROL

BY RAPHAEL H. RHODES

■ What are the causes of excess weight? Are they the same for all people? Can they all be controlled in the same way?

Flabbiness may be the result of poor metabolism. When the body fails to utilize sugar, starch, and fat, these substances are stored in excess. Some people, on the other hand, have a high metabolic rate. Their food intake is quickly utilized, burned up, not stored. Such people may eat a great deal without putting on weight. When, however, a slow metabolic rate permits excess storage of sugar, starch, and fat, the end result is obesity. That is undesirable; aside from being unesthetic, it is definitely harmful. The fatty substances deposit cholesterol on the inner walls of the arteries; blood flow is thus retarded, in consequence of which more powerful heart action is required. This increased demand upon the heart, coupled with the added burden for locomotion of a heavier body, lead to early breakdown and death.

While a similar food intake will be more conducive to obesity if your metabolic rate is low than if it is high, the fact remains that in every case body weight is the direct result of food in-

take. Whatever your individual metabolic rate may be, the particular problem of obesity in your individual case is nevertheless directly related to the amount of food you eat, and to the weight producing substances it contains.

The causes of overeating are often deep psychological drives. Various forms of frustration like lack of affection, thwarted ambition, inadequate recognition, unrealized longings, and so forth, are often compensated for by unbridled intake of food. The appetite takes the form of a compulsive drive to achieve pleasure at any cost. Sometimes what starts as a compulsive compensating diversion, develops into a habit which continues *qua* habit long after the original frustration factor no longer exists. For example, the young woman who takes to overeating in lieu of the enjoyment of apparently unobtainable love, may continue the gourmet habit years later even though happy marriage and family have been achieved in the meantime.

Aside from the purely reflex aspect of habit development, engorgement itself results in enlargement of the stomach, which in consequence naturally demands more food the next time. Thus appetite grows by what it feeds upon, and overeating becomes a vicious cycle. On the other hand, a diminution of intake will result in a gradual shrinking of the stomach walls, with the result that thereafter less food will be needed to fill the gastric cavity. Thus the demand cycle can be reversed, starting with the application of conscious control.

Obesity is usually the result of a subconscious drive for the attainment of some unaccessible pleasure, or the result of a deeply ingrained habit which has gratified the subconscious demand for pleasure over a long period of time. In either case, the conscious lessening of intake of the pleasure-giving foods (whether in type or quantity) leads to

RAPHAEL H. RHODES, B. A. LL. B., Columbia College and University, is a consulting psychologist in New York City. He is the author of **HYPNOSIS: THEORY, PRACTICE & APPLICATION**, and the editor of **THERAPY THROUGH HYPNOSIS**. His work in hypnoanalysis has included collaboration with leading physicians and psychiatrists, including the late Dr. Foster Kennedy, who was Professor of Neurology at Cornell and Director of the Neurological Service at Bellevue.

a sense of deprivation which makes dieting difficult for many people.

Hypnotism, properly applied, makes it possible to engage in conscious control of food intake, without feeling that sense of deprivation. Through hypnosis it is possible to affect the subconscious drives which underly the obesity, and to counteract or neutralize them. The result is an ability to refrain from partaking of the fattening foods, and to reduce the quantity of intake, naturally. The new regime becomes the desired one; there is no sense of loss or deprivation.

Hypnosis may be applied to diet control in various ways. Where, for example, the excessive and apparently uncontrollable appetite is the manifestation of some subconscious drive or unfulfilled longing, hypnoanalysis may produce a quick revelation of the offending factors. For this purpose hypnotic tools like dream induction, automatic writing, or crystal gazing (as described in *HYPNOSIS: THEORY, PRACTICE AND APPLICATION*, authored by me and published by Citadel Press) may help to achieve a rapid understanding and reevaluation of the subconscious thoughts. Even where the excessive appetite is based upon continuing habit only, a short hypnoanalysis is helpful to eliminate any consideration of possible deeply rooted drives. The wholehearted agreement of the subject (based on lack of response to suggested dream induction, for example that the present difficulty is in the realm of habit only, will be conclusive) to better receptivity when thereafter only direct posthypnotic suggestions are employed.

Direct posthypnotic suggestion, although less permanently efficacious than hypnoanalysis in the treatment of neuroses generally, is nevertheless often a valuable and permanent means of curbing excessive appetite. This may be due to the fact that many cases of continuing obesity are due solely to residual habit pattern perpetuated through the cycle demand of an enlarged stomach cavity. Such cases respond to direct suggestion for the curtailment of appetite. Some hypnotists, like one in Chicago who was widely publicized a few years

ago, employ mass hypnosis, making the same overall suggestions to a large group. I prefer to work with one subject at a time because that enables me to modify the suggestions to conform to the specific requirements of each individual case.

Case Histories

Mrs. G., 36, happily married, and the mother of two children, attractive, but overweight. During the first session, medium trance was induced, and the following posthypnotic suggestions made: (1) Whenever I suggest sleep in the future, you'll go to sleep quickly and deeply, very quickly and very deeply, more quickly and more deeply each time. (2) Whenever you go to sleep at night, you'll fall asleep quickly and deeply, very quickly and very deeply, you'll sleep thoroughly and long, and when you wake up in the morning, you'll wake up refreshed, relaxed and happy, and you'll remain that way throughout the day, every day, more and more. (3) With regard to your appetite, you'll find that it becomes easier and easier to take less food and to eliminate the intake of salt. You'll find that your desire for food will pertain only to the foods that are good for you, that is to the foods which will help you reduce your weight. Your appetite will become more and more moderate. You will desire only those foods which will help you reduce your weight, and even those only in moderate quantity. The other type of food, the type which helps put on weight you will get to dislike, you will have no desire for it, you will actually get to dislike it. Also, more and more you will enjoy a salt-free diet. This new attitude toward food on your own part will not interfere with your taking care of your family in the ordinary way. You will buy for them, and prepare and serve to them, the foods they want and ordinarily eat. But you yourself will have no desire for any foods except the foods which are good for you, that is the foods which will help you reduce your weight.

At the beginning of the second session, one week after the first, the subject reported that she had lost five

pounds. She complained of some headache during the first two days, and a sort of hunger, "...an undefined longing for something which I used to satisfy with food." She stated that she still wanted the fattening foods, but has been able to refrain from eating them; and that even though she missed them, it did not put her into a bad mood (as used to happen before the posthypnotic suggestions were given); that she felt generally happy, on an even keel, not resentful toward her family; that she believed the treatment was doing her some good. Hypnosis was induced, the same suggestions were repeated as in the first session, plus the following:

Between today and the next time you come here, you will have a dream which will symbolize or explain the cause of your previous great desire for food, you will have a dream which will symbolize your subconscious desires or repressions, whatever they may be, and you will remember the dream and report it to me the next time you come here. You may not recall that I suggested this, but it will nevertheless happen by itself just that way.

At the beginning of the third session, a week later she reported that she had lost two more pounds, all without the use of any drugs. She still had some desire for deserts, chocolates, candies and sweets, but had not eaten them (took cottage cheese instead); and felt that the posthypnotic suggestions had made it easier for her to resist the offering of foods. She also reported a dream the interpretation of which revealed an affectionate relationship to her younger brother coupled with a jealousy of him because everyone else loved him more. She had wanted to dominate her brother, and later had wanted to dominate her husband (as surrogate), and felt that perhaps the overeating had commenced as a compensation for the inability to dominate. Conscious realization of these factors led to reevaluation and conclusions that although the younger brother was exceptionally well built and a physically attractive type, he was not

ambitious, whereas her husband was both ambitious and successful. Hypnosis was again induced and the suggestions of the second session repeated.

At the fourth session, a week later, the subject reported that she had lost another pound, felt good, was using a minimum of salt, and was not as hungry as before. She said, "I do not feel deprived the way I used to." Although a dream had been suggested, none was reported, but she related that she had become aware of some guilt feelings about her brother. She had not always treated him nicely when they were children. She had a memory of having pushed him over a railing so that he cracked his head open (was not sure now whether she had actually done it or merely wanted to). On another occasion when they were both playing on a swing, somehow he fell off and gashed his scalp; the relatives all treated her as if she had caused it purposely. What did this have to do with her overeating? She answered that maybe it started when her brother grew up (taller than she) and had his own friends and paid no more attention to her; then these guilt feelings about how she had treated him earlier began to bother her: she felt abandoned and remorseful, and tried to forget through overeating.

At this point the generality of sibling rivalry was discussed, the fact that it is accepted as normal for children to engage in such antagonism, and that in any event, if that were the cause of her overeating, it was no longer a valid one, and her appetite was now only the continuation of a habit.

