

MORGANIC THERAPY

A site mainly devoted to over half a million words of
EDUCATION and INFORMATION
in the field of HYPNOTHERAPY and related therapies.

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Originated by Dr. Dylan Morgan: [biographical details](#).

If you want to know about hypnotherapy in general:
[hypnotherapy details](#).

If you want to see me personally: [my details](#).

The following on-line books can be freely downloaded
(More details on [library](#) page.)

[Hypnosis for Beginners](#), Dylan Morgan, 1998.

[The Principles of Hypnotherapy](#), Dylan Morgan, Eildon Press, 1996.

[Neurypnology or the Rationale of Nervous Sleep](#), James Braid, John Churchill, London, 1843.

[The Science of Hypnotism](#), Dr. Alexander Cannon, Rider & Co., 1936.

[Your Path in Life](#), Dylan Morgan, Eildon Press, 1990.

[A Beginners Guide to Psychotherapy](#), Dylan Morgan, 1999.

In addition there are a large number of [articles](#) on related subjects.

Some leading names in hypnotherapy - Bernheim, Braid, Casson, Erickson, Liebeault and Mesmer - have [biographies](#)

A good starting point for [students](#). who can also find a list of UK [schools](#).

[Site ethics](#)

[Links](#) to other related sites.

Dylan Morgan. Biographical details.

The prosaic account of my life is:

I am 52 in 1998 with wife Trudi and daughter Evanell.

Educated at a Welsh-speaking primary school in Cwmdare, and Aberdare Boys Grammar school, in South Wales.

Went to Jesus College Oxford on a scholarship to read Mathematics.

After getting a first class honours degree I went on to do a doctorate in Elementary Particle Theory in the Oxford University Mathematics Department.

From 1970 I was doing research in the Mathematics Department of Dundee University. My first project was on the noise generated by high speed jet engines, and the next was on the noise generated by high speed helicopter rotors.

For period in between I was a Senior Scientific Officer at the Royal Aircraft Establishment.

I got my first taste of helping people with the Samaritans in Dundee

Then, in 1983, following in my father-in-law's footsteps, I thought I would give hypnotherapy a go as a means of helping people full-time, a plan that also fitted in with my domestic situation at the time.

There was little training available in those days and I am self-taught in practice, though I am good at getting information from the written word. One advantage of the self-taught path is that I had to work out for myself a theory of what I was doing, and this has borne fruit in my book [The Principles of Hypnotherapy](#) which you can read on this site. It is arguable the only *complete theory* of hypnosis and hypnotherapy available.

I do NOT run a teaching organisation, though for a few years I helped Dr. Peter Davies, Head of Leeds University Psychology Department to run courses on Hypnosis for qualified Doctors, Dentists etc.

For four years 1983-1987 I was editor of the Journal of the National Council of Psychotherapists and Hypnotherapy Register.

By nature I am fairly easy-going; like and am fascinated by people in all their variety; love solving problems of all kinds - especially of course those brought to me by clients. I have no great taste for the things that money can buy, and enjoy such things as gentle walks on the moors and writing down the

thoughts that come to me as I work for others to read and use.

My practices are in the North of England.

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Pronunciation: for foreign and English readers.

My name is of Welsh origin and is pronounced differently in Welsh and in English. In English it sounds like *Dill-un Maw-gun* but in Welsh it sounds like *Dull-an Morr-gan*. The word "dylanwad" in my Email address, that the English pronounce *Dill-an-wodd*, is actually a Welsh word pronounced *Dull-anw-add* and means "influence"

FUN biography. This is nothing literally false about the following. It is an amusing exercise in the way in which by choosing the "spin" on facts one can give a very different impression. **Don't take it seriously**

Born in a small terraced house in the smoky industrial town of Burnley, Lancashire, I was soon afflicted by the asthma and bronchitis which have no doubt contributed to my incorrigible laziness, since I seldom had the breath to do things.

By the age of 16 I was Welsh under-18 chess champion, but by 17 my acting career had begun. In time I was to act in England, Wales and Scotland, on stage and screen: *The Private life of Sherlock Holmes* (Billy Wilder 1970) was my big-screen debut.

As an Oxford scholar, my introduction to publishing (I now own the Eildon Press imprint) was when the Humanist Group Printing Press (I was President) was in my College room, devoted to publishing anti-religious material. (I joined the Roman Catholic Church in 1979.) I was too lazy to read any textbooks or get up in time for lectures and so had to work things out myself, and somehow got a first and then a doctorate in mathematics.

