

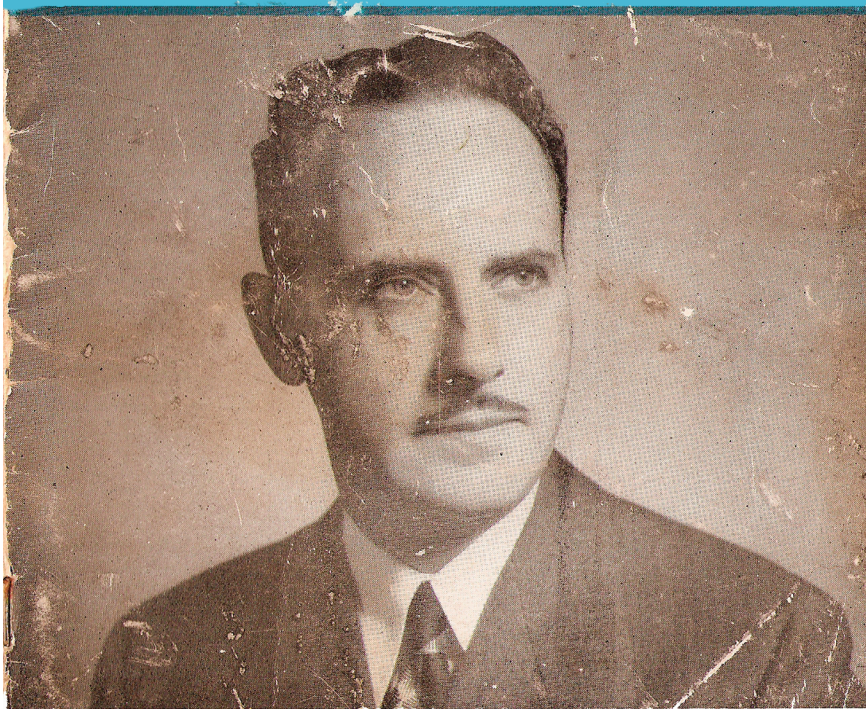


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By Raphael H. Rhodes

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EDITORIAL

In the last few issues we devoted this space to some of the abuses to which hypnotism is subjected. No one can deny that many things could be improved upon. But this time we want to give our sincere congratulations to an enterprise that means another step forward for hypnosis.

Our hat is off to the publishers (The Woodrow Press Inc., 227 East 45th Street, New York, N. Y.) of the new quarterly entitled "JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS." This is the publication of The Society For Clinical And Experimental Hypnosis. The first issue dated January, 1953 presents a number of scientific papers by outstanding clinicians.

THE JOURNAL OF HYPNOTISM is and will continue to be a magazine of popular hypnosis. It is and will continue to be our purpose to give the general public a better understanding of what hypnotism actually is. That there IS a demand for a popular presentation of hypnotism is attested to by our very high percentage of subscription renewals as well as the many many letters we receive daily. But that does not alter the need for a purely scientific journal.

The Woodrow Press is to be commended for their efforts in establishing this new periodical. Knowing the management, I look forward to the coming issues because I know they will each be a valuable contribution to the science of hypnotism. I urge all of our scientifically inclined readers to send \$2.00 for the current issue directly to the publishers.

Again, HAT'S OFF TO THE JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS.

REXFORD L. NORTH, PH.D.

(Note: This editorial was written without the above named publication having any advance knowledge thereof. Since the Journal of Clinical and Experimental Hypnosis is edited expressly for clinicians, I suggest that professional men write on their professional stationery.)

THE JOURNAL OF HYPNOTISM

Dr. Rexford L. North, Editor

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

Vol. 2 March-April 1953 No. 5

TABLE OF CONTENTS

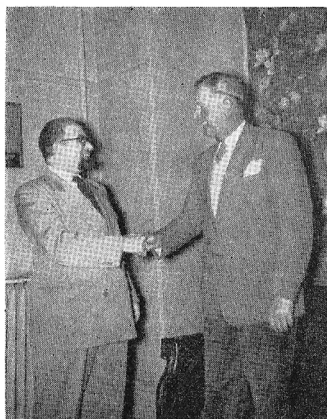
Editorial	4
Between Ourselves	5
HYPNOSIS: What It Is and What It Can Do	6
Schizophrenic Art Interpreted by Hypno-Analysis	10
Confession Of Crime Under Hypnosis	13
Hypnotic Comments	16
Hypnotism In The News	19
Book Reviews	20
Behind the Curtains	22
Directory Of Hypnotists	23
My Favorite Method Of Induction	24
Hypnotic Questions and Answers	27
Classified ads	30
Bibliography	31
Prominent Chicagoans Visit Hypnotism Center	32
An Answer To This Week	33

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BETWEEN OURSELVES

■ We have been flooded with letters about the new two color covers and the general improvement in appearance and format. We hope to keep adding improvements. Actually, the improvements that have been made were only possible because of your support. We need your support to keep making your Journal a better and bigger one. I ask that you tell your friends about the Journal and get their subscriptions. If each of you have one friend subscribe, our circulation will automatically be doubled and then we can give you NOW the bigger Journal that would otherwise take some time. So...if you want a BIGGER Journal, start sending in those subscriptions from your friends.



We were recently surprised when Capt. Peter Eriksen, Master on a United States Liner called at the Hypnotism Center for a visit. The Captain heard of us in Melbourne, Australia and when his ship docked in Boston harbor he came in to see us. The above photo shows your editor welcoming him. He is a very active hypnotist and gave us a clipping from the Melbourne NEWS
(Continued on page 26)

HYPNOSIS

WHAT IT IS AND WHAT IT DOES

BY RAPHAEL H. RHODES

■ Hypnotism is a scientific psychological tool. When properly used, it is the safest means of curing many types of mental distress in the shortest possible time. Hypnosis cuts down the time required for ordinary psychoanalysis to a fraction of the usual length of treatment. Used together with psychoanalysis, hypnosis often results in cures in less than one tenth of the time necessary without it.

Hypnosis is absolutely safe. There is no case on record reporting harmful results from its therapeutic use. In this respect it has a clear advantage over electric shock therapy or brain surgery, which may sometimes result in serious impairment of memory or loss of mental function. Hypnotism never harms the memory; rather, it strengthens it. Hypnosis achieves its results, not by destroying mental channels, but by reclaiming them.

When one's acquaintance with hypnotism is limited to what he has seen on the stage, his ideas about it are probably quite wrong. The public entertainer is interested in laughs, and when he employs hypnotism, he gets his laughs by making his subjects look and act like puppets. The audience sometimes gets the impression that the hypnotist has some magic power. He may explain that hypnotic control is scientific rather than supernatural. Yet, the nature of his performance makes it seem that a hypnotized person is simply a weak-willed automaton, completely dominated by a master-mind.

That impression is wholly erroneous. It results from an incomplete and one-sided presentation of the subject. Hypnotism is a psychological phenomenon of profound value in mental therapy. Moreover, when its use for this purpose is understood, hypnotism proves even more fascinating than when pre-

sented merely for the amusement of an audience.

Before one can understand what hypnotism can do, he must know what it is. Hypnosis is a state of mind. It is a passive state of mind, akin to ordinary sleep. Like sleep, it is a state of mind in which the driving conscious thoughts of the waking hours have been put aside. This leaves the mental arena clear for the uninhibited sway of subconscious thought. Once the active preoccupations of waking consciousness have been temporarily cast aside, the subconscious factors of the mind rise to the threshold of thought. As in sleep, the conscious mind recedes, and the subconscious mind is in control.

There is, however, an important difference between hypnosis and sleep. In ordinary sleep the conscious mind withdraws and the subconscious comes to the fore without outside direction. In hypnosis, it is the hypnotist who forces the mental shift, and the subconscious mind comes to the fore, subject to the hypnotist's control, and ready to follow any suggestions he may make to it.

Thus, once the hypnotist has brought about the mental shift, he controls the subject's subconscious mind. He can make suggestions to it, and these will be carried out. Often even after the subject is awake, he will follow suggestions made to him during the hypnotic trance. This is called posthypnotic suggestion.