At the fifth session the subject reported that she had lost two more pounds during the intervening week, a total loss of ten pounds in four weeks. She said her body tone was better (did not mention headaches any more), and that she had "no deprived feeling. I feel it easy to continue the diet." During the discussion period, the subject volunteered that her own mother had been fat, but that father loved mother anyway. It was agreed that this may have helped her to allow the habit of over-

eating to take hold. Posthypnotic suggestions, as in the first session, were again repeated.

At the beginning of the sixth session the subject reported the loss of another pound during the past week, a total of eleven pounds in five weeks. She stated that she was feeling generally well, and found that she could adhere to her diet without any sense of deprivation. She expressed the desire to learn autohypnosis so that she might give herself continued suggestions along the same lines. I taught her the 1-2-3 Rhodes' method of autohypnosis (described in detail in the last chapter of *THERAPY THROUGH HYPNOSIS*, edited by me and published by Citadel Press), and added the following suggestions (after eye closure and hand and foot rigidity):

(1) As I breathe normally and deeply I'll go deeper and deeper to sleep with every breath.

(2) Any suggestions I make will go deep, deep into my subconscious mind and become a part of me and of my personality, and they'll do me a lot of good.

(3) Whenever I want to put myself into trance I can do so quickly and deeply, more quickly and more deeply each time.

(4) When I go to sleep at night I'll relax quickly, fall asleep quickly and deeply, sleep thoroughly and long and when I awake in the morning I'll be refreshed, relaxed, and happy, and this feeling will remain with me throughout the day, every day, more and more.

(5) With regard to my appetite, I'll find that it becomes easier and easier to take less and less food and to eliminate the intake of salt. I'll find that my desire for food will pertain only to the foods which are good for me, that is to the foods which will help me reduce my weight. My appetite will become more and more moderate. I will desire only those foods which will help me reduce my weight, and even those only in moderate quantity. The other type of food, the type which helps me put on weight, I will get to dislike. I will have no desire for it, I will actual-

ly dislike it. Also more and more I will enjoy a salt-free diet. This new attitude towards food on my own part will not interfere with my taking care of my family in the ordinary way. I will buy for them and prepare and serve the foods they want and ordinarily eat. But I, myself, will have no desire for any foods except the foods which are good for me, that is the foods which will help me reduce my weight.

(6) All these suggestions have gone deep into my subconscious mind and will become a part of me and of my personality, and will work just that way, and do me a lot of good.

(7) As I breathe normally and deeply I'll go deeper and deeper to sleep, and all the suggestions I have made will go deeper into my subconscious mind.

(8) As I have succeeded in losing weight I have become happier, more contented and more self-confident. I will continue to improve my appearance, and my emotional tone will get better and better as I do so.

(9) I have become able to do this thing independently. The more I do it, the more independent I become. My self-control gets progressively better. I will succeed in losing all the weight I want to without any feeling of deprivation and I'll be happier, more contented and more self-confident,—and I'll maintain the lower weight indefinitely.

The seventh and eighth sessions were devoted to increasing the subject's ability to hypnotise herself and to give herself suggestions with posthypnotic effect. She reported a consistent loss in weight (sixteen pounds in a total of eight weeks), said she felt fine, and in command of the situation, that she had a feeling of self-control; "...something got licked somewhere. I don't have that feeling of deprivation any more. I can take it on alone from here."

The foregoing case history is typical of the subject who cooperates with the hypnotist and keeps a reasonable number of weekly appointments. In such cases the posthypnotic suggestions affect the subject sufficiently so that food

Intake is reduced without any feeling of deprivation, weight is lost, and the new habit pattern becomes established. By way of contrast I might mention the case of Mrs. L., a widow of 53, greatly overweight, who saw me three times. After the first visit, although I suggested that she return in one week, she said she preferred to make the second visit two weeks hence. At the beginning of the second visit she reported that there had been some reduction in appetite for two days after the first visit"but then I was hungry again." I explained that if she had returned at the end of the first week, instead of allowing a hiatus of two weeks between visits, it would have been easier for me to make the posthypnotic suggestions take stronger effect (like repeated blows to a freely-swinging pendulum or a revolving wheel). Nevertheless, she preferred to set the third visit two weeks hence once again. At the third visit she reported a diminution in appetite for a few days after the second visit "....but then the suggestions seemed to wear off." She made a fourth appointment two weeks forward, broke it later by telephone, and has not returned since.

This case history of Mrs. L. is reported to illustrate the fact that the hypnotist cannot help an uncooperative subject. When the subject assumes that posthypnotic suggestions made at the first session will have pervasive and continuing effect for two weeks, and despite the failure of her expectation and the contrary explanation of the hypnotist, insists upon expecting that type of result, then that subject is difficult (if not impossible) to help. Hypnotherapy, whether for weight control or any other psychological purpose, is a cooperative venture between the hypnotist and the subject. Posthypnotic suggestions, particularly when made to overcome deeply ingrained habits (like overeating) have only a limited effect when first made. These suggestions increase in force and efficacy if they are repeated at short intervals; the shorter, the better,—at the beginning. After they have

taken effect, the intervals may be increased; but the initial short interval is essential until the new habit pattern begins to be established. When the therapeutic sessions are spaced with due regard for this principle, success is more nearly assured.

Special Technique

There are several techniques which may be particularly helpful in difficult cases. One of these is what Dr. S. J. Van Pelt, President of the British Society of Medical Hypnotists, has referred to as the 3-D Technique in Hypnotherapy. Essentially it consists of having the subject in deep trance, experience a suggested dream or fantasy during which he or she lives through a life situation acting in the to-be-desired way. For example, in a case of obesity, the hypnotist might suggest a dream or fantasy in which the subject sees himself at a well-stocked table, but selecting and eating only the foods which are conducive to weight control. Another dream or fantasy might include the subject picturing himself as a thinner and therefore more attractive person. Dr. Van Pelt records numerous cases in which this 3-D technique has helped ingrain the new to-be-desired habit pattern.

Another technique, which I have found useful, is to emphasize that the old habit is maintained through the subject's fear that it cannot be changed; that in fact this very fear often perpetuates the habit itself; that if the fear is eliminated, the habit will disappear. This is then followed by hypnotic trance and direct posthypnotic suggestions that the subject need have no fear, that he or she will not be hungry if the appetite is curbed, that there will be no hunger even if the food intake is reduced. The technique of attack upon the fear aspect of a psychological hunger has proven particularly helpful in the hypnotherapy of alcoholics (cf. Dr. Van Pelt's *Hypnosis and Alcoholism in THERAPY THROUGH HYPNOSIS*).

A third technique, especially applicable to the problem of obesity, is an extension of the familiar hypnotic phe-

nomenon that a physical response may be produced by suggestion alone. For example, the hypnotist may suggest hand rigidity, glove anaesthesia, a feeling of warmth or coldness in any limb, or in any part of the body. Generally these physical responses are obtainable with medium trance alone. I have utilized this phenomenon to make the following suggestions (after training the subject to react quickly to a suggestion for warmth in the hand); When I say *That's enough*, you'll feel a sensation of warmth in your stomach; your stomach will feel warm, satisfied and stuffed. Following the inculcation of that response, I condition the subject through

posthypnotic suggestion so that when at any time he says to himself *I've had enough*, immediately his stomach feels warm, satisfied and stuffed.

Summary

Obesity is related to overeating. Food intake may always be consciously controlled. Through hypnosis this control is made easier, and habitual; moreover, the limited diet may be adhered to without any sense of deprivation. The result is an easy, natural shift to restricted diet, loss in weight, and continued weight control.

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SUPPLEMENTARY FACTS PERTAINING TO DIET CONTROL

Obesity is a condition in which the body accumulates an excess amount of fatty tissue, due generally to overeating or to over indulgence in foods of high caloric value. Such foods are carbohydrates (which contain a high percentage of starches and sugars) and fats (oils, animal fats, salad dressings, etc.).

Vitamins, which are found in foods in small quantities, are extremely important to normalize and regulate body functions. Proteins, which are the most important constituent of soft living tissue, are found chiefly in meat, milk, fish, eggs, and other animal foods. Vegetables and fruits contain only a small amount of proteins.

On a reducing diet, it is advisable to supplement the low caloric fare with well balanced vitamin and protein proportions.

The following diet, suggested by the Mayo Clinic, is excellent for weight reduction. Utilizing this diet it is important to eat all of the foods therein recommended, as their chemical combination is conducive to rapid weight reduction.

BREAKFAST

Grapefruit, 2 eggs, coffee
(same every day)

MONDAY:

LUNCH: 2 eggs, tomatoes, coffee

DINNER: Fish, combination salad (all fresh vegetables), 1 pc. toast, grapefruit.

TUESDAY:

LUNCH: Fruit Salad (any fresh fruit you desire), coffee.

DINNER: Steak, tomatoes, lettuce, celery, olives, cucumber, coffee.

WEDNESDAY:

LUNCH: 2 eggs, grapefruit

DINNER: 2 lamb chops, celery, cucumber, tomatoes, coffee.