These qualifications enabled me at various times to be: Road Manager for a Rock Band; Civil Servant at a Government Research Establishment (the Official Secrets Act limits what I can say about this); one of the Paparazzi - I still have a collection of informal pictures of the Royal Family and the Scottish aristocracy; Lecturer at Universities; Photographer for *The Edinburgh Tattler* and *Horse and Hound*; Private Tutor; Winner of the Flowering Scythe Award for my Gardening; a Telephone Samaritan; a World Expert in noise generation by jet engines and high speed helicopter blades; and I have travelled to Russia, Germany, Denmark, Holland, Ireland, Norway, Yugoslavia and Sweden for Conferences and other purposes.

My hobbies have included horse-riding, wood carving, Scottish country dancing, cycling, photography, curling, car maintenance, swimming, chess, walking and reading.

But life only started to get interesting with the birth of our daughter Evanell in 1981 and with starting Hypnotherapy in 1983 at the age of 37!

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And if you really want to see my face:

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The Principles of Hypnotherapy -

A complete scientific theory of hypnosis and how it works, together with its application in therapy - clinical hypnosis or hypnotherapy.

Dylan Morgan

Eildon Press 1996, £14.95. ISBN 0 9525620 1 4

This book is dedicated to my parents Morien and Elaine, for everything.

Although this book is **freely available** on this site and can be downloaded by anyone in accordance with the [ethics](#) of this site, if you feel that it would be more convenient to have it in its published book form then it can be ordered though your bookseller or from the author at the above price (to include postage and an inscription of your choice!) Schools can enjoy a substantial discount for five or more copies. Send your details to morganic@dylanwad.easynet.co.uk

If you would first like to read what others have said about the book go to [comments](#).

Otherwise go straight to [Contents](#) which acts like a home page for the book.

If you want to know more about me and other information available on this site go to [Home](#)

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ETHICS: Site & Practitioner

Dylan Morgan

SITE ETHICS

Freedom of Information

From the time of Socrates or Christ those who have valued truth have passed it on freely: "As ye give so shall ye receive." The Internet was evolved in this spirit. This site adheres to this principle: it is NOT a platform for selling information, products or courses. [More on this theme](#).

Honesty and Openness

A house built on a foundation of honesty stands firm. Dishonesty, deceit and concealment are shifting sands: nothing built on them will stand. Science is built on intellectual honesty. Trust is based on openness and honesty. This site is dedicated to honesty.

Debate not Diatribe

One of the better ways of getting at truth is through debate, which will be encouraged in these pages. But diatribe, and in particular personal attacks, will not appear.

Responsibility

All information on this site is provided in the above spirit. Sadly there is no way of ensuring that it will always be used in the same spirit. **THEREFORE ANY USE MADE OF THE INFORMATION MUST REMAIN THE RESPONSIBILITY OF THE USER.** However it is hoped that it will be used responsibly subject to a code of ethics.

MY PRACTITIONER ETHICS

The following are the key standards that *I* aim for as a therapist. They are not universal. Various organisations have their own codes which can exclude some of my criteria and include further details.

Satisfaction guaranteed

Clients have a right to receive what they pay for. I will give a full or partial refund for any session which has left a client dissatisfied.

No indoctrination

Clients have a right to expect to be helped to achieve their goals within their own world-view. I will never attempt to indoctrinate clients with any faith, philosophy or way of life which is alien to them.

No concealment

Hypnosis, perhaps uniquely among therapies, allows the implantation of suggestions and thoughts which can be hidden from conscious recall by induced amnesia. I cannot believe that this is ever necessary. If it is in the client's interests to accept a suggestion then there is no need to hide it and it is therefore not fully honest to do so. I would not like any unexaminable suggestions implanted in my mind and I will never do it to others myself.

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MORE THOUGHTS ON FREEDOM OF INFORMATION

Dylan Morgan

I was talking to a colleague who confessed to having a certain reluctance at times to contribute to a Journal I was editing and thus to "give away" what might have been hard-won insights by publishing them and it led to my writing an editorial, which still expresses my views.

The text for the day is from St Luke, Chapter 6, verse 38:

Give, and it shall be given unto you; good measure, pressed down, and shaken together, and running over, shall men give into your bosom. For with the same measure that ye mete withal it shall be measured unto you again.