It also happens that memory is lodged in the subconscious. Consequently, while a person is in the hypnotic state, his memory is better than in waking state. Things which he could not recall while awake, are easily remembered in hypnotic trance. Thus the hypnotist can force his subject to recall and reveal long forgotten incidents and buried memories. This is particularly important in psychological therapy.

Mental distress is frequently the result of memories which are buried in the subconscious. Incidents or thoughts of an unpleasant or shocking nature were suppressed, and became lodged in the subconscious mind. They are forgotten, as far as the conscious mind is concerned. But they persist in the subconscious and, without the individual's being aware of it, they affect his thought pattern. Such buried memories often cause severe mental anguish. In some cases they may even produce an apparently physical disorder, although there is actually no organic defect.

In all such cases, a cure is possible only if these subconscious incidents and memories are first brought back to the realm of conscious thought and reevaluated. In every such case hypnotism, which brings the subconscious to the fore, can quickly and effectively open the gate that barred the mind from freedom.

The Dynamics of Murder

Take the case of Mrs. B., for example. When she first called upon me, she said she was desperate. For the past four years she had had a compulsion to murder people—anyone; her husband, friends, strangers—everyone. It was getting worse all the time. The first time she felt the drive, she was in a motion picture theatre. She suddenly remembered she had a hatchet at home. When she got home she took the hatchet, walked with it to a brook, and threw it away.

But the desire to kill persisted. When she saw a knife or a blunt object, she wanted to use it on anyone who was near her. During the first year this happened only occasionally, maybe once a month or so. But then the desire became stronger and more frequent. She fought against it. She felt she really did not hate anyone, and did not want to harm anyone, but the fearful compulsion came upon her more and more; more strongly and more often. Finally it was with her almost all the time. She began to avoid her friends, hoping to conquer the monster by a self-imposed seclusion. It did not help. She even be-

gan to feel the same way toward her husband, although she really loved him.

"Sometimes he's in the kitchen and I'm drying a pot, and holding it by the handle, and I feel as if I want to hit him on the head with it and kill him—and I just stop myself in time, and the next minute I want to take him in my arms and kiss him," she said. "I worship him, and the thought that I might hurt him drives me crazy. I'm even afraid to ride on the subway, because I get the urge to push people off the platform in front of the train. Why is that? I don't even know the people. I'm so afraid. If you don't help me, I don't know what I'll do. Perhaps I'll kill myself. I've wanted to do that too."

I hypnotized her and said, "Your mind will now go back to the first time you had this desire to kill someone. Was there any such time before the hatchet incident?" She answered, "I once wanted to kill my mother." "When was that?" "About a year before my marriage, just after we'd become engaged. I was nailing a rug down and my mother standing there, and suddenly I had a desire to hit her on the head with the hammer. I had forgotten that. I loved my mother very much."

Her father had died when she was very young, and she had been reared by her mother. She had lived with her mother until her marriage at age thirty, about five years before she came to seek treatment. Her mother had died about six months after the marriage. There were no children. "I've been afraid to have a child, because I thought I might kill it," she said.

Before awakening her from the hypnotic trance, I said, "Between today and the next time you come here, you will have a dream which will symbolize the cause of your difficulty, and you will remember that dream and the next time you come here you will report it to me."

At the next session she said, "I had a nightmare last night I dreamed I was driving my car down a steep hill. I was alone in it. At the bottom of the hill were the railroad tracks, and the gate was closed and a train was coming.

The brakes were bad and I tried very hard and finally stopped the car. And then I saw another car coming down the hill, and there were three men in it, and they were talking and laughing. They didn't pay any attention to the train, and I kept yelling, 'No, No, No,' but they didn't listen and then went right on downhill and through the gate, and Oh! my, they were all killed. And I just got out of the car and said, 'No, it isn't so,' but I could see a head here and an arm there. It was terrible, and I woke up, and couldn't fall asleep anymore. But I don't see what that has to do with my case."

My questions and her answers, in summary, follow:

Q. Do the men in the dream remind you of anyone you know?

A. No.

Q. Does your driving down hill make you think of anything?

A. No. Except that I'm so awfully afraid all the time.

Q. What are you afraid of?

A. I don't know. I'm always afraid. I'm afraid something will happen to me.

Q. What may happen to you?

A. I don't know. But I feel it's something terrible. People are going to do something to me.

Q. Who were the men in the car?

A. I didn't recognize any of them. There have been many men in my life. Before I got married, I led a loose life, went with anyone who wanted me. I didn't think anything of it. My mother was the same way and it used to seem all right. I was flattered if any man paid attention to me. But, you know, even before I got married, I changed. I'd look at men who were dressed nicely coming off a train, and I'd think, "I wish some decent guy like that would marry me." And then when I met my husband, he didn't know about my past, and he is such a fine man, I couldn't ever tell him about it, and, of course, I've been absolutely faithful to him.

Q. Are you happy with your husband?

A. Very happy. My life would be perfect if I didn't have this constant desire to kill people.

Q. Did you want to kill the men in the car?

A. I don't think so. I kept shouting, 'No No, No,' but they didn't listen to me.

Q. Describe the men you saw in the car.

A. Well, one of them—I keep thinking of the word esthetic. That's the type I used to like. He was tall, thin, had delicate features. He was just like one fellow I used to know.

Q. And the others?

A. They were the same type.

Q. Anyone in particular?

A. I don't think so. But they were the same type as the men I used to go for. Do you think I really wanted them to be killed?

Q. What do you think?

A. I'm not sure. I wonder if I should tell my husband about my past. I don't like to keep it secret from him.

Q. Why not?

A. If he ever found out, he might leave me and that would kill me. He's my whole life.

Q. Did the men in the dream represent the type of people who share this secret you are keeping from your husband?

A. Yes. I never thought of that before. Did I really want to kill them? I like people. I don't want anybody to die.

Q. If all the people who know about your past were suddenly killed by an atom bomb—you had nothing to do with it, and didn't know about it until afterwards—but they were all wiped off the earth by an atom bomb, would you be happy?

A. I—I guess, yes, I might. Yes, I would.

Subsequent discussion clarified the details. Her first impulse to kill, directed against the mother who had fostered her loose ways, came upon her just after her engagement. Her mother knew the secret she was keeping from her fiancé. Her mother might reveal it and this was a threat to her happiness. After her marriage, other people who shared the secret represented a similar threat to her new way of life. She wished them dead. But, being fundamentally a decent, sensitive and conscientious person, she suppressed these thoughts for-

cibly and completely. They lodged in her subconscious. Then, without her being aware of their source, they manifested themselves in the form of a compulsion to murder at random.

This compulsive drive was directed not only against the men who shared her secret ;it was directed also against all people, society in general, based upon a subconscious feeling of being misunderstood. It was directed even against her husband, who, again subconsciously, was a major factor in her problem.

Ultimately she decided to tell her husband everything. "I think it's worth the risk. I can't go on this way," she said. So she unburdened her secret to him. When the secret became nonexistent, her compulsive drives disappeared.

The use of hypnotism in this case forced a quick revelation of the underlying problem and resulted in a rapid cure. The increased memory of the subject under hypnosis made possible an almost immediate recall of the first time

she had experienced this desire to kill someone. The posthypnotic suggestion of a revelant dream raised the deeply buried subconscious memories and desires to the threshold of consciousness. Here they were readily understood and reevaluated in a normal way. Once they assumed their normal place in the sphere of thought, the cure was assured.

The Quest For Normalcy

Several different techniques were used in the case of Mr. Q. He was thirty years of age, held a well-paying job, and appeared to be a normal and likeable fellow. But he was afraid to get married, although he desired to have a wife and children. "I'm afraid I'm a homosexual," he said. "I've never had any relations with women, and ever since my high school days I've had a desire to fondle men. I haven't ever done it, but I've wanted to so many times. I think there's something wrong with me. Can you help me?"