THURSDAY:

LUNCH: Cold chicken, spinach, coffee.

DINNER: 2 eggs, cottage cheese, cabbage, toast, coffee.

FRIDAY:

LUNCH: Assorted cheese slices, spinach, toast, grapefruit, coffee.

DINNER: Fish, combination salad, toast, coffee, grapefruit.

SATURDAY:

LUNCH: Fruit Salad

DINNER: Steak, celery, cucumber, tomatoes, coffee.

SUNDAY:

LUNCH: Cold chicken, tomatoes, grapefruit.

DINNER: Chicken, tomatoes, carrots, cooked cabbage, grapefruit, coffee.

The following 15 day diet is also recommended:

1st Day

BREAKFAST: 1 Orange, Black Coffee or tea.

LUNCH: 1 hard boiled egg, small leafy salad, sliced tomato, slice whole wheat toast, $\frac{1}{2}$ glass milk.

DINNER: Tomato juice, broiled small steak, 1 cooked vegetable (as Spinach), small salad, Tea or coffee.

2nd Day

BREAKFAST: 1 Orange, Black coffee or tea.

LUNCH: Combination salad (without dressing), 2 hard boiled eggs, sauerkraut juice.

DINNER: Cup clear consomme, 1 lamb chop, $\frac{1}{4}$ head lettuce, 1 sliced tomato, glass skim milk.

3rd Day

BREAKFAST: Fruit cocktail, (Unsweetened-Fresh), Tea or Black coffee.

LUNCH: Assorted cooked vegetable plate with cottage cheese, 1 Pat of butter, $\frac{1}{2}$ glass milk.

DINNER: Small glass grapefruit juice, $\frac{1}{4}$ boiled chicken, $\frac{1}{4}$ head lettuce, 1 slice whole wheat toast, small glass buttermilk.

4th Day

BREAKFAST: 2 glasses mixed orange and grapefruit juice, tea or black coffee.

LUNCH: 2 sliced hard boiled eggs, dish sliced tomatoes.

DINNER: Lean roast beef, chef's salad (no dressing), dish of sliced grapefruit, tea or black coffee.

5th Day

BREAKFAST: Unsweetened applesauce, 1 hard boiled egg, black coffee.

LUNCH: Combination salad, cottage cheese, glass skim milk.

DINNER: Broiled whitefish, combination salad, 1 tomato, tea or black coffee.

6th Day

BREAKFAST: Unsweetened grape juice, soft boiled egg, $\frac{1}{2}$ glass milk.

LUNCH: 1 slice cheese, combination salad, 2 rye krisp.

DINNER: Boiled beef (lean), 1 cooked vegetable, 1 slice whole wheat bread, mixed fresh fruits, $\frac{1}{2}$ glass milk.

7th Day

BREAKFAST: 2 rye krisp, unsweetened prune juice, poached egg, tea with lemon.

LUNCH: Combination salad with sliced chicken, black coffee.

DINNER: Orange juice, broiled cube steak, combination salad, 1 tart apple, tea (unsweetened).

8th Day

BREAKFAST: Cup farina with skim milk, poached egg, black coffee or tea.

LUNCH: Large combination salad, cottage cheese, 1 rye Krisp, 1 apple, tea.

DINNER: Fresh fruit, cottage cheese, combination salad, tablespoon with sour cream, 2 rye krisp.

9th Day

BREAKFAST: Small dish bran with milk, 1 glass milk.

LUNCH: Cooked vegetable plate, fruit juice, hard boiled egg, tea.

DINNER: 2 small broiled lamb chops, sliced tomatoes with lettuce, black coffee, 1 rye krisp.

10th Day

BREAKFAST: 1 Whole grapefruit, 1 slice toast, 1 Pat butter, black coffee.

LUNCH: 2 Hard boiled eggs, portion cottage cheese, small salad, glass of water.

DINNER: Clear consomme (1 cup), leg of chicken, boiled carrots, 10 grapes, tea.

11th Day

BREAKFAST: $\frac{1}{2}$ cup bran cereal, $\frac{1}{2}$ cup milk, black coffee.

LUNCH: Assorted Cooked Vegetables.

(Continued on page 25)

HYPNOTISM FOR LACK OF CONFIDENCE

BY DR. HERBERT CHARLES

■ A major neurotic symptom is a feeling of decided lack of confidence in oneself. This naturally is always coupled with feelings of worthlessness, insufficiency and insecurity. Actually, the intensity of the neurotic's feeling of lack of confidence, is a good measure of the severity of his neurosis.

The most effective manner of treating any symptom of a neurosis is, of course, to re-educate by alteration of the entire personality. When this is done completely the symptoms should disappear. Unfortunately such an optimal goal is difficult to attain by any psychotherapeutic means now available. The alternate is to seek a more limited goal: alleviation of the symptoms.

It is the thesis of this article that feelings of lack of confidence, worthlessness, etc., are symptoms which best lend themselves to alleviation through direct authoritative suggestion under hypnosis. These suggestions must not be made in any bald terms but must utilize the entire armamentarium available to the hypnotist: hallucinations, illusions, regressions etc. Too often inexperienced practitioners make suggestions in this manner—'You will have more confidence. You will feel and act as if you are as good as anyone else.' This type of suggestion is usually doomed to have no effect whatsoever, to be of short duration or to cause the patient to act 'as if' he possessed the required and desired characteristics, as Erickson might put it.

Since feelings of lack of confidence are a basic symptom of the neurotic syndrome it must be attacked forcefully but with the well known hypnotic build-up. Every practitioner can learn from the stage hypnotist. Listen to the experienced stage hypnotist. He doesn't tell his subjects, 'Your face is covered with ants. Brush them off.' Of course good subjects will bring their hands to their faces and go through a brushing per-

formance. However in such cases the audience can easily see that the subjects are acting 'as if' they feel the ants. However the adept hypnotist builds up the hallucinated situation. He says, 'You are on a picnic on the grassy banks of a river. You have had a very satisfactory picnic lunch. The crumbs of food are scattered all around you. You notice that the crumbs have attracted a large number of ants, they are swarming all over. Your leg begins to itch where an ant has crawled over you. Now the other leg is itching, your back is itching. You begin to brush them off. They are simply swarming all over you. They're on your neck, your face. You simply can't stand them on your face, brush them off.' Naturally the intonation and delivery of the above will be in accordance with the situation being described.

The above suggestions, spoken in the proper dramatic tones, will produce, in suitable subjects an actual feeling of the various phenomena being described. While every stage hypnotist does not hesitate to work this type suggestion to the hilt some psychotherapists feel that this is cheapening and will scorn this method. However the hypnotherapist who is attempting an authoritative approach in building up self confidence in a patient must make full use of the hypnotic devices available to him. The patient must be made to actually feel himself the type of individual the therapist describes.

Of course all suggestions will be made in accordance with the needs of the individual patient. Rarely would exactly identical suggestions be efficacious with two different patients. It is therefore of considerable importance that the hypnotherapist spend sufficient effort in his evaluation of the personality needs and failings of the patient. Even two patients suffering from decayed molars

can't be treated alike if for instance one suffers from cardiac failing and the other respiratory distress upon anesthetic administration. Still both these suffer from the same ailment, molar decay. Neither would the same suggestions be well made to two different sufferers with the same personality failing, lack of confidence. If, for instance, one patient was the youngest of several siblings and the practitioner felt that in adulthood the patient was meeting real life situations by regressing to his inadequate infantile pattern of behavior, the suggestions would be made not only to alleviate the immediate concern over the adult situation but also to correct the unconscious pattern of behavior. A second patient suffering from the same symptom, i.e., lack of confidence, might have acquired it as a result of a broken home, the father having left the child with the mother, and the suggestions in this case would be to actually give the patient a substitute father in the therapist himself.

In making his diagnosis the therapist must look for one important feature in the patient: How does the patient meet stress situations. Does the patient seek to run away (withdrawal)? Does he seek help (dependency strivings)? Does he attack (aggressiveness)? All of these opposing manners of meeting stress situations are met with even though the underlying feelings may be the same, lack of confidence, worthlessness and insecurity. It can therefore be seen that suggestions made to a patient who reacts aggressively to threats to his security, real or fancied, would be different than those made, for instance, to one who reacts by always seeking help.

From the above it would appear on the surface that the author departed from his original thesis that direct hypnotic command is effective in alleviating feelings of lack of confidence, etc. He seems to be saying that it is necessary to re-educate the patient along more normal lines, after all. In fact it seems that he is advocating analysis. Not at all.

Analysis entails the recognition of the problems on a conscious level. When sufficient insight is achieved on an intellectual and emotional basis the patient is said to be cured. Hypnotherapy, however, when its goal is limited as in the type of case we are treating here, is educating on an unconscious level and this takes place as a by-product of the hypnotic build up. Analysis may fail if the ego is too weak to face the problems, and such necessary strength may never be achieved. Analysis must work with what is presented—but hypnosis can offer 'blood transfusions' to meet the operation.