I can think of no person of worth in the history of ideas who sold them. Socrates may have held dialogues in the market place, but he did not sell wisdom by the peck. Newton's *Principia* - an intellectual lighthouse which guided science for over three centuries - did not make him a penny. Did Darwin make a secret of his discoveries? Did Freud or Einstein refuse to explain their ideas until they had received a sum commensurate with their discoveries?

In the world of the arts, also, surely those of highest renown are those who create out of love and whose greatest desire it is to share with others that which they feel, whether it be expressed through painting or song, story or dance?

The market economy of today distorts the picture. There are many who realise that they can make a lot of money by acting as mediator between those who create and those who love the creation. Consequently Van Gogh's creations can now sell for £23 million. But for him, who never received a penny, the only satisfaction he would ever have needed was knowing that his work was loved.

In brief, then, all those who have freely received the gift of creation in the arts or sciences have also been content freely to give them to the world. And how many mothers would say, "I will only give birth to my child if you pay me handsomely. If you refuse I will not let him emerge from the womb"?

Unless a stream flows as easily out of a pool as it enters, the pool will become stagnant and stink. The very act of explaining oneself to another stimulates fresh thoughts. The more one writes down ideas to share with others the more new thoughts arise, and the more likely one is to find oneself in contact with like-minded individuals: which leads to a creative synergy.

What few ideas I have I owe mostly to clients, who have taught me most as I listened, and then to books from which their authors have earned no more than a few pounds. Perhaps chief among these is [Milton H. Erickson](#) who seems to have led a financially modest life and never charged for passing on his ideas to

other therapists, in contrast to the practice of the lucrative industry which has now been based on his work.

Of course there is another motive for not sharing ideas with each other, and that is that in some sense hypnotherapists are in competition with each other.

This defensive attitude is indefensible. Any one of us who treats a client successfully will benefit us all because of the way in which it enhances the reputation of the whole profession. Anyone, on the other hand, who tries to bolster his or her own reputation in the eyes of a client by saying that "There are a lot of rogues in practice" may gain a short-term advantage at the lost of long term harm to the profession as a whole. However such an action is also likely to harm his or her reputation in the eyes of many people who have often come across pots calling kettles black and have come to associate kettle-calling with blackness of the pot.

As a final thought: Wisdom, like love and happiness and other things of eternal importance, is something that the more you give it away the more you have.

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A selection of opinions on *The Principles of Hypnotherapy* and its ideas.

"Dr Dylan Morgan is the only writer to have put hypnotherapy on a par with other sciences through his theories - explaining them clearly with the use of examples and analogies which prove to be very powerful ways of making his new ideas understood.

The triumph of this book is the long reaching effects it will have on the way hypnotherapy is practised... This new view of the subject of hypnotherapy should also be an important step to its acceptance within the scientific community... Dr Morgan has given us much food for thought. He will enhance the growth of the science of hypnotherapy for the benefit of practitioners and clients alike." - *Heather Wood. Review in the European Journal of Clinical Hypnosis.*

"Thinking of hypnotherapy in terms of systems supercedes centuries of "theories" with all their convoluted and conflicting ideas. These principles liberate hypnotherapy from narrow cultish concepts and root it more firmly on rational scientific principles and observable facts. But this book is not just about theoretical principles. It is practical, too, being based on the author's experience with clients - successful and unsuccessful - and it makes explicit what many of us have been doing for years."

- *Dr. Tom Cottrell*. [Review in the NCP&HR Journal](#).

"It [the article, *Systems Analysis and Diagnosis*] is full of pertinent observations and I think it is a pity that it will be seen by hypnotherapists only. Although it is cast in that context it seems to me that the theory is applicable to general problems of diagnosis and treatment. In particular it would be good for the medical profession to be aware of feedback loops and their consequences." - *Prof D.S. Jones, MBE FRS FRSE*.

"I am sure that Dr. Dylan Morgan has made a valuable and insightful contribution to the literature on hypnosis. He demystifies the subject and advances his explanations in scientific terms. It is to be recommended to any student of the subject whatever their current level of expertise." - *Dr. Peter Davies, Head of Psychology, Leeds University*.

"With his book *Principles of Hypnotherapy* Dr. Dylan Morgan, I believe, has made a valuable contribution to hypnotherapy, which I hope will be widely read." - *Anne Cousins, Ex-President, National Council of Psychotherapists & Hypnotherapy Register*.