(Continued on page 17)

OUR COVER PERSONALITY



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 and APPLICATION**, and the editor of **THERAPY THROUGH HYPNOSIS** (both published by the Citadel Press). He is also the author of several articles on hypnotherapy including **HOW A HYPNOTIST WORKS**; **HYPNOSIS: WHAT IT IS AND WHAT IT DOES**; and **SELF-TAUGHT AUTOHYPNOSIS FOR INSOMNIA and OBESITY**.

Since 1935 Mr. Rhodes has lectured and demonstrated hypnosis to numerous public groups, and has taught autohypnosis in his private practice. His work in hypnoanalysis has included collaboration with leading physicians and psychiatrists, including the late Dr. Foster Kennedy, Professor of Neurology at Cornell University College of Medicine, and Director of the Neurological Service at Bellevue Hospital, New York.

WINNER OF THE DR. MILFORD J. ELLISON AWARD

SCHIZOPHRENIC ART INTERPRETED BY HYPNO-ANALYSIS

BY DR. FRANK H. CAFFIN

Resident Psychiatrist, Still-Hildreth Sanatorium, Macon, Missouri

■ It has become a well established fact in psychiatric circles that Schizophrenic patients deal in a great amount of symbolisms, in their speech and more especially in their writings and in their drawings. The symbols used are recognized as a product of the sub-conscious and if the psychiatrist is or could be capable of deciphering these highly important symbols, a tremendous amount of time would be saved that at the present is consumed in attempting to arrive at the subconscious repressions that are being readily presented to the Doctor but which cannot be analyzed without the aid of the particular personality that produced them. Nothing is said or done (acted out) or drawn that is not of utmost importance, and we are still groping in an effort to devise ways and means of facilitating the understanding of the basic emotional conflicts or emotional traumas that helped or did produce and result in the presenting psychosis. Hypnosis gives us a telescope into the subconscious and knowing that the symbols were a product of this emotional level, it should be possible with the use of hypnotic technique to determine in a much easier and more rapid manner their sub-conscious language. So far as I have been able to determine from a survey of the available literature, no previous research has been done in this field of hypnotic interpretation of projection art. Realizing the amount of subconscious content possible with the aid of hypnosis the writer utilized this technique to uncover and

to measure the amount of progress of the following patient.

The patient was a 20 year old male. He appeared to be a shy and introverted young man who, when interviewed, appeared to be desirous of talking but inhibited in his ability to express his thoughts. This patient had been to an art school and developed a flair for drawing. The history revealed that he had begun to withdraw from his usual activities in his junior year in high school and he no longer mixed with his friends as in the past but remained to himself much of the time. There was no previous history of mental illness in his family and he had been an apt student until his present illness. A surgical operation had been performed in November of 1951 to remove a benign tumor from the "neck of the bladder." The recovery had been uneventful. He complained of constant headache. A Minnesota Multiphasic Personality Inventory test further confirmed the diagnosis of a Schizophrenic Reaction of the simple type.

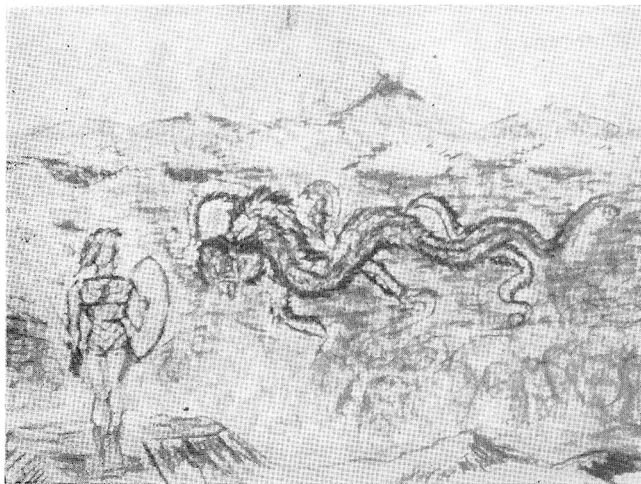
The patient's drawings revealed much content of fantasy and after rapport was established, he consented to attempt hypnosis with the express goal of uncovering his basic problems by interpreting his projection pictures (those produced spontaneously). The patient was instructed to draw or paint anything he wished but not to do any copy work, for we desired to get as total a sub-conscious production as it was possible to obtain. The result of his first

effort is below. All pictures were produced on a conscious level and after he had completed them we were to analyze them under hypnosis.

His conscious interpretation follows:—"There is a knight in shining armor who is facing a dragon and he is going to try to rescue the maiden who is chained to the stake on top of that gem which is supported by two people." (Editor's note. The pictures used in this article were printed from color transparencies from which we first had to make black and white prints. Our photographer tells us that the lack of contrasting colors made this difficult and accounts for what may seem a poor reproduction.)

His interpretation under hypnosis demonstrates a greater depth of content and a sub-conscious interpretation of this production: (all interpretations were recorded on a tape recorder so as to prevent any projection thought of the psychiatrist for I felt that I might be tempted to color the interpretations by my own ideas and to enlarge what I thought might be important and they

could be of no importance perhaps to the patient, and on the other hand I might feel something of no importance and to the patient concerned they might be the crux of the problem. The interpretations in this paper are taken directly from the tape recordings. Under hypnosis, "The knight represents me and the haze directly in front of me is a sort of barrier that I must get through to attack the dragon. The dragon represents my penis—and that's one of my big troubles, and if I can master that and my other troubles, eventually everything will turn out all right. The knight is standing motionless for he is afraid and confused. (Patient was making no prior effort to overcome his problem and resultant sickness.) The girl symbolized love and happiness. The two men who are holding up the jewel are you and my father and represent strength and trust. The girl is chained to the stake and is waiting to be freed by me, the knight. I am worried about women for I am afraid that I will not be able to be a normal person with a woman, sexually."



The patient then disclosed for the first time that he had been unable to have an erection and ejaculation since the surgery had been performed on his bladder. This problem had not been known by the family nor by the patient's physician for the patient, until this time, had kept it concealed. This was found upon thorough investigation to be one of the most important etiological reasons for his emotional illness. When asked why he could not get an erection he gave the following reply (under hypnosis)—“When my penis gets erected it assumes the same position as when I had sounds passed before the surgery and it hurt terribly.”

A few days after this was revealed and further discussed on a conscious level, the patient triumphantly announced that he had had a successful erection with an orgasm. Removing the psychic block and by the patient understanding the emotional cause, this hurdle was overcome successfully and rather easily.

His next projection drawing is shown below: (all drawings were done with pastels). His conscious interpretation is as follows: “There is a cannibal who is warming himself in front of a fire. He

has a skull and a staff with which he walks.” There was a lack of insight into this drawing as far as any sub-conscious repressions were concerned.

Hypnotic interpretation: “The cannibal is me. I have blood in my hair and blood is dripping from my hands. There is a look of triumph on my face and there has been a terrible battle, and I have emerged the winner. The victim was my father who is represented by the skull on the staff. I have killed him. The staff is my father's sexual organ. I always wondered if I could take Dad's place with mother if he should die. I many times did not want him to return from trips that he went on. I am burning myself alive in the fire as a human sacrifice, for I must pay for this horrible crime. This picture represents my conscience; I am a horrible person. I remember when I was three years old, wanting to get rid of my father because he was dancing with mother and he had a look of triumph on his face and I ran over and kicked him on the leg.” (This was confirmed when talking with the family and they were amazed that a memory should be brought forth of an event that happened when he was only three years old).

The above pictures are but two of a series that have also been analyzed and this patient has made a good recovery and is to be dismissed soon as having made a good social recovery. His sexual problem with a later uncovered idea that a homosexual experience could make him potent was one of the major causes of his psychosis. His desire that was produced as a child, to kill his father, was another very important factor in his condition.