Another advantage hypnosis has over analysis is that more people can be helped through the hypnotic techniques. Some may think that the contrary is true because only about one in four people are somnambulists. However, we repeat what we have said in other papers over and over again, somnambulism is not necessary for many if not most types of hypnotherapy. More people can be helped by hypnosis because resistance to therapy can be overcome more readily. It is well known that analysis loses many if not most of its patients because of this resistance. The patient resists analysis because the procedure is a painful one, one which forces the patient to 'face up' to his inadequacies and meet with his unconscious fears, literally to wrestle with the devil. Under hypnosis these resistances are either overcome or circumvented. The writer is well aware that the analysts state that the resistance is a vital part of the treatment, in fact they couldn't do without it. This is not the place to argue this vital point. Let it suffice to point out the hypnotic patient continues treatment much more often than does the analytic one. The wise hypnotherapist will not fail to suggest strongly that the patient will continue treatment, more that he will get pleasure out of doing so.

The last may seem an ethical violation but to give an analogy in another field—what dentist would discontinue an

extraction of a tooth after he as begun to draw it just because the patient suddenly decided it was too painful? Just because a procedure benefits a therapist (continued treatment does bring continued fees) does not make that procedure is unethical. However, in advance of any initial hypnotic induction, the patient should be told that here is no magical process but one based on scientific methodology and that continued treatment is necessary. If the patient agrees to this there is no reason why the hypnotist should hesitate to reinforce this agreement, as long as it is beneficial to the patient, by means of posthypnotic suggestion.

It should be thought that only feelings of lack of confidence, insecurity and worthlessness are amenable to direct hypnotic suggestion. They are singled out not only because they are basic and common to all neuroses but because they lead to secondary symptoms which will be automatically eliminated when the primary ones are removed or alleviated. Obsessions, compulsions and phobias, while often requiring deeper trance states and a greater number of sessions, may be also alleviated by our method.

It is fitting that an observation be made in regard to the method of originally inducing hypnosis. The author likes the indirect method (common use-

age of the name—the Charles method—forces us to name it) whereby the patient is hypnotized without his knowledge. This obviates long explanations and bypasses the fear of hypnosis which many people still possess today. Furthermore the writer always uses the method outlined by Rhodes (Journal of Hypnotism July-August issue) of suggesting deeper trance states at ensuing sessions. This accomplished hypnotist suggests, in effect, 'The next time I put you to sleep you will go much deeper, into a very deep sleep.'

In conclusion, the author believes that no psychologist should give either case histories or detailed symptom reports in any work apt to be offered the lay public, without noting that the symptoms may be met with at times in normal people. Of course the symptoms mentioned in this paper certainly are met with by normal people. The basic difference between the normal and neurotic are the extent of reactions and whether these reactions are commensurate with the reality and severity of the situations. No one would disagree that it is normal to react with depression for a time when for instance an individual has incurred a serious incurable illness, death of a loved one or severe business or social disaster. The neurotic however reacts violently to very faint real threats or even to wholly imaginary ones.

OUR COVER PERSONALITY

ROBERT MORTON, Ph. D., is our cover personality this issue and we have long looked forward to presenting him to our readers. Bob is well known through-out Canada for his tremendously successful and popular demonstrations in the field of hypnotism. Originally from Australia, where he is renowned not only as a hypnotist but also as his native land's most popular balladeer. Dr. Morton is today unquestionably the leading international exponent. A smooth and polished technician, his demonstrations attract not only huge turn-outs of the general public but it is well known that professional hypnotists return again and again to study

the perfected ease with which he holds his audience from start to finish. We urge our readers to watch for Dr. Morton's appearance in their localities. Incidentally, the next issue of the JOURNAL will present an amazing article from the pen of Dr. Morton about his experience among the Australian aborigines. Do not fail to read this.



HYPNOLOGICAL APPLICATIONS IN MODERN WARFARE

BY LT. COL. L. M. ZAUMEYER, U. S. A.

Introduction

■ Everything created, per se, must have a beginning and with that beginning civilization usually initiates a record. This is referred to as history and is maintained by all civilizations and/or cultures. In these histories, phenomena are more or less commented on in passing, but due to the "character of the beast" commentary is seldom appended. The science of military application of hypnology to modern warfare is a signal instance without a material history. The phenomenon has been cited but never annaled in a scientific manner. We see, for example, in the legends of all civilizations in all continents narrations concerning "warriors appearing as if in a trance, obvious of the enemy and without pain or discomfort of any sort from wounds sustained in the course of battle." It is a pure recital of events without any type of evaluation whatsoever. This, then is the sum and substance of military application of hypnology up to World War II. At that time psychiatry had come into its own and the military establishment cast about for someone to head up the division of neuropsychiatry in the office of the surgeon general, U. S. Army. Fortunately, the choice rested upon Doctor William Menninger, son of the founder of the famous Menninger Clinic, Topeka, Kansas. Menninger was commissioned a colonel in the medical corps and later advanced to the grade of brigadier general. It was at this time that I came to know him. Meanwhile, Karl Menninger remained in the Kansas clinic. This combination became a great boon as the war progressed for Karl trained the men in hypnological methods and sent them on to

William in the Army. Thus did military hypnology become a matter of official record. In 1944, Doctors Brenman and Gill of the clinic, under the auspices of the Josiah Macy, Jr., Foundation published their epic monograph "Hypnotherapy." It was written for and distributed to the military psychiatrists and psychologists. Because of its intrinsic value, I will discuss the use of hypnosis in psychiatric therapy as outlined therein.

Hypnotherapy

Hypnotherapy as Brenman and Gill have demonstrated in their brilliantly executed monograph is a generic term covering the application of hypnosis to psychotherapeutics. The authors mark out six ways in which this is done. They are:

- (1) Prolonged Hypnosis without suggestion or exploration
- (2) Direct Suggestion of Symptom Disappearance
- (3) Direct Suggestion of Disappearance of Attitudes Underlying Symptoms
- (4) Abreaction of Traumatic Experiences
- (5) Use of Special Hypnotic Techniques
- (6) Hypnoanalysis

Each of these six points will be considered in natural order.

Prolonged Hypnosis

The general technique consists in hypnotizing the subject as deeply as possible. Sometimes the depth of the hypnotic state is increased by the use of drugs. In this deep state, the patients are allowed to remain for varying periods up to several days. Wetterstand likened this to the curative powers of

a natural deep sleep. Schilder and Kauders also made similar findings. The prime difficulty attendant on the use of this method of therapy is that the patient requires considerable attention during this period which normally can only be given by a base hospital. (Base or General Hospitals in Army terminology are units in the rear areas handling the gravely ill or those requiring treatment of more than sixty days.)

Direct Suggestion of Symptom Disappearance

This technique is, without doubt, the easiest and most well-known type of hypnotherapy. It might well be one of the oldest as well. Both Bernheim and Liebeault used it. It consists purely of putting the subject into a hypnotic trance and suggesting that the pain or problem will disappear. This is a dangerous technique, so to speak, because the operator must know and understand the underlying causes to completely ascertain that further internal damage is not done. For example, while a high percentage of cures can be effected in the hysterics, symptom disappearance suggestions applied to involuntional melancholia would be deleterious. As I have pointed out above, this technique is perhaps the best known not only for its ease of application but also because of the many psychoneurotic ills that can be cured by it. Doctor Kaufman (Captain, U. S. Army) a graduate of the Menninger Clinic, used this method in the treatment of battle fatigue. Stationed in the Pacific Area, the number of men reporting in with the various hysterics was exceedingly high. Accordingly, he set up his station far forward—in the regimental aid station area. Using the symptom-disappearance technique he claims to have sent ninety-two per cent of the psychiatric patients back to the front lines without hospitalization. These findings are recorded in the Bulletin of the Menninger Clinic circa 194.

Direct Suggestion of Disappearance of Attitudes Underlying Symptoms

This method of treatment is more complex than the former method in

that it requires a basic knowledge of abnormal psychology in addition to the necessary hypnotic skills. Essentially, it involves the correction of a psychological deviation in personality through suggestion and under hypnosis. Since this type of treatment requires a study of the patient prior to treatment, it is ill-adapted for forward-area application. On the other hand, the technique is not so time consuming as to require hospitalization in the base zone. It is probable that this treatment could well be utilized in the station-hospital area—that area in which cases requiring up to and not more than sixty days' treatment and carried. Inasmuch as this technique is of a deeper psychological significance, the variety of treatment, in comparison with the symptom-disappearance treatment, is vastly greater. Hebephrenic dementia praecox responded to treatment with this technique in three hypnotic sessions.