"Dr. Morgan has identified the need for a new, clearer description of the hypnotic phenomena. The European Journal of Clinical Hypnosis believes this to be an important argument deserving serious consideration. Our hope is that over the months and years ahead important, fresh insights can develop the concepts set out in what we have described as 'the Morgan Proposition'." - *Editorial comment, European Journal of Clinical Hypnosis*.

"Congratulations to Dr Dylan Morgan for structuring the hitherto chaotic intellectual scaffolding surrounding previous descriptions of the theory of hypnosis." - *P.V. Haynes, Hypnotherapist (Letter to the European Journal of Clinical Hypnosis)*.

"For training and research purposes it is a model I suspect to be without equal."

- *Frank Meredith, Hypnotherapist (Letter to Journal of National Council of Psychotherapists & Hypnotherapy Register).*

"Thank you for letting me have an early dip into your *brook* (no, it isn't a Freudian slip). It was as clear and refreshing as a mountain stream, the ideas having been so finely filtered that it was a delight to read and utterly absorbing in content from beginning to end." - *Atheline Kelly, reader.*

"I am taking this opportunity to congratulate you on your book 'The Principles of Hypnotherapy'. I was particularly impressed with the sections dealing with Induction and Diagnosis. As a whole the book is a serious contribution to the field of hypnotherapy and I believe that the 'Morganic' approach has much to offer. It will prove useful not only to those new to hypnotherapy seeking a greater understanding of what is involved but will also act as a valuable model to those who are already in practice.

I would encourage anyone who had not already bought the book to do so. It has already been given pride of place on my bookshelves alongside other notable books on hypnotherapy." - *Michael O'Sullivan, Therapist and trainer.*

"I wanted to let you know how much I enjoyed your book, 'The Principles of Hypnotherapy'. As an infant Therapist, about to complete Adrian Greaves' Psychotherapy and Hypnotherapy course I have to select my tools of the trade from the huge number of schools of Psychotherapy and I find the System Approach has the advantages of being both logical and flexible. I intend to attempt to utilise the Systems Approach from day one not only as a method of Hypnotherapy but as a screening process to select the Psychotherapy techniques that best suit each client." - *James Elder, trainee therapist.*

I found your approach both different and interesting - particularly the chapters on *Induction* and *feedback Loops*. I shall be pleased to add details of the book to the list of recommended reading sent to all our students. - *Ursula Markham, Principle, Hypnothink Foundation.*

"The article *Systems Analysis and Diagnosis* certainly brought some stimulating rigour into the National Council of Psychotherapists and Hypnotherapy Register Journal. I am sure that almost every therapist, whatever their background, would have found the paper extremely interesting and very clear." - *Elsbeth Campbell (Letter to the NCP&HR Journal)*.

"It was so well fitted in my perception of therapy, and met entirely with my expectations - the Meta-language level dealt with enabled me to enhance my analytic horizon and demolished all the archaic fears I had with mystic hypnotherapy. Before reading your book, as I mentioned, I read dozens of books and articles about the subject - some, indeed, very enlightening - but always had I that vague, uncomforted feeling, that I'm to enter an amorphous field, which creativeness is very important to but yet - it enforces you to gamble and guess within, trying to find your path in total darkness. No matter what inducing, deepening or suggestion the books introduced me with, it was always as an unpredictable birth - and the only reason-explanation given was - it works, look how beautiful the baby is!"

Asaf Ben-Shahar, Jerusalem, Israel. Email:tomasaf@netvision.net.il

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THE PRINCIPLES OF HYPNOTHERAPY.

Dr. Dylan Morgan. Published by Eildon Press, 1996. 245pp. £14.95 pb.

Reviewed by Tom Cottrell.

Tom Cottrell is an eclectic hypnotherapist practising in Edinburgh. A long-time student of meditation and a D.Phil. in Chemistry, he spent many years in industry, mainly in sales & marketing, but also involved in stress counselling and in staff-management relations. He also sits on Industrial Tribunal Panels and is the vice president of a management association.

"He told me that when he put the magnet into her hands, it would produce catalepsy of her hands and arms, and such was the result."

James Braid, "The Power of the Mind", Churchill, 1846

"Your eyes are tightly closed together. Take a deep breath and hold it. Hold it as long as you can. Take another deep breath ... Do it again ... With each deep breath you take, you will notice that your head is getting lighter and lighter ... As long as the breathing is maintained, the subject will remain relaxed and hypersuggestible."