SUMMARY AND CONCLUSION

1. Hypno-analysis as a means of interpreting sub-conscious symbols, produced by spontaneous drawings should be further investigated for it holds a technique that will save much time and will also give a true analysis of the art production.
2. The patient drew on paper, his thoughts, and had no inking of his

(Continued on page 19)



CONFESSION OF CRIME UNDER HYPNOSIS

BY DR. HERBERT CHARLES

■ It is a matter of record, police record, that criminals have confessed to crimes under hypnosis. It would not, then, be profitable to enter into the rather academic question as to whether this can be done, and therefore the purpose of this paper is to examine the various aspects of obtaining such confessions and the validity thereof. In this discussion, the types of confession which are made by suspects because of masochistic desire for punishment or for the purpose of securing lesser punishment, are not considered as pertinent to this paper, and only those cases are reviewed wherein the confession alone would be the factors which incriminated the suspects.

In the cases on record, the criminal was naturally first questioned in the waking state and when such inquiries proved unavailing, hypnosis was resorted to and the confession obtained. However, we must consider the fact that many times repeated questioning in the waking state is ineffectual until the point is reached where the criminal 'breaks down'. In strict compliance with scientific procedure, therefore, consideration must be given to the possibility that continued questioning without the hypnotic procedure would have finally elicited a confession. However, for the purpose of this article, it will be assumed that hypnosis was the factor which brought about the confession and that otherwise it would not have been obtained.

For first consideration, the validity of the confession must be scrutinized. Ordinarily, with a subject whose safety is not in danger, the hypnotee will go to great lengths to please the operator, even falsifying a situation to meet what he thinks are the expectations of the hypnotist. Where his self preservation is in jeopardy, the hypnotee, it is commonly thought, will refuse to carry

out suggestions. How this may be overcome will be brought out in this discussion.

It is a well known fact that by means of the post hypnotic suggestion, delusions induced in the hypnotic state may be carried out in the waking state. Such delusions may be implanted through error by an unskilled operator or by a dishonest operator intentionally. In most cases of error, however, corroborating factors would be missing and therefore the confession would not hold. For instance, if the suspect confessed to stealing money, when actually he had not, then he could not point out where the non existent money was cached. Or in other crimes of a different nature, he could not produce the gun or knife or some other physical and convincing detail incidental to the crime. In the case of the dishonest operator who sought to secure a false confession, such an operator would also have to 'plant' the corroborating details besides deluding the suspect into making erroneous statements. Of course, given the skill and required conditions, such a false confession might be secured. Therefore the honest intent of the operator as well as his skillfulness must be considered in weighing the validity of the confession obtained under hypnosis.

Our second consideration must be as to whether the suspect would repudiate

• Lawyers and other interested readers who would like to have the advice of Dr. Charles on questions of actual cases in which hypnosis was or could have been used may write to him in care of this magazine. Your letters will be given his personal attention.

his confession when he came to trial. Whether the confession were true or false would not alter the possibilities of such repudiation. Would not the prisoner, when actually confronted with the possibility of actually losing his life or his liberty, overcome any suggestions which had been given him in order to save himself? There are many experienced hypnotists who would immediately answer in the affirmative, that while the hypnotee will "play act" at times to please the operator, he will not, when the chips are down, actually do anything to endanger himself.

Such is not the author's opinion. The subject need not be aware of the fact that he is in danger if his awareness were altered as to the actual situation. That we could so change the true situation is an inescapable fact. The hypnotist has at his command the ability to create hallucinations, delusions and illusions. By such means the prisoner could be actually induced to believe that his confession would set him free rather than the reverse. Naturally only the most skilled hypnotist could produce the desired effects.

Some may think from the above that only the post hypnotic suggestion would be used to get a court room confession. Actually, the safest way (for the unscrupulous operator) would be to have the prisoner come into court in the hypnotized state. Whereas the layman believes that the hypnotic state is one of lethargy only, the skilled hypnotist can induce, in the somnambulistic hypnotee, activity of such a degree that the fact that the individual was hypnotized would defy detection. The author has engaged in a game of ping pong with a hypnotee without any onlooker being the wiser.

Now for the first time for widespread publication, the author states that it is by these methods that the Communists are getting these so-called 'confessions' from people who know, in the ordinary waking state that these confessions may mean their executions.

We now approach a very important phase of the entire question: Would a

person 'allow' himself to be hypnotized under conditions where he might incriminate himself or be 'persuaded' that he committed acts which he had not? It is well known that a person who has been given a signal for re-hypnotization may be immediately hypnotized by such a signal before he can marshal his defenses and that therefore such a procedure is tantamount to hypnotization without the consent of the subject. The moot question, however, is, how about the first time? Could he be hypnotized without such consent? It is the contention of the author that this can be done in more than one way.

One way would be by the imposition of hypnosis on the condition known as *narcosynthesis*, which is drug induced. By this method, the usual cortical controls are inhibited by the use of a drug, usually sodium pentothal, and then suggestions are made to convert this state to that of hypnosis. A re-hypnotization signal would obviate the further and continued usage of the drug. The exact technique is well known and no account need be given of it here. The Nazis used this method in their application of their so-called 'truth serums'.

Another way of inducing hypnosis without the knowledge or consent of the subject, is most likely the procedure used by the Communists and which we think would be most effective in producing the desired result. This method is the indirect technique which, since the author's preliminary account of it, has been called the 'Charles Method' of indirect induction. No drugs are used in this method, the words hypnosis nor even sleep are not spoken. The subject need not be incarcerated in jail in order to employ this procedure, but most certainly that would help.

The author has been criticised, in certain circles, for making the indirect method generally known. But science, in its endeavor for advancement, has ever met with those who exploit its fruits for nefarious purposes. The indirect method was evolved for usage for mentally disturbed people who could

AContinued on page 34)

Hattiesburg, Mississippi
Decemeber 4, 1951.

TO WHOM IT MAY CONCERN

On September 4, 1947, I was Chief of Police of the City of Hattiesburg, Mississippi. On that day, we put on a Policeman's Ball and employed Mr. W. H. Barrow to entertain. Mr. Barrow is a ventriloquist, magician and hypnotist. We asked him if he would hypnotize a prisoner, one James Sanders, which he did. This prisoner was charged on five counts of false pretense and grand larceny. We had no proof on him and we would have been compelled to release him the next day. While under the state of hypnosis, the prisoner confessed he had stolen watches and other jewelry, stating where he had disposed of them, which we recovered, the same being in another city.

We transferred the prisoner to Circuit Court to be tried. On the 10th of November, 1947, James Sanders was convicted on two charges and sentenced to three years each, making a total of six years, to the State Penitentiary, the other charges being passed to the file.

This is a record from the Department Of Police, Hattiesburg, Miss.

Signed by M. M. Little

Subscribed and sworn to
before me this 4th day of
December, 1951

Elsie S. Miller, Notary Public
My Commission expires May 27, 1954.

What Herbert Charles Says About The Sanders Case

The stolen goods were found *where the thief said they would be*. With this corroborating evidence the confession was proven *valid* beyond legal doubt. Without it an hypnotically wise lawyer could have claimed (and subpoenaed the writer as a witness) that a hypnotee might confess to anything a sufficiently skillful hypnotist might suggest. Note particularly that the thief would have been turned loose if he hadn't incriminated himself. Note that this is an *actual case* and not a "laboratory" set-up. It substantiates the author's contention (Erickson et al to the contrary notwithstanding) that the hypnotee, properly handled, may abandon his own best interests.

HYPNOTIC COMMENT

HYPNOTISM NOT FOR THE WEAK-MINDED!

BY ORMOND MCGILL

■ With this issue of "The Journal of Hypnotism" it shall be my pleasure to commence a series of articles in the nature of pertinent comments on popular questions generally related to the subject of hypnotism. For a starter, let's ask **CAN YOU BE HYPNOTIZED?**

Along with the answer to that question comes the answer to a multitude of others, as: must one be weak-minded to go under hypnosis? Does the Hypnotist overpower the subject by the strength of his will-power? Can one be hypnotized against his will? Can insane people be hypnotized? Does hypnotism weaken the mind?

Now, if the inquirer were to obtain his answers to such questions from advertisements in the pulp magazines, or from various popular books on the subject, his answer might be "YES" to several or all of the above. But, if he were to seek definite and authoritative knowledge he would, of course, not seek it from such sources.