Abreaction of Traumatic Experiences

Abreaction of traumatic experiences is merely the reliving of a causative experience while under hypnosis. It has many values. First, it opens up the psychological problem to the analyst without long and tedious interviews. It is less embarrassing to the patient. It is less capable of concealment than in the interview method. It is curative in its own right in that it acts as a catharsis—and it is complete because the psychic censor (or "conscience", if you care to call it that) is down. This particular technique was used widely during World War II in the treatment of hysteria, paralysis of hysterical origin, shell shock, etc., etc., at the Percy Mason General Hospital, New York. The work done in hypnotherapy at this hospital was recorded by hidden cameras and is now published by the Department of the Army under the title: "The Way of Light."

The Use of Specialized Hypnotic Techniques

The use of specialized hypnotic techniques may be summed up in a few words as a treatment over and above that in which hypnosis is used as a

catalyst or adjuvant. Specifically, it can be used in regression, creation of hallucinations, etc. Brenman and Gill sum it up as follows:

"Although, from the point of view of varieties of hypno-therapy, it suffices to characterize this approach as that which makes the most consistent use of specialized techniques, it is of perhaps greater importance to note the way in which these techniques are applied. It is as if they are used as 'heavy artillery' of a specific strategy, planned to outwit the unconscious of each patient."

Here again we find a technique that is more or less laborious from a point of use-in-the-field. While it makes possible rapid and dramatic cures in acute circumscribed problems, some time is required to ascertain the "subtle strategy involved."

Hypnoanalysis

Hypnoanalysis is a synthesis of the foregoing techniques, employing one or the other or a combination of several. It may be combined at one time or may swing from one technique to the other. Once again to quote Brenman and Gill: "The term 'hypnoanalysis' has been used to refer to somewhat different varieties of hypnotherapy and has been loosely employed to describe a range of therapeutic techniques which include anything from classical 'abreaction' to modified psychoanalytic treatment carried out with the patient in hypnosis." Inasmuch as the treatment is varied and complex and used in aggravated cases, this type of treatment is best relegated to the base hospital area. Experiments along these lines are currently being conducted at the Fitzsimmons General Hospital, Denver, Colorado.

Commentary

This brings us to the conclusion of the consideration of the use of hypnology in military practice. We have seen in the past pages that the military fostered the use of hypnosis in psychiatric therapeutic treatment, it was the first major organization to recognize it. It began the first research and documentation on a scientific level on the ap-

plication of hypnology.

Minor and Uninvestigated Fields Hypnosis in Investigation

Klein recently received widespread publicity when the story was revealed that a captured German general was hypnotized (narcosynthesis) and questioned by Klein, who was then in the Navy. The general purportedly revealed the desired information. From this and similar instances, one can complete the syllogism that advances in hypnotic techniques will enable us to make enemy captives reveal secrets. Polgar apparently has developed a method of indirect hypnosis which may work into this type of work. In philosophizing, the following questions arose:

- (1) If the general talked, why not use it in criminal interrogation—even though the material gained is not legally admissible?
- (2) Why not instruct couriers under hypnosis, induce hypnotic amnesia which will only fade away when the "code" word is spoken?

This field is patently new and no one knows what is being done. Such work would be at a high level—Central Intelligence Agency—and their work would not be revealed for years to come.

Hypnosis in Anesthesia

Being a highly developed nation, we rely greatly on the pain relieving drugs and anesthesia. These items are not available on all occasions in the various prison camps of the enemy. Doctors skilled in hypnosis could perform miracles of surgery without the opiates. Here again, little work is being done outside of that which may be under investigation at the Fitzsimmons General Hospital. There are no published results.

Psychological Warfare

This is a relatively new field in the Department of the Army. We know that many prisoners surrendered because of the propaganda distributed and enunciated over the public address systems. If the Polgar indirect-induction proves successful, perhaps it is not in the realm of fancy to suppose that whole units could be hypnotized and given the suggestion of surrendering.

(Continued on page 33)

HYPNOTISM IN THE NEWS

AWAKE, a publication issued by Jehovah's Witnesses, a religious group, carried an article entitled "THE GROWING FAD OF HYPNOTISM" in their July 8th edition. Articles in this periodical do not carry bi-lines of authors. The article is not too anti-hypnosis; its main objection is to the use of hypnosis by the unskilled. Of course, it is not strongly pro-hypnosis either since it believes that hypnotism is not "the wisdom that comes from above, but is the earthly, animal, demonic." The story promises more articles on hypnotism in the future.

City Commissioner H. Leslie Quigg of Miami, Florida seems to get more publicity with hypnotism down that way than anyone else. On August 10th he hit the MIAMI DAILY NEWS with a story telling how he helped Assistant County Solicitor John Davis break a 48 hour case of the hiccups in a matter of a few moments. Quigg is very well known throughout Florida for his work with hypnotism. He has crashed the papers regularly with stories about cases of amnesia, dentistry, etc. in which he used hypnotism. (Thanks to The Amazing Maurice of Miami for this clipping.)

When Dr. North recently visited Philadelphia both the Sunday Bulletin and the Daily News carried stories. These stories were the result of efforts by Arthur F. Bailey, Publicity Director of the Philadelphia Chapter Of The National Guild Of Hypnotists. Getting stories about a visiting hypnotist planted in big city papers is not easy but Art showed that it CAN be done. The Phila. Chapter has shown that it is a real live wire outfit. When the State Legislature of Penna. recently introduced a bill to ban all use of hypnotism in the state, this group jumped right into the fray and their views, carried in local papers, were picked up by the wire services across the nation and were even picked up by such national magazines as BILLBOARD.

A number of readers have sent up clippings of a story that was published in a confession type magazine. The article was about a "wife who did not know it is actually possible to enter into a dangerous other world through hypnosis." Unfortunately, each one clipped the story out in such a way that we know neither the name of the magazine nor the date. However, each asked if these "true" confession type stories are really true. The article gives out with a lot of drivel on hypnotism that can only be described as childish. The story could not have been based on fact. The truth is that confession type magazines do not really publish true stories at all. Such trade publications as Writer's Digest are constantly carrying articles telling writers HOW to do this type of writing. Most of the confession stories are the work of hacks who grind them out in a steady stream. Obviously, a story with a sensational slant or angle will usually sell easier and since time immemorial, hypnotism has offered a sensational angle to hack writers.

YOUR LIFE, July issue, carried an article on hypnotism but it was rather elementary though penned by an M.D. Nothing to set the world on fire. It would seem that magazines of this type would offer a good market for factual articles on hypnotism.

Send in your clippings on hypnotism. From now on we will give a credit line on each article mentioned. Be sure to give name, address of the publication as well as date of issue.

Send Your
SUBSCRIPTION
Today

Book Reviews

"A BETTER LIFE THROUGH CONSCIOUS SELF-HYPNOSIS"

by Ormond McGill as reviewed by Bonnie Day

Harnessing the imagination to accomplish what will-power alone fails to achieve is not in itself a novel idea, but the technique originated by Ormond McGill and skillfully presented in his book, "A Better Life Through Conscious Self-Hypnosis" is unquestionably a new approach. It will be welcomed as a powerful aid by individuals striving to solve their own personality problems, or endeavoring to increase their capabilities.

There is nothing occult or mysterious about the procedures outlined in this book. Nor does the author claim that his system is a panacea. It is based on the premise that hypnosis is a state of mind in which suggestions exert their maximum influence, hence a self-induced condition of trance or semi-trance makes it possible to implant in one's own sub-conscious mind the ideas one wishes to bring into realization. Or to quote McGill himself:

"Since thinking of a desired objective can be recognized as a help in setting the subconscious phase of mind to work towards a given goal, since suggestion is the best commander we have for directing the powers of the sub-conscious, and since hypnosis is the established psychological state of mind in which one's mind is most amenable to suggestive influence—the value of the technique of self-hypnosis, as the individual's *modus operandi* for achieving a better life, is self-evident."

Some of the practical uses to which this technique may be applied with good results include the correcting of insomnia, mastering stage-fright, increasing self-confidence, overcoming harmful habits such as tobacco and alcohol, and

removing speech impediments such as stammering. Uprooting undesirable attitudes and behavior patterns is to be accomplished by re-educating the sub-conscious in the formation of more desirable behavior patterns. How this is to be done is explained in terms simple enough for any intelligent reader to grasp.

McGill emphasizes that his system is not a substitute for medical care. Rather it is a psychological aid in overcoming illness, for as he points out, when faced by illness,

"Either we must aid the disease to destroy us by allowing our mind to dwell upon it, or we must oppose it and help destroy it by a stream of healthful, dynamic thought." His method is not recommended as a cure-all. "Apply it constructively as an adjunct, aid and supplement to your doctor's efforts," is the author's advice.

The book is illustrated with numerous photographs that provide added interest as well as aiding the reader to grasp the techniques described. Every step to be followed is fully explained in detail. With so many modern Americans seeking release from anxieties and frustrations, this outstanding contribution to self-help literature will undoubtedly meet an enthusiastic reception.