- W S Kroger, *"Clinical and Experimental Hypnosis"*, Lippincott, 1977

"And can you just tell me simply which hand feels lighter?"

- D C Hammond, *"Handbook of Hypnotic Suggestions and Metaphors"*, Norton, 1990

LIKE MANY NEWCOMERS to hypnosis, I read these statements and wondered. Why were there so few explanations? Why were the so-called principles so vague and unsatisfactory? My instincts told me that what was happening was normal, if unusual, and ought to be understandable in simple, rational terms. Dr. Morgan's book shows how simple those principles are and how easily they clarify much of what we do.

The basis of these principles is systems theory - a phrase which may put many people off reading further. Yet we all live in and amongst inter-related systems influencing and being influenced by other people and things. The practical applications of systems theory are well known to all of us - it's just that we have not seen it that way - until now.

Stimulating

This stimulating book shows how thinking in terms of systems can explain hypnotic phenomena,

hypnotherapy and a good deal else. Chapters are short with a preface and a summary. There are no recipes, processes, inductions or lists of symptoms. Just explanations, examples, case histories and thought-provoking views.

The Introduction sets the clear and concise tone of the book by setting out what the book is and what it is not. Hypnotic phenomena are discussed in such a way that thinking of them as systems follows quite naturally and easily. Other "explanations" of hypnosis such as spirit possession or social compliance theory are shown to be narrow and incomplete when exposed to the same treatment. Key systems in hypnotherapy - the auditory, emotional and immune systems, for example - are highlighted by an ironic analysis of suggestibility testing and inductions. The usefulness of Dr. Morgan's thinking is shown by a clever adaptation of these tests for use with clients.

The central part of the book shows how a systems approach creates a logical framework for systematic diagnosis: what causes the symptom?; what causes the cause?; what would happen if the symptom were removed? The use of feedback loops - vicious circles and positive reinforcers - to bring about changes in symptoms, sometimes by amplification, is clearly illustrated, as is their fundamental role in the functioning of both organic systems and hypnotherapy to enable change or homeostasis to occur. Equally useful are the analyses of failures. The chapter on "Planning a change" focuses on the important step of deciding what strategy to use to reduce a problem symptom and what alternative strategies there may be. Alongside these chapters are some helpful cautions for novices.

The later chapters in the book amplify and extend the principles to several other important aspects of hypnosis - dissociation, the "law" of paradoxical intent and the use of guided imagery and ideomotor/emotive signalling to reveal information not known to the conscious mind. There is also an interesting interlude on the position of hypnotherapy amongst other psychotherapies. Hypnotherapy is not seen to be in opposition to other therapies: indeed its breadth and systematicity enables it to incorporate facets of other therapies where relevant. The final chapters cover some philosophic and scientific subjects which link hypnotherapy more firmly to science and the world of ideas.

Thinking of hypnotherapy in terms of systems supersedes centuries of "theories" with all their convoluted and conflicting ideas. These principles liberate hypnotherapy from narrow cultish concepts and fads and root it more firmly on rational scientific principles and observable facts. But this book is not just about theoretical principles. It is practical, too, being based on the author's experience with clients - successful and unsuccessful - and it makes explicit what many of us have been doing for years.

The concluding chapter demonstrates that the thinking in the book is, itself, an organic system influenced by those who read it. No tablets of stone here, but a plea for further and continuing debate which will surely do much to improve the status and effectiveness of hypnotherapy. Whatever the outcome, my therapy will never be quite the same again.

This review was first published in the Journal of the National Council for Psychotherapy and Hypnotherapy Register, Summer 1996.

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The Principles of Hypnosis: CONTENTS

Dylan Morgan

THE BOOK is arranged in three parts: A, B and C.

Part A, like the root system of a plant, is a foundation. It brings into mind some of the materials that will be needed for the remainder of the book. These chapters are only loosely connected to each other.

Part B, like the stem of a plant, develops the central theme of the book, which is the key processes involved in Hypnotherapy. These chapters are strongly connected and should be read in order.

Part C, like the leaves or fruit of a plant, spreads out again. These chapters are all developments from the ideas of Part B, but are not otherwise connected strongly. They can be read in almost any order, and are intended to stimulate thought in a variety of new directions.

PART A

[Introduction.](#)

This describes the kind of book you are reading. It is a book which is devoted to presenting a unified theoretical view of the subject. In this way it is new and unique. It does not present any new facts, but rather arranges the facts in a new light. It presents a new paradigm for Hypnosis.