The only persons worthy of attention in giving answers to the question propounded are sincere hypnotologists and psychologists who have studied hypnotism by the careful methods of science. Fortunately for our discussion, such studies have been made and are available to all who wish to consult them.

According to the best scientific data available today, the answer to all of the questions in the above paragraph is unequivocally "NO"! Hypnosis has been thoroughly studied for at least fifty years and the unqualified answer to all of these points is definitely negative and definitely contrary to many popular notions.

According to the modern understanding of hypnosis, IT REQUIRES THE COOPERATION OF THE SUBJECT, AS WELL AS HIS CONCENTRATION

OF ATTENTION, IN ORDER TO INDUCE THE STATE. This is because, as is now known, hypnosis is a special condition of the mind resulting from the combination of expectancy, suggestion and fascination or concentration of attention.

Because of the important part the subject himself plays in the experiment of hypnotizing him, HE MUST BE THE CONTRARY OF WEAK-MINDED. HE MUST NOT BE INSANE, NOR CAN HE BE INFLUENCED TO GO UNDER HYPNOSIS AGAINST HIS WILL, except under very special conditions of fright or where drugs may be employed. THE OPERATOR NATURALLY DOES NOT OVERPOWER HIM, because it is not only impossible to prevent a subject from thinking of something else if he wants to, but also because without the subject's own effort of will there would not be enough concentration of attention to induce trance.

THE SUBJECT HIMSELF IS NOT INJURED AT ALL BY HYPNOTISM. The only conditions where trouble might arise are due to the nature of the suggestions given, not due to the hypnosis itself. A careful operator who is considerate of his subject always leaves him feeling fine and entirely undisturbed by the experience.

The answer to whether or not you can be hypnotized involves other things than the ones here mentioned, but at least we can say definitely that you need not be weak-willed to be hypnotized. In fact, YOUR CHANCES OF EXPERIENCING HYPNOSIS ARE PROBABLY MUCH GREATER IF YOU ARE OF STRONG CHARACTER, INTELLIGENCE AND WILL POWER.

In the next issue of the Journal, let us ask the question and comment on **WHO CAN BE HYPNOTIZED?**

HYPNOSIS

(Continued from page 9)

Q. When did you first have this desire?

A. In high school. I liked to play baseball, and I finally made the school team. Then I felt this desire for the other boys on the team. Not only them but others too. . .

Q. Did you ever speak to anyone about it?

A. No. Never did anything either. But I always wanted to. Sometimes I still want to. Of course, I stay away from people now and keep to myself as much as possible. I'm afraid if I get too friendly with a man, I might try to do something wrong.

Q. How about women?

A. I'm afraid to go with them. I'd like to get married and have a family, but if there's this thing wrong with me, I wouldn't make a good husband.

During the course of this and subsequent sessions, Mr. Q. reported that he had come from a poor home, was often undernourished as a child, and had fainted from hunger in elementary school. That was when he was about eight years old. His classmates had taunted him, called him "weak fish" and "sissy." He resented their insults and withdrew from them, but at the same time he craved their friendship. This resulted in a vicious circle of frustration. Although he longed for the companionship of his young friends, he was afraid to join in their sports because he might display some weakness which they would ridicule. The more he withdrew from them, the more they jeered at him; the more they jeered at him, the more he withdrew. The result was that he got less and less of the comradeship he wanted most, and considered himself an outcast. This was the emotional environment which conditioned most of his elementary school and early high school life.

And then he became conscious of those desires which made his feelings of withdrawal and loneliness complete.

I put him into a trance, and suggested that between this session and the next

one he would have a dream which would help him recall how his homosexual impulses had started. At the next session Mr. Q. reported that he had had a dream about a hike in the country. He went along with a number of the boys from his neighborhood. They took their lunch and stayed all day. The boys didn't play with him because he was a weakling. That is all he could remember.

Q. What were the names of some of these boys?

A. I remember one. His name was Jonathan.

Q. Did you dream anything else about Jonathan?

A. There was nothing else in the dream. But now I recall an incident that happened before that, with Jonathan. The kids on the block were playing ball and I wanted to join the game, but one fellow who was a big bully said, "Go away, we don't want sissies," and I was hurt. I couldn't say anything, and I just sat down on the curb. And then this kid, Jonathan, came over and said something nice to me, and I felt awfully good about it. It meant a lot to me.

Q. Did you become friendly with Jonathan?

A. I suppose it didn't mean too much to him: he probably didn't think about it. But after that I felt he was my friend. Anyway, I knew he wouldn't tease me. And after that I felt good when he was around. But as I think back now he didn't seem to care one way or the other.

Q. Didn't the dream have anything particular, about Jonathan in it?

A. I don't think so. I can't remember.

At this point I used two more hypnotic techniques. One is called crystal gazing and the other is known as automatic writing. I put Mr. Q. into a hypnotic trance and said, "When I snap my fingers, you will open your eyes but remain asleep. You will look into this crystal ball. You will see an image which recalls to you what part Jonathan played in the dream, and you will tell it to me."

(Continued on next page)

When Mr. Q. opened his eyes and looked at the crystal ball, he said, "I see Jonathan and another boy. They are lying on the grass. They are fondling each other and laughing."

Q. Stay asleep, and answer my questions. Did that actually ever happen?

A. Yes. I remember it now. It happened on that hike. I saw it and was disgusted and turned away. I have never thought of it since then.

Q. What does fondling between men mean to you? Why do you want to do it?

A. I don't know.

Q. Take this pencil in your right hand. I'm holding a pad for you. When I say, write, your hand will write something on the pad which will explain why you want to fondle men. Now, write while I hold the pad.

He scrawled the word friendship. I said, "When you wake up, you'll remember everything that happened while you were asleep. Now, when I count to ten, you'll wake up."

The discussion which followed synthesized Mr. Q.'s past with his present. As a child, he had longed for the friendship of his boyhood companions. This desire was frustrated. After Jonathan had shown him the single act of kindness which to him assumed momentous significance, he desired friendship with Jonathan most of all. When he saw the action of Jonathan and the other boys on the hike, he thought that such behavior must be an expression of friendship between them, yet he was consciously disgusted and turned away. He even "forgot" the incident. But the subconscious never forgets.

The memory of that incident lodged in his subconscious mind. Forcefully rejected by his conscious mind, it had lodged in his subconscious in its original unanalyzed form, coupled only with the thought that he desired friendship with Jonathan. The desire for friendship, and the buried memory of the actions he had witnessed, had become interwoven and interrelated subconsciously. Jonathan and the other boy were friends; they had fondled each other; fondling represent-

ed friendship. So the unanalytical subconscious had received it, and so it had remained embedded there those many years.

The abnormal concept had manifested itself as an abnormal desire. Until he understood its origin, he had had no way of successfully combatting it, and so he had remained its slave. As soon as he understood it consciously, and was able to reevaluate it logically, its impact and power were destroyed, and the abnormal desire disappeared. "It all seems so foolish now," he said.

Here again hypnotism made possible the use of special techniques for quickly probing the subconscious, thereby saving many months or perhaps even years of searching which might have been required with analysis alone. The techniques of memory recall, dream induction, crystal gazing, and automatic writing are only a few of the psychological tools made possible by hypnotism. Some of the others are known as experimentally induced disorder, age regression, dream recall and symptom alleviation. They may be used singly or in appropriate combination. In every case they will foster rapid recall and reevaluation of the crucial incidents underlying a mental disorder.

The Power of Suggestion

In some cases, worthwhile results may be achieved by the use of post-hypnotic suggestion alone without analysis. Mr. A. was asked to make a speech at a political rally. He was anxious to make a good impression. He had prepared his talk thoroughly, knew just what he wanted to say. Still now, a few hours before delivery time, he was as nervous as a soldier before his first real battle. He could hardly control his trembling.