A BETTER LIFE THROUGH CONSCIOUS SELF-HYPNOSIS is available through the book department of this magazine. The regular cloth bound edition is \$3.50. A paper bound edition is available at \$2.50. We pay the postage on prepaid orders. Postage extra on C. O. D. orders.

THE HYPNOTISTS' BEST FRIEND

. . . HIS LIBRARY . . .

BY HENRY S. TUGENDER

■ Time was when a man's best friend was his dog. But if that man is a hypnotist he'll find his library has usurped that function of the dog. A well stocked library embracing many varied titles has always been the symbol of culture and learning. For one who is active in any of the sciences, however, a well stocked library in his field is an outright necessity. The trained hypnotist uses many tools in his work ranging from hypnodisks, blinking lights, control chairs, flying saucers, ad infinitum. But besides his voice and a piercing stare he'll find that his library will provide him with one of his most important tools in his work.

In planning your library and if you're starting from scratch first make certain that you have room for it where it will be handy—but not handy for friends and visitors! The well meaning person would like to borrow this book or that and have every sincere desire to return it when through reading it. From my experience a "borrowed book" is a lost one. It is rare that it is ever returned. So, when you plan your library have it contained in a bedroom or den. But if the living room is the only spot for it you'll have to spend a little more money for one of those fancy grills across the front with a lock on it. If your guests still insist on borrowing one of your precious books don't weaken; be firm and explain that it is a tool in your work and that you don't know when you'll have to refer to a given book.

Remember that the primary purpose of a library for the serious hypnotist is for reference work. Nobody really ever expects to read from cover to cover every hypnosis book that is published. Few people could find all that time. But

don't let that deter you from buying as many worthwhile books on the subject as you can afford. Buy them, take pleasure in watching your library grow, become swelled with pride at mere ownership and when that day arrives when you desperately seek some important reference in a hurry; your best friend, your library, is waiting to serve you.

The hypnotist's library should contain not only titles on hypnotism but to be really well-balanced should have other titles covering the broad field of behavior science generally. Hypnosis is based on a broad background of behavior science and to think of hypnotism divorced from this concept makes it as handicapped as a soldier without his gun in battle. For the private library I don't believe it is necessary to keep the books in any particular order, except that as near as possible books dealing on hypnosis should be kept together. This is only as it should be for hypnosis is the primary tool of the hypnotist. For neatness as well as utility Journals and other periodicals should be kept together on a different shelf. It goes without saying that Journals and all other paper bound printed products should not be thrown away when you are finished reading them. Often, these unpretentious items are more valuable for reference than their glamorous hard cloth bound companions.

There is a real art in building a library and maintaining one. Large professional libraries have complete staffs of specialists to administer their operations which are amazingly complex. While your own private library at home is not meant to compete with the big professionals it still performs basically the same service—reference and the dissemination of knowledge.

WANTED—A DIVORCE

DIGNITY O. HYPNOTISM (Plaintiff)

HOKUM MAGIC (Defendant)

BY E. ROBERTS GREENE

"...and now Princess Aponomondus—gaze into my eyes, fall into a deep, deep trance and as you recline on this magic couch, slowly—and with featherlike lightness, you will rise and float unsupported in the air".

The anemic "Princess" responding to cue, instantly assumes a state of rigor-mortis, falls death-like into the waiting arms of two satin clad, turbaned assistants, who tenderly place her completely hypnotized being on the magic couch—and so, on with the trick. The audience sits in spellbound amazement—this hypnotism sure is swell stuff.

It is my sincere belief that the time has come for a divorce. As a hypnotist of twenty-two years of practice, there has been growing within me a deep resentment towards any and all practices which tend to implant erroneous and false impressions in the minds of the uninitiated as to—"What gives, with this hypnosis business."

Today, with the science of hypnosis rapidly taking it's rightful place in the scheme of everyday living, with more and more enlightenment on this subject through the printed word, radio and television, and with men of science, medical or psychiatric, extolling the value of hypnotherapy, there is a sudden public awareness that this, the oldest of sciences is something NEW—and perhaps GOOD.

My experiences in talking with the average layman on the subject of hypnotism are undoubtedly no different than those of any other practitioner in our field. The complete lack of understanding, the skepticism, the bewilderment, and sometimes utter disbelief with which we are confronted, presents the importance of the premise that—like oil and

water, hypnotism and magic should not be mixed.

Let me qualify that the art of ledger-demean has and always will be of great importance as a medium of entertainment. The accomplished magician is truly an artist of deception and misdirection, and it is by no means my desire to minimize his importance or value from the standpoint of pure entertainment.

To the foregoing, the hypnotist presents a direct antithesis. In our platform demonstrations we are not "Artists", we are in every sense "Scientists" presenting a "Scientific Demonstration", our lectures are not directed entirely towards the perfection of histrionic and elocutionary accomplishment, but rather in the hope of bringing enlightenment and understanding of the "Science of Hypnosis" to the attention of those whom we address.

True, the hypnotist presenting platform demonstrations will develop certain embellishments which could aptly be called "Showmanship." Nevertheless, these actions are of importance in gaining and holding the attention of the audience as well as the volunteer subjects, and should in no way depreciate from the basic fact that this is a "Scientific Demonstration" of the important "Science of Hypnotism" and being presented by a "Scientist" of this field. This work may well be compared with that of the surgeon demonstrating his technique before the gallery of fellow doctors and students.

If the public is to gain a more comprehensive and true understanding of Hypnotism, it is vital that all aspects of supernatural manifestations, mysticism and trickery be completely removed.

(Continued on page 29)

BEHIND THE CURTAIN WITH THE NATIONAL GUILD OF HYPNOTISTS

by George L. Rogers

■ The New York Chapter meets the first Wednesday of every month from 8 to 10:30 P.M. at 168 West 58th St., N.Y., right off 7th Avenue. Studio 2B. Harold J. Grossman has taken the initiative in making contacts with upper bracket people interested in Hypnotism and has also had cards and stationery printed. Another active worker is Allen Bernstein who possesses an agile, critical and observant mind. Leo L. Martello is getting publicity for the Chapter via his many writings. Later on the Chapter plans to raise money by putting on shows. Only a 25c collection is taken up at each meeting to help meet expenses. There are still many New York members who haven't shown up. Many wrote promising to come in but haven't. No hypnotic strength and progress can be gotten by those self centered members who sit back and let the others do all the hard work.

From James M. Slider of Montreal 18, Quebec, Street address, 3515 St. Urbain St....Dear George:

I guess it's about time I dropped you a line to let you know how things are going up here. I have contacted some of the gentlemen whose names were supplied, and have met a few who are interested in joining the Guild. I am begging to see a little light on what the future may bring. At the present it has been decided that it would be better to wait until after the summer vacations are over to hold our first meeting. This should be around September 15th. This idea appeals to me also as it will give ample time to get all the paper work done in regards to letterheads, etc.

If progress seems a little slow it is because we feel that it will work out better if we do not push it too much. However any advice will be appreciatedSincerely Yours.

An Article of interest from the San Francisco Chronicle.

Hypnotist Guild To Hold Public Demonstration. Scientific applications of hypnotism will be the subject of a lecture and demonstration by the San Francisco chapter of the National Guild of Hypnotists Thursday evening. The free demonstration is designed to acquaint the public with the beneficial aspects of hypnosis and to expose and discourage harmful, unethical and fraudulent uses of hypnosis, chapter official's said. Thursday's meeting will take place at 8:30 p.m., in Druid's Hall, 44 page St.

Francis H. Taylor, 412 Baker Street, Lansing, Michigan has started a chapter. Contact him at that address. He also has resident classes if you are interested in becoming a student.

The Hypnotist Council of Florida located at 3725 South Dixie, West Palm Beach, Florida is really rolling. Contact DeWitt M. Fessenden at that address.

Detroit is outstanding as always. Your chairman Edwin E. Morrow, 9574 Patton Ave., would appreciate being contacted. Meetings are held regularly and are always interesting. Rev. M. C. Bell is doing a grand job with his News & Views Scope. All officers and members are hard workers and deserve a vote of thanks.

The Philadelphia chapter 248 W. Tioga St., Philadelphia Pa., under the able leadership of men like H. Benton Reed, William F. Gresham and others is fast forging to the front.

Here is an extract from a letter from my good friend Robert Dee Fitzpatrick, 514 8th Ave., San Francisco, California. George....I think that before we acquaint the American wife and husband too, that hypnosis offers a scientific correction for the greatest contributing
(Continued on page 29)

MY FAVORITE METHOD OF INDUCTION



Mr. Charles Greenstone of Farrell, Penna. here gives his favorite method of induction. He calls it the "Joseph Palchak, Sr. Method." Mr. Greenstone writes, "You hold the subject's attention by means of two fingers while keeping up a rapid-fire patter of suggestions about feeling tired, drowsy, heavy and finally suggest sleep." Mr. Greenstone tells us that he has been very successful with this method.