[Chapter 1: Clearing the Ground.](#)

Here we make sure that we know what certain key words will mean in this book. The word Hypnosis will refer ONLY to the subject and not to some hypothetical state or condition.

[Chapter 2: Hypnotic Phenomena.](#)

Hypnosis and Hypnotherapy are particular fields of human knowledge. We may delimit such fields of knowledge by their subject matter: the phenomena they deal with. A brief overview of some of the standard phenomena of Hypnosis is given to remind the reader of what the subjects involve.

[Chapter 3: Introducing Systems.](#)

A very important idea which is central to future development is that of *systems*, and particularly organic systems. This chapter introduces some of the basic properties of systems which will recur throughout the book, primarily their level of activity, and the most basic ways in which they might affect each other. An important shorthand notation is also presented.

[Chapter 4: Other Theoretical Approaches.](#)

It is useful then to examine various other theoretical approaches which have been taken to the subject. This overview will deepen the understanding of the newcomer. The range of theories is classified with an eye on the way in which they can be related to particular organic systems. It will be seen that the systems approach gives a way of unifying discussion and analysis of the whole field. The primary conclusion is that previous theoretical models have been based on noticing that Hypnotic techniques change the functioning of one particular system of the mind or body and then extrapolating to the idea that this particular system or change is the key or definitive feature of Hypnosis. Each theory therefore has some truth to teach, but none provides a complete picture.

[Chapter 5: Interlude - Analogous Processes.](#)

In this chapter the reader is reminded of many other organic systems with which he or she is familiar, such as organisations, ecosystems, economies and families. The purpose is to activate in the mind certain patterns of organised thought; certain dynamic images; a certain organic approach to a subject which is a useful one when we develop the "Morganic" approach to Hypnotherapy.

[Chapter 6: A First Order Classification of Subsystems useful in Hypnotherapy.](#)

In this chapter we take a rather closer look at the central systems with which we deal in Hypnosis, in order to perform a rough classification. There are those subsystems which interface with the external environment, which can be classified into active, e.g. muscular, vocal; and responsive, e.g. vision, hearing. Then there are those subsystems which deal with the internal environment, e.g. emotions, internalised speech, visualisation and a variety of maintenance and defence systems. Important among this last class is the "flight or fight" process. This elementary classification is then used to illustrate the principles along which Hypnotherapy can proceed.

[Chapter 7: Processes.](#)

This brief chapter takes a closer look at the matter of distinguishing *processes* as opposed to distinguishing structures. It also considers yet another complex system as an example of an organic system: an orchestra. The particular virtue of this example is that it provides us with a concrete image of what we mean by a process of a system: it is akin to the score of an orchestral work. Another very

important point made, which is neatly illustrated by this example, is the distinction between the *kinematics* of a process - *how* a thing proceeds - and the *dynamics* - *why* it proceeds as it does. No amount of analysis of subsystems will in principle enable us fully to understand an organic process by merely analysing its subprocesses: we must also always be aware of the influence of larger systems and processes of which it is in turn a subprocess.

[Chapter 8: Tests.](#)

Anyone familiar with Hypnosis will know many "tests" of Hypnotic responsiveness. These are used in an attempt to determine how readily a potential subject will respond. The purpose of this chapter is to re-evaluate such tests within a systems framework as follows. The tests remain tests, but tests not of Hypnotic responsiveness but of how readily one system of the brain or body activates another in a given individual.

[Chapter 9: Inductions.](#)

"Hypnotic inductions" are traditionally thought of as processes that the Hypnotist goes through in order to "Hypnotise" the Subject. But they are mostly presented with little or no explanation of how they work, or of what is the purpose of their various parts. From a systems point of view it becomes much easier to see what the purpose of an induction is, and examples are given to illustrate this way of thinking. The result is a more precise, flexible and accurate approach to this area within the field of Hypnotherapy.

PART B

This central part of the book takes a very close look at the process of Hypnotherapy, in more or less the order that it arises in real life, starting with the initial diagnosis. In doing this the value of the systems approach and the notation we have outlined in Part A become more apparent and develop real strength, throwing further light on how a variety of Hypnotic phenomena are produced.