I put him into a light trance. While he slept, I suggested that he would be come calm and relaxed, that after he awoke, he would remain calm and relaxed; that he would think clearly and easily, and that the words of his speech

(Continued on page 25)

HYPNOTISM IN THE NEWS

James C. McEvoy, Framingham, Mass. hypnotist recently crashed the front pages of papers in the area when a school demonstration went wrong. According to the newspaper reports, a very large number of the children in the audience were at least partially entranced. The papers called it mass hysteria. Follow up stories stated that McEvoy had lost over \$3,000 worth of bookings as a result of this unfortunate incident. According to the reports, McEvoy requested that the children in the audience do the same as he told his on-stage volunteers to do.

The May, 1953 issue of SCOPE MAGAZINE (now on the stands) has a two page photo spread on the recent incident in which John Arcesi, a nite club singer, "hypnotized" a girl in the audience with his rendition of "LOST IN YOUR LOVE." The magazine exposes it as a hoax in which the girl was actually entranced after having been given the post-hypnotic cue to go under when she heard Arcesi sing that song. Ed

Scotfield, Hollywood press agent is credited with dreaming up the stunt.

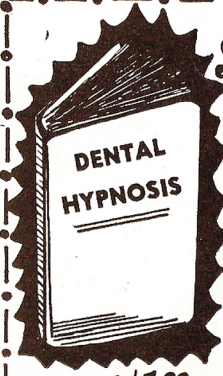
PLEASE, PLEASE, PLEASE send us any clippings and stories that you see on hypnotism for this column.

SCHIZOPHRENIC ART

(Continued from page 12)

sub-conscious betrayal. The Censor was down in comparison to a conscious interpretation.

3. After the picture was analyzed with the use of hypno-analysis, the patient was able to resolve his fears and conflicts in a mature manner, and has made an apparent recovery.
4. The great potential value of hypno-analysis of projection drawing represents a new approach and a challenge to further research in the field of psychoanalytic diagnosis and treatment.



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BOOK REVIEW

THERAPY THROUGH HYPNOSIS

EDITED BY RAPHAEL H. RHODES

REVIEWED BY DR. ARNOLD I. LEVISON

■ This book has been compiled and edited by Raphael H. Rhodes, a New York psychologist, from the best works on the subject by twelve leading physicians, psychologists and psychiatrists. It is a highly informative group of articles which explain how hypnosis has been used to cure a large variety of psychosomatic ills. Sixteen separate ailments are covered, and the specific techniques are detailed in actual case histories.

In his explanation of Hypnosis: What It Is and What It Does, the editor explains, in two fascinating case histories, how a murder-compulsion and a homosexuality complex were cured by hypnoanalysis. Hypnosis in Reconditioning is the title of the second chapter written by Lewis R. Wolberg, M.D., of New York Medical College; this not only explains hypnotic reconditioning, but also the hand levitation method of hypnotizing, dream induction, and regression. These techniques were used in the cure of a case of premature ejaculation; the interviews are recorded verbatim. The President of the British Society of Medical Hypnotists, Dr. S. J. Van Pelt, discusses the hypnotic cure of alcoholism. The Hypnotic Control of Menstrual Pain is described by two outstanding physicians: Wm. S. Kroger, M.D., of the Chicago Medical School, and S. Charles Freed, M.D., of the Mount Zion Hospital, San Francisco, Calif. The subject of Hypnotherapy for Children has long been one open to controversy among professional as well as lay people; a discussion of how it is successfully used in a child guidance clinic is here presented by Dr. Gordon Ambrose of the Prince of Wales Hospital, Tottenham, London, England.

The contributors to this book include the most prominent men in the field of hypnotherapy in the United States and in England.

Milton Abramson, M.D., Ph.D., and Wm. T. Heron, Ph.D., both of the University of Minn., and Dr. George Newbold of St George's Hospital, London England, describe the amazing results of hypnosis in the control of childbirth pain. Dr. Wm. S. Kroger contributes Hypnosis in Gynecologic Disorders, which discusses frigidity, backache, abdominal pains, and suicidal tendencies. Milton Erickson, M.D., of Wayne University, and Lawrence S. Kubie, M.D., of Yale University, show how hypnosis helped cure an acute hysterical depression. Their article also describes a technique for overcoming resistance to therapy. Dr. Erickson shows how Hypnotic Psychotherapy was used to overcome a marital problem resulting from an unconscious mother-hatred. Dr. Kubie relates how hypnogogic reveries helped overcome a psychosexual maladjustment.

Claustrophobia, syphilophobia, and two convicted sex offenders were cured through the use of Hypnotic Relaxation and Analysis, as explained by Jacob H. Conn, M.D., of the John Hopkins University School of Medicine. Robert M. Lindner, Ph.D., Consultant Psychologist to the Maryland State Board of Correction, describes the use of Hypnoanalysis in the Cure of Homosexual and Sadistic Tendencies. Dr. S. J. Van Pelt, in Will Hypnotism Revolutionize Medicine?, discusses its application in cases of insomnia, migraine, asthma, blushing, enuresis, smoking, and impotence. John J. Levbarg, M.D., of City Hospital, New York, contributed Hypno-

therapy for Voice and Speech Disorders. Andrew Salter explains how auto-hypnosis may be used for habit control.

The last chapter by Mr. Rhodes is on Self-Taught Autohypnosis for Insomnia and Obesity, and presents clearly and simply a new technique of self-taught hypnosis and shows how it can be used for self-improvement.

This book includes some of the best writing by the leading hypnotherapists in the world. It is a miniature library on hypnotherapy, and is highly recommended to anyone interested in hypnotism or its psychological application. Mr. Rhodes merits congratulations for this work, and also the Citadel Press of New York for publishing it to sell for the reasonable price of \$3.75.

Any current book on hypnptism is available for immediate delivery through the book department of the HYPNOTISM CENTER, 26 Saint Botolph Street, Boston 16, Massachusetts.

WANTED!!

Authentic articles, true experiences, photos, etc. about hypnotism. We are planning to enlarge THE JOURNAL and need more material.

The Editor

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(The following are giving instruction in hypnotism. Write for details to the ones nearest you. The rates for listing in this department are \$2.00 per issue, payable in advance. Listing is confined to name, address and phone number.)

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DR. LAWRENCE STOKES, 3408 W. 60th St., Los Angeles 43, Calif.

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COLLEGE OF APPLIED PSYCHOLOGY, 441 S. W. 62nd Ave. Miami 44 Fld.

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BEHIND THE CURTAIN WITH THE NATIONAL GUILD OF HYPNOTISTS

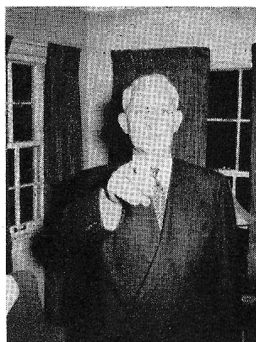
by George L. Rogers



Curtis W. Peck, 2517 K Street, N.W. (701), Washington, D.C. is a charter member of the Guild, who is trying to organize the members in this area into a chapter. Curt is 34 years old and has been interested in hypnotism and self hypnosis for years. Contact him if you are in the D.C. area.



Roy Haag, 5817 Hartwell, Detroit, Michigan, member of the Detroit Chapter. He is very active in the field and sent us an interesting story on how hypnosis once helped to save his life.



Orville Plake, 13807 Thornton, Detroit, a hypnotic enthusiast who will back his opinion to the hilt. Watch a coming issue of the JOURNAL for an interesting article about a recent experience he had with hypnotism.

Readers of the JOURNAL OF HYPNOTISM may be interested in contacting the following men who are either chairmen of active chapters or who are currently organizing chapters. Contact the one nearest you for full details.

Charles S. Reid, 1333 West 41st Place, Los Angeles, Calif.

Lloyd Jacot, 2746 25th St., San Francisco, Calif.

Ed Morrow, 9574 Patton Avenue, Detroit, Mich.

Edward Mellon, 1 W. Berkely Street, Uniontown, Penna.

R. J. O'Connor, P. O. Box 894, San Jose, Calif.

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EDITED BY: Leslie M. Le Cron

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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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BETWEEN OURSELVES

(Continued from page 5)

with a picture-story about a recent incident in which he entranced a young lady. The clipping is on our bulletin board. We expect Capt. Eriksen back in Boston in June.