What is *your* favorite method? Send us a photo illustrating it, together with description. We will pay \$5.00 for every "favorite method" published and the cut will also be given to you after printing.

HYPNOSIS

(Continued from page 18)

would come to him without difficulty; finally, that he would deliver the speech fearlessly and convincingly. When awakened, he remained calm and relaxed, and the next day he telephoned to report that his speech had been successful beyond all expectations.

Posthypnotic suggestion, with or without analysis, is a powerful psychological device. It may be helpful in many types of complaint including insomnia, disturbing dreams, various fears and phobias, nervous headache, nervous habits such as nail biting, excessive smoking, intemperate eating or drinking, functional speech disorders, and personality defects such as shyness, pugnacity, temper, awkwardness, dependency, and so forth.

Savings In Time And Money

A few years ago the United States Social Security Board estimated that about 8,000,000 U.S. citizens were neurotic. The figures were based largely on Selective Service statistics. *Time Magazine*, which reported the findings, added that analysts' fees for treatment range from \$5.00 to \$50.00 an hour; that "the average treatment (an hour a day, five days a week) takes 18 months," and cost between \$1,500.00 and \$5,000.00. Apparently hypnotism was not employed in those sessions.

With the aid of hypnotism, Mrs. B. who had had the compulsion to murder, was cured in a total of seven sessions. Before trying hypnoanalysis, she had been seeing an analyst for two years with indifferent results. Mr. Q. had never consulted any other psychologist, but it is reasonable to assume that without the use of the hypnotic techniques of dream induction, crystal gazing, and automatic writing, his buried memories might well have taken many months, perhaps longer, to come to the surface in free association alone. The use of hypnotism in this case made possible

the achievement of a cure in eight sessions.

Within the past decade or two hypnosis has been employed on an ever-increasing scale by psychiatrists and psychologists for the relief and cure of psychic disturbances, and non-organic disorders. The Menninger Clinic in Topeka, Kansas, The John Hopkins Hospital in Baltimore, Maryland, The Wayne County Hospital in Eloise, Michigan, and the Psychiatric Division of Bellevue Hospital in New York, are a few of the many institutions throughout the country at which the extensive use and successful application of hypnotism have been recorded.

Nevertheless, popular misconceptions about the subject still persist, reflected in the wide variety of attitudes towards it. They range from unreasoning rejection to unreasoning acceptance of everything ever imputed to the powers of hypnotism. The elusive truth, as so often happens, lies along some middle ground.

The subconscious, in which the origins of neuroses are concealed, is resistant to conscious probing. Hypnotism is a scientific key which opens the ivory gate of the abode of sleep and thus facilitates a return to the hidden past. It is a useful instrument for the reexamination of the past and reorientation of the present. It is the surest aid to rapid psychotherapy.

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Cholesterol is also found in the following: American cheese, velveeta cheese, american processed cheese, swiss processed cheese, pimento cream cheese, processed, limburger cheese processed, shrimp, tripe, crab, seal shank, beef round, medium fat, pigeon, veal breast, beef round, lean, pork spareribs.

The foods which are lowest in cholesterol are the following: All fruits, breads and cereals, skim milk, buttermilk, and cottage cheese, sugar, syrup, jelly, jam, marmalade, lean meat and fish.

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CHARLES, HERBERT, 1060 Broad St. Newark, N. J.

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NORTH, Dr. REXFORD L., 26 St. Botolph Street, Boston 16, Mass., Circle 7-9463.

ROGERS, GEORGE, 48 Harlem Street, Dorchester, Mass.

REASOR, -ED. J., 728 Pershing, Da venport, Iowa.

STOKES, Dr. A. LAWRENCE, 3408 W. 60th St., Los Angeles, Calif., Phone: TH 9221.

PERKINS, BYRNE L., 333 Madison St. Grand Rapids, Mich.

HAAG, BERNARD W., Hq & Hq Co., Res. Comd., Fort Knox, Kentucky. Phone Fort Knox 2-2183

GREENE, Dr. HAROLD H., 466 Geneva Ave., Dorchester 22, Mass. Phone: TA 5-4150.

SCHLESINGER, TED., 1454 University Ave., Bronx, N. Y., N.Y. Phones: CYpress 2-6560 or JErôme 7-6589.

LEVISON, Dr. ARNOLD I., 30 Marvin Lane, Newton, Mass. Phones: BI 4-3643. By appt. only.

DEAN, Dr. ROBERT E., 237 South Bellevue Blvd., Memphis Tenn. Phone: 32-1928.

VAN HOUSE, Dr. Edgar, 695 Central Ave., S. W., Atlanta Georgia.

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BETWEEN OURSELVES

(Continued from page 5)

with his methods though I doubt if many operators could imitate them. He is a real old timer (though by no means OLD!) and I talked to him about writing his methods up for a book. While his methods are suitable only for dynamic personality type hypnotists, I feel that thousands would want to read about them and they could not help but learn something new. Here's hoping I can pin busy Stanley down long enough to get him to write that book.

Speaking of new books Harry Arons has done it again. He has just published his fourth text "TECHNIQUES OF SPEED HYPNOSIS." This is a valuable contribution to the field. Here the advanced student and practitioner will find a clear, easy-to-follow text on the secrets of rapid induction. Like all of Aron's books, this one is profusely illustrated with sensational photographs. The photos are not only of the author but include many other well known personalities, 12 year old Roberta Lee ("World's Youngest Female Hypnotist"), Jean Arcandi, etc. Just released, this book is available through the JOURNAL OF HYPNOTISM at \$2.00 per copy.

One of our charter subscribers, Bruce Manell, P.O. Box 243, Hudson, N.Y. is very interested in hearing from readers who would like to volunteer suggestions or methods to be used in criminal work. Mr. Manell is a police officer and is vitally interested in anything that would aid him in helping alcoholics, delinquents, etc. Readers who have had experience along these lines are urged to write directly to him.

Rexford L. North

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ASK THE ANSWER MAN

Note: Address all questions to Harry Arons, in care of this Magazine. Questions of general interest will be answered in this column. All questions with their answers, will be compiled in a special folio, mimeographed, and made available to readers at a nominal price. Questions of a medical nature, if received on the professional stationery of qualified physicians, together with stamped, self-addressed envelopes, will not be answered in this column but sent directly to the inquirer.

Q. Is it true that younger people are easier to hypnotize than older ones? And why?

Mrs. J. G. McC., Lynn, Mass.

A. Yes, it is true. Apparently the best age range is from 14 to 21. Thereafter hypnotizability declines slowly. The reason seems to be that young people are more flexible and therefore more suggestible, while older people are more "set" in their ways and less apt to be swayed by the hypnotist's influence. Of course, this is only a general rule; personality differences and other factors have a great deal to do with hypnotizability.

Q. A few months ago a man walked into the police station in our town and complained that he had been stopped by a woman on a main street, had been hypnotized by her then and there and had been done out of a thousand dollars.

It had always been my impression that one cannot be hypnotized against his will. Can you throw some light on this?

B. W. Newport News, Va.

A. This story is by no means a new one. I have little doubt that if the complaint you speak of were thoroughly investigated, it would be found that the man did away with the money himself, possibly deposited it in another bank where his wife, perhaps, would not be able to get hold of it.

At any rate, it is not possible for a stranger to hypnotize someone on a busy street. Nor is it possible ever to hypnotize someone against his will. Even in a professional setting where hypnosis is sometimes induced indirectly, the subject's consent is at least implied in that he tacitly agrees to permit the physician to use whatever method of treatment he deems prudent. It is possible to induce hypnosis under the proper conditions without the subject's knowledge, but never without his consent or against his will. Putting it differently, the subject may be unaware that he is under "hypnosis", but he knows that "something" is being done to him, and has sufficient confidence in the operator to know that this "something" is being done for his benefit. Therefore, the possibility of "hypnotizing" a person out of a sum of money is negligible.

Q. Can a deaf person be hypnotized?

B. N. N., Yonkers, N.Y.

A. A person who is completely deaf would be very difficult to hypnotize under ordinary conditions. However, if he is quite suggestible, a skilled operator could probably get him under. The difficulty is that suggestions would have to be conveyed entirely through visual and tactile channels, whereas auditory stimulation is most effective. I should think that a good technique with deaf persons would be a combination of the Flower Method and the Sage Method for bald-headed subjects. Thus, the counting would be replaced by the tapping of the subject's forehead. Probably the best

(Continued on next page)

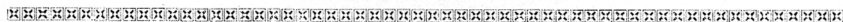
WANTED—A DIVORCE*(Continued from page 22)*

ed from it's presentation. The atomic scientist could not be imagined presenting his science of nuclear-fission in the levitation of Princess Aponomondus, neither should the pseudo-hypnotist ridicule our profound science and encourage widespread disbelief by it's use in conjunction with feats of magic.

Let all true students of Hypnotism regard themselves as missionaries in expounding the truths and values of this science. Regard with justified dignity whatever accomplishments you may achieve as a result of the intensive concentration, application and study our work demands.

NATIONAL GUILD*(Continued from page 23)*

cause of divorce, we should train more than fifty thousand of the Hypnotists to render this service. An article in the Readers Digest would create a demand by at least twenty millions of nervous, ungratified wives. I make this suggestion, that every hypnotist train and qualify for membership in the Guild at least one member every month, and so instruct that new member to do likewise. You figure out how many members we will have in twelve months.... Robert Dee Fitzpatrick is head of the National Research Foundation for the correction of the cause of Divorce.

**QUESTIONS & ANSWERS** *(Continued from previous page)*

procedure would be to hypnotize several trained subjects by means of passes and eloquent gestures, in view of the deaf subject, thus conditioning him as to what

to expect when his turn comes. He might also succumb easily in a group under stage conditions, where operator prestige and mass suggestibility hold sway.

HYPNOTISM and SEXUAL MALFUNCTION

by Dr. Herbert Charles

Here, for the first time, is a clear, simply-worded presentation of the methods used in Hypnotherapy for the problems of sexual frigidity in the female and sexual impotence in the male. This book was written for the serious student. Every hypnotic practitioner will want to read, study and practice this valuable information. Dr. Herbert Charles is a regular contributor to THE JOURNAL OF HYPNOTISM and the author of several books. This is certainly one of his most important works. Sent sealed for \$1.50 per copy.

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THE TRUTH ABOUT HYPNOSIS

by Joseph J. Di Peri

The words Hypnotize and Convince are very closely related, in so far as they are methods used to cause a person or group of persons to act according to our desires.

Psychology and Psychiatry in recent research have given us conclusive evidence that the mind of man is in at least two planes of consciousness. The material consciousness is that level of consciousness which is aware of its immediate surroundings, and perceives through the sense organs, and causes the body to act as it desires.

The sub-conscious is that level of consciousness which controls the involuntary activity of the body, and contains memory of our past experiences, which are the cause of our personality and thought patterns.

When we sleep, the material consciousness gives up control of the body, and the sub-consciousness takes over. It keeps the heart beating, it keeps the respiratory system in proper function, and maintains all the other internal activities of the body necessary to maintain life, while it is oblivious to its material surroundings and sensations.

When a person is hypnotized, it is this particular level of consciousness that is made to control the activity of the body, without the person being conscious of the activity.

The word Hypnotize has its origin in the Greek word Hypnos which meant God of sleep. Hypnotize means induced to sleep, or just induced sleep.

The person who hypnotizes causes another person to sleep by making him feel tired. By so doing he causes the material consciousness of that person to recede and the Hypnotist takes the place of his material consciousness, and causes the person to act as he wishes.

It's that easy, but it's equally as com-

plicated in its effects. Because in the sub-conscious mind is the memory, the Hypnotist can cause information to take its place in the ranks of memory, and thereby change the personality. This, as anything else, has its advantages and disadvantages.

For example, the person may be told while in a hypnotic trance, that whenever he smokes a cigarette he will get a bitter taste in his mouth. This will follow exactly as told, because there is a sub-conscious command to do so. By the same token, various experiences may be cancelled from the memory.

When the person's material consciousness is removed, and he is in communication with a Hypnotist, the Hypnotist may give the person a command to act in a particular manner, and the person will follow usually without hesitation.

When the same person is awake, or is materially conscious, in order to have him act as the Hypnotist wants, he must first convince him of the fact that this particular act will benefit him, and thereby create a desire to comply.

This is the relationship between the words Hypnotize and Convince. Knowledge of Hypnosis can give us a better understanding of the power of the mind, and how easily we may be deluded, or caused to act in a manner contrary to our wishes, without our even knowing it.

A very good example of Hypnosis through suggestion follows: In a very dark movie theatre, a large group of people are sitting intently gazing at the screen. All their attention is focused upon the activity portrayed, when suddenly the voice of a woman is heard screaming "Fire!" There is actually no

fire, but the woman thinks she sees flames, and screams. Immediately the word "Fire" forms a familiar picture in the minds of all the people in the theatre, and knowing their particular situation and apparent danger, they all begin to run for the exits. Someone suggests that they smell smoke, and before a very short while, half the group smells this imaginary smoke, intensifying the terror.

This episode is a perfect example of Mass Hypnosis, through suggestion.

By this suggestion, the people were caused to take measures to protect themselves from harm. What actually made it an almost automatic reaction was the fact that there is a fear of harm within the sub-conscious regions of the mind of man, that was aroused at the suggestion of danger.

Fear is the one thing that makes us susceptible to control even while we are awake, or materially conscious.

The control of the mind of man, and the actions of man, have been known and used for both good and bad purposes from ancient times.

This principle of the control of man's actions through the mind in present day science is known as Psychology, and can be proven through Hypnosis. It is this same principle, because it is so subtle and can be achieved by so many varied methods that has been covered by superstition and mysticism, to produce Voodoo, Black Magic, Evil Spells and every dangerous art or cult that was ever thought of. It is also this same mind control that has made possible the progress of man, through government, religion and industry.

The practice is the same, but the reasons are different. That which institutes Love, Truth and Justice for all mankind is that which is based on eternal principles and is, therefore, good. That which is used for selfish material ends, either organizational or otherwise is dangerous to the welfare of mankind.

Hypnosis has as many good and bad points as any other scientific practice. The only true danger in the practice of Hypnotism is ignorance of relationship of mind and body on both the part of the Hypnotist and the person being hypnotized. The indiscreet use of Hypnotism can result in very serious injury. Therefore, learn the truth about Hypnotism, because it is a natural science that is subtle and yet so effective, that its use can hardly be detected.

The National Guild of Hypnotists has been formulated for the purpose of educating the public in the use of this science, and to ascertain that those men who practice are qualified to do so. Its membership consists of Psychologists, Teachers, Medical Doctors, Ministers, Professional Hypnotists and Amateurs who are fully aware of the potentialities of Hypnotism. They would be glad to assist you in learning the truth about Hypnosis.

The address is:

National Guild of Hypnotists
48 Harlem Street
Dorchester 21 Mass.

HYPNOLOGICAL APPLICATIONS OF HYPNOSIS IN MODERN WARFARE

(Continued from page 18)

Summary

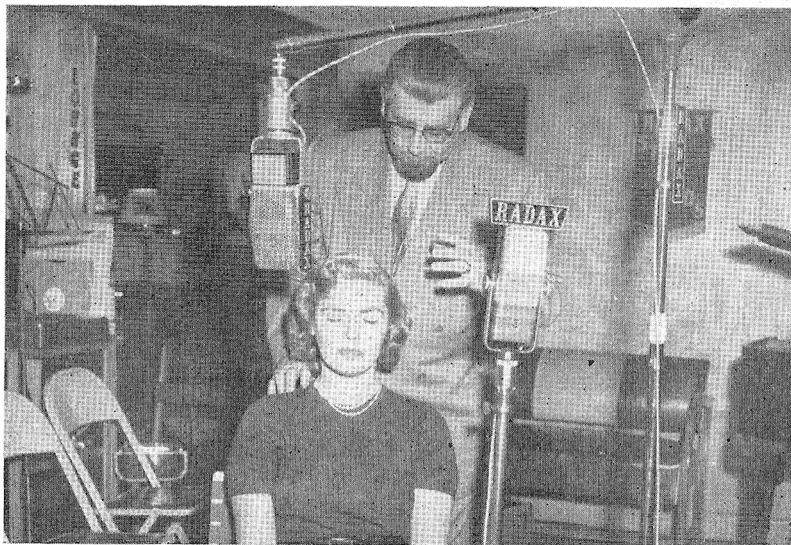
In the past study we have seen that much has been accomplished along the lines of hypnological application in modern warfare. This is scientific in nature, duly documented, and a matter of permanent record.

Some fields of endeavor have been tapped but not fully exploited because of security reasons; others because the necessity has not arisen.

In the realm of hypnological philosophy one can visualize new vistas not yet approached.

The future may be the golden age of hypnology!

Dr. North Hypnotizes Subject During Recording



The above interesting photo was taken at the time Dr. North cut the tape for his recording of *Ultra Modern Hypnotism*, a complete course of instruction on a 33 $\frac{1}{2}$ R.P.M. record. The subject, who was actually hypnotized during the recording, is lovely Bunny Cohen.

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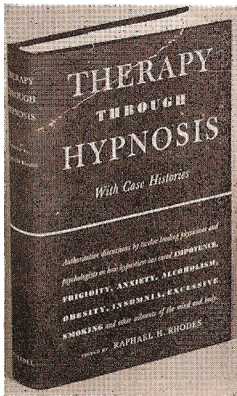
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CONTRIBUTORS

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