Volume I of the JOURNAL OF HYPNOTISM is now ready for shipment in cloth binding. This will make it possible for you to add a valuable item to your permanent library. (It is bound in green cloth and gold stamped.) The price is \$3.50 postpaid and has the first 6 issues. Some of these are now collector's items that are no longer available as single copies. Better order yours now, while we still have them. Only 250 copies are available.

So many people have expressed an interest in the Hypnotism Center that we are currently working on a booklet that will combine the Story Of The Hypnotism Center with a complete catalog. This book will be the same size and format as the JOURNAL and will be profusely illustrated. The price will be 25 cents per copy and will be ready early in April. Orders will be accepted now for copies. Be sure that you get one for your collection.

One of our subscribers, Chris Weyand, P. O. Box 2, Station G, Buffalo 13, N. Y. would like to contact others who are interested in hypnotism in the Buffalo area. We have a number of subscribers there and I hope some of you will contact Mr. Weyand for your mutual benefit. Write directly to him.

The next issue of the Journal will be the last one of Volume II. Looking back and recalling all the dire predictions of friends who claimed that such a magazine couldn't possibly be "put over," we wonder sometimes how we had the nerve to start it at all. But YOUR support has proven that there is a place for the Journal. In closing the column this month, I'd like to thank all of you who have helped make the Journal a reality.

REXFORD L. NORTH

HYPNOIDAL PSYCHOTHERAPY

by Margaret Steger, Ph. D.

• HYPNOIDAL PSYCHOTHERAPY presents the author's concepts on psychotherapy, acquired during long practical experience in this field. It explains the basic principles underlying the specific method which she has developed in order to use the hypnoidal state therapeutically in the treatment of emotional disorders.

The drowsy, half-sleeping state we pass through each time we fall soundly asleep and each time before we awaken completely, is the hypnoidal state.

In contrast to the hypnotic state, which may be regarded as belonging to the abnormal mental states, the hypnoidal condition is closely allied to natural sleep and thus is a normal mental state. Nevertheless, the hypnoidal state permits easier access to the various depth-levels of the unconscious, and, for psychotherapy, its significance lies in its quality of oscillation between waking, drowsiness and sleep. In Hypnoidal Psychotherapy, this condition may be utilized to establish constructive emotional reflexes without the use of hypnosis.

This book is designed not only for those who work in the field of psychotherapy, but also for the interested layman.

Price: \$3.50

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If you have any questions about
Hypnotism . . .
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. What type of insurance policy, if any, do you advise hypnotists to have for protection against personal liability suits brought by subjects used to demonstrate hypnotism. If you suggest a policy, please state where it can be procured.

B. H. A., Chicago, Ill.

A..The premiums on malpractice insurance policies for lay hypnotists are so high that I do not feel it is advisable to carry such insurance. I agree with Ormond McGill that the operator is almost better off taking the risk of an occasional lawsuit than in meeting the costly rates on such policies. I advise you to read McGill's article in the November issue of the Journal entitled "Avoiding Hypnotic Lawsuits."

Q. I have a subject whom I hypnotized easily the first time. The second time I was unable to get him past the first stages. He remembers nothing of the first experience but was willing and

anxious to enter the state the second time but I was unable to bring him into deep hypnotic sleep. Can you tell me if he could be overanxious or what was my trouble?

R. J. K., Huntley, Ill.

A..Not knowing your subject, and not knowing how you operate, I am naturally not able to give you anything but a few hints as to what the trouble might be. The fact that your subject went into a deep trance the first time, which is unusual, indicates that he may have been strongly impressed by you on the first occasion, that his emotions carried him into deep hypnosis overwhelmingly. This is an ordinary occurrence during stage work, when the subject from the audience regards the stage performer as something short of a miracle worker. If the hypnotist subsequently meets the same subject socially, for example, he is then seen as an ordinary man; his prestige is lost. Another reason can be found in the way in which some hypnotists operate. They do not treat their subject with due respect; sometimes they leave them open to ridicule and make them look ludicrous in the eyes of the audience. Even though subsequently the subject may have amnesia, still his higher senses make him mistrustful of the operator on the next occasion. Here is an actual experiment from which the reader may benefit;

Recently, during a photographic session for one of my books, a friend of mine, also a hypnotist, hypnotized a group of my subjects, three of whom, girls, went into light stages of hypnosis. Before awakening them, he gave them the post-hypnotic suggestions that in the future nobody but he will be able to hypnotize them! When I remonstrated with him later, he explained that he uses this method to increase "rapport" with the subjects, and that he always removes the suggestion before leaving. All three girls were absolutely incensed with him; they considered the suggestion unethical, and were afraid that I would not be able to hypnotize them (two of them wanted me to work on them for various reasons). To re-

assure them, and partly also to show the hypnotist how wrong he is about working in this manner, I proceeded to hypnotize one of them then and there and I got her into the same depth as he did, without bothering to remove his suggestion. The other two girls I hypnotized about half an hour later across a table in a restaurant. I had not hypnotized any of them previously. Incidentally, this man did not remove the suggestion when the group broke up, and I doubt that he ever does it. The significant point here is this: girls were all in light hypnosis, so that they knew what was going on and resented the post-hypnotic suggestion he gave them. In resenting it, they automatically rejected it and nullified its effect. All three of them told me later that they would never under any condition permit this man to hypnotize them in the future. It must be remembered that under hypnosis, even deep hypnosis, the subject does not relinquish his moral sense. He will obey some suggestions and disobey others that he considers improper. If he is not treated with due respect and consideration, he has the ability to refuse to cooperate with the

hypnotist subsequently. Now when this happens with deep subjects who have amnesia after awakening, their resistance is on an unconscious level: they may actually feel they want to be hypnotized, but the outraged moral sense inside of them refuses to cooperate.

ATTENTION ADVANCED STUDENTS

• Harry Arons wishes to announce that due to the success of the small class for advance students that started last November, he has decided to form another one—for laymen as well as professionals.

The course will include recently developed methods of induction, projective techniques in testing and induction, indirect or disguised methods of induction, self-hypnosis training for subject and instructor, etc.

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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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LEWIS R. WOLBERG, M.D.

DR. WOLBERG here presents the fascinating account of his hypnoanalytic treatment of a patient ill with a severe emotional problem. It's the illuminating record of this transformation of a mentally sick individual into a socially integrated being.

As a therapeutic technic, hypnoanalysis has recently received impetus from its widespread use in the neuroses of war during World War II. Hypnoanalysis has a number of advantages over other psychotherapeutic technics. It contributes the elements of speed and directness to therapy without altering the dynamics of analytic treatment. As an interpersonal experience it can have great vitalizing values for the patient.

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Dr. Bernheim, one of the founders of the Nancy School of Hypnotism, pioneered in the field of hypnotherapy. This monumental volume was originally published in 1889 and was translated from the French by Christian A. Herter. This is a modern edition (1947) of one of the most brilliantly documented books ever published in the field of hypnotism. **SUGGESTIVE THERAPEUTICS** is the classic of hypnotism as *Psychopathia Sexualis* is the classic of abnormal psychology. Serious students, medical practitioners and psychologists will find this volume a **MUST**. Per copy, \$5.00. Very highly recommended.

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25 LESSONS IN HYPNOTISM by L. E. YOUNG. An amazing amount of information in this little book. Well illustrated. 64 jam-packed pages make it a real bargain at 50c. R. L. North, 26 St. Botolph St., Boston 16, Mass.

A \$1.00 BILL airmailed to New Zealand's leading hypnotist, "Redman," will bring you his fine book "Practical Lessons In Hypnotism." 509 Selwood Road, Hastings, New Zealand.

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MISCELLANEOUS

WOULD LIKE TO CORRESPOND with readers interested in hypnotism and with hypnotists interested in exchanging ideas, experiences, news, etc. R.C.Smith, 508 N. Cherry Street, Morrison, Ill.

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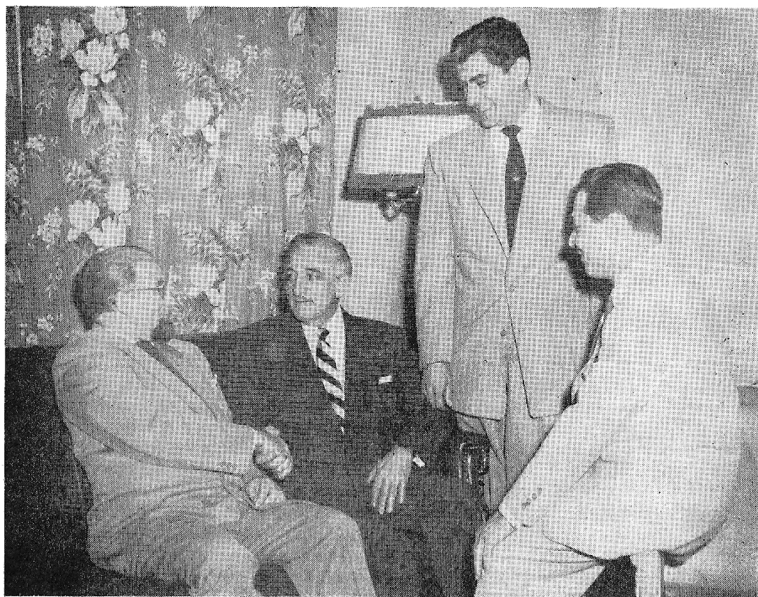
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A regular feature in which recent and out of print books and papers on the subject of hypnotism, both domestic and foreign, will be catalogued. A complete reference file will be the eventual result.

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PROMINENT CHICAGOANS VISIT HYPNOTISM CENTER



This photo shows a recent meeting between, left to right, Dr. Rexford L. North, Dr. Edward Golden, Dr. Henri J. Bordeaux and Dr. Arnold I. Levison. Drs. Golden and Bordeaux recently visited the HYPNOTISM CENTER to study the methods of operation of this outstanding organization. They are residents of Chicago, Ill. and are active in furthering the cause of hypnotism. *(Photo by Richard Ross Studios).*

LARGE SIZE HYPNODISKS

In the November issue we carried an article about making your own HYPNOTRON. This article created much interest but most readers ran into one stumbling block...getting disks. We are now able to offer our readers quality photographic disks suitable for HYPNOTRONS or any turn-table type of induction machine. These may be had in two different styles. (1) The swirling open end design as used to illustrate the article. (2) A perfectly centered spiral with a single black line starting at the center and winding out toward the outer edge like a phonograph record. These are made to your order on dull finish paper and any size you request up to 11 inches in diameter. Allow one week for production. (11 inch size carried in stock for immediate shipment). All you have to do is paste the photo on cardboard and trim. Single disk, \$1.00; 6 disks for \$5.00. Must all be one size but may be either style or both. HYPNOTISM CENTER, 26 Saint Botolph Street, Boston 16, Mass.

AN ANSWER TO THIS WEEK

(Editor's Note: This is a carbon of a letter sent to the editors of THIS WEEK in which Mr. Henry S. Tugender, "a professional hypnotist expresses his views on the article entitled "HYPNOTISM IS DYNAMIC" which they recently published.)

February 17, 1953

Mr. William I. Nichols, Editor
THIS WEEK
420 Lexington Avenue
New York 17, N.Y.

Dear Mr. Nichols,

In regard to your recent feature in This Week magazine "Hypnotism Is Dynamite," may I state that articles like this are also 'dynamite' when one considers several glaring distortions and inaccuracies? It doesn't require the Ph. D. degree to understand that this story was printed more as a sensational item which hypnotism always is with the lay public, than as an essay in the public interest. However, I personally agree with the article that hypnotherapy in the hands of the untutored and inexperienced is even more dangerous than could be described. I find no fault with the literary abilities of Messrs. Cannel and Paris. I do find fault with their obvious lack of knowledge in this subject of hypnotism. A psychiatrist or clinical psychologist would have been the more logical choice to write this type feature even though their literary style might not come up to the standards of the professional writer writing for the public.

For example, your photo has the following caption: "Hypnotism is easy..." and shows a stage hypnotist making a subject fall back. The only thing easy about hypnotism is the induction of the trance in highly suggestible subjects. Even this requires some training. While stage hypnosis is open perhaps to some criticism it definitely is not "easy." Showmanship is required along with at least some hypnotic knowledge and it is highly doubtful if the most skillful

clinician could present a decent stage hypnotic show that could keep his audience from yawning and I don't mean from "sleep suggestions," even if a clinician could be coerced into giving this type of performance.

Mention is made of an alcoholic who was kept off whiskey for a year. Your story mentions that the "hypnoquack" accomplished all this by post-hypnotic suggestion in contradiction to the hypnotist's claim he had increased his "patient's" will-power and this was responsible for the result. So what? The important thing is that this patient was kept dry for a year. The thinking reader might wonder if the "quack" is as bad as the authors depict him to be. Here your authors inadvertently foster the cause of the "quack" who can now claim he can cure alcoholism with nice, juicy posthypnotic suggestions instead of "will-power."

But of all the discrepancies noted, here is the prize "boner" of the entire feature. How a lead story consisting of so many words can be invalidated in so few is remarkable from a journalistic point of view.

I quote directly from the story: "You can't be hypnotized unless you're in the proper frame of mind. **Once there, you'll do most of the work yourself.**" The bold words are mine. If the patient did "most of the work himself" then this entire feature is a farce and should never have been written even for its ostensibly original purpose of focussing attention on the sensational. For if the patient did most of the work himself then the crudest, most ignorant and inexperienced quack could attain equal and identical results with the most learned and experienced psychiatrist or clinical psychologist. In other words, merely place the subject in the trance, which your authors claim is "easy," and then the patient wakes up cured because he "did all the work himself" the crudest quack duplicates the achievements of the most skilled clinician. This concept your au-

thors peddled to equally ignorant readers is a gross distortion and even dangerous because many disturbed people feel they must depend upon their own meager resources after reading it and this in turn, sets up a vicious cycle of more insecurity than before. It is analogous to a patient prepared for major surgery and then after being anesthetized somehow is able to pick up the surgeon's scalpel and remove his own appendix. In addition, your authors don't elaborate on just what the "proper frame of mind" is that is so necessary as a concomitant to being hypnotized. Probably they don't realize that almost everyone can be hypnotized (including some morons!) but that depth of trance differs in some individuals and even light trances are efficacious in therapy and often preferred to deeper trance levels.

To emphasize the potential harm that the amateur hypnotist is capable of committing in attempting therapy is praiseworthy but why undo all the good work with such gross distortions and glaring inaccuracies such as have been pointed out in this letter?

Sincerely yours,
Henry S. Tugender

CRIME CONFESSION

(Continued from page 14)

not be hypnotized by ordinary methods. Of course the author recognized at once that it could be used for antisocial acts.

It is believed that this paper has considered, within the allowable space, the proposition as to whether a valid confession could be extracted under hypnosis, while at the same time considering that such a confession may be falsified by the hypnotee or engineered by the operator. As far as acceptance of a confession secured under hypnosis by a court of law, already an appeals court has turned it down as a violation of the due process provision of the Bill of Rights. However there is nothing to prevent police officials from using the information gained from the confession

as a basis for independent investigation.

The observant reader will have noticed that we have not only shown the general procedure for securing confessions, but also the method for possibly inducing antisocial behavior. To tell a subject to 'grab knife and stab wife' may not work, but when by means of hallucinations, etc., he does not recognize that it is an actual 'knife' or 'wife' then it is likely to be accomplished.

It is not within our province to discuss the ethics of the usage of the hypnotic procedure in obtaining confessions. It is our aim to show the various usages to which hypnosis may be put. If sometimes these usages are diverted into unmoral channels, it is not the fault of the science.

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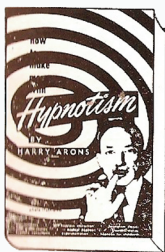
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