[Chapter 10: The Process of Hypnotherapy. Stage 1: Elements of Diagnosis.](#)

This chapter starts to look at the process of diagnosis by looking at the presented symptom. It then describes the first step in a process of diagnosis which involves looking at precursors and resultants of the presented symptom. A precursor is a system, a change in the activity of which produces the symptom. A resultant is a system whose activity changes as a direct result of the symptom. In this way we build up a clear picture of the dynamics of the problem. The typical picture is a chain of systems each affecting the next, with the problem symptom somewhere in the middle. A situation of considerable importance arises if the chain forms a loop, colloquially termed a vicious circle.

[Chapter 11: Feedback Loops - an Introduction.](#)

The notion of a vicious circle is part of a more general set of ideas which deal with what are known as feedback loops. These are of enormous importance in organic systems, and this chapter outlines their principles. We distinguish positive feedback loops from negative feedback loops, and increasing from decreasing feedback loops. Any of these can at times create the problem we are supposed to be resolving, or prevent a change we want to make, or, on the other hand, be the means by which we are removing a problem or ensuring that the changes we make are permanent.

[Chapter 12: The Process of Hypnotherapy. Stage 2: Consequences of Symptom Reduction.](#)

The next step in diagnosis involves looking at the question of what would happen if the problem symptom were to be removed. The importance of this comes from the observation that the problem may well only remain in existence because of a negative feedback loop which ensures that any reduction in the problem leads to consequences which start it up again. It is essential in successful therapy that such situations be recognised.

[Chapter 13: Making Changes in Hypnosis.](#)

As a preliminary to deciding what to do to change things for the better this **very important chapter** builds on the analysis of cybernetic processes to emphasise a general and very central technique of Hypnotherapy. We start from the general principle that amplification is involved and the observation that organic systems are typically provided with a multitude of increasing positive feedback loops which act precisely like amplifiers. Many Hypnotic phenomena are shown to centre around the principle of deliberately creating and activating such loops. As a secondary but still important principle we note that in many other cases a pre-existent loop of this nature is present but is held in check by the activity of another system. In such cases it is enough to inactivate the controlling system in order to tap into the activating power of the loop. But even then the inactivation is likely to be achievable by means of establishing a positive feedback loop.

[Chapter 14: The Process of Hypnotherapy. Stage 3: Planning a Change.](#)

In this chapter attention is focused on the process of deciding a strategy in Hypnotherapy for reducing the problem symptom. There is no *one* way of tackling a given symptom, or helping a given person. But there is a strategy which has a good chance of producing a short list of the most effective and efficient ways.

[Chapter 15: Reinforcing Changes.](#)

In the context of Hypnotherapy it is important to ensure that changes to the Client are *reinforced* by factors in the environment. This amounts to ensuring that there will be an increasing positive feedback loop to make the change grow in strength. This is contrasted with a form of therapy in which any new behaviour is reinforced only by the therapist, which can result in undue dependence. The principle is that "Life must provide the reinforcer".

PART C

In this third part of the book each chapter is relatively independent. Each takes up one particular aspect of our subject and looks at it from the perspective of the principles that have been developed.

[Chapter 16: Dynamic Rebound and Paired Systems.](#)

In this chapter we focus on a particular and very important principle of organic systems. This is the fact that to maintain homeostasis - a reasonable equilibrium - there evolve *pairs* of systems which act in opposite directions to maintain any important parameter within range. If one increases, then the other decreases. This is coupled to the principle that if we attempt to over-ride a system it will tend, over a few cycles, to strengthen. We may then often find that the most effective strategy in dealing with a problem is analogous to vaccination: we act in the short term to produce the very thing which we are trying to prevent in the long term, with the aim of *strengthening* a natural system which will produce the required change. The converse of this is that a *direct* attempt to change a system is more analogous to drug therapy: it can be very effective in the short term, but in the long term weakens a natural system which would do the same job, thus creating potential long-term problems.

[Chapter 17: Dissociation.](#)

This chapter draws attention to the general point that in *any* complex system there are subsystems which may or may not affect each other. If two have no direct effect on each other they may be called totally dissociated. If the effect is only one way we may call it a partial dissociation. The dissociation may also be weak or strong - in the latter case there will be some third or higher system which acts so as to prevent the strongly dissociated systems from affecting each other. Examples are given of these phenomena and an interesting point is made regarding the difference in emphasis between Hypnotists, who tend to create dissociation, and Hypnotherapists, who tend to eliminate it.

[Chapter 18: Indirect Questions.](#)

The asking of appropriate questions is a theme which runs through the whole book. One particular aspect of this is asking questions of the Client. Problems can arise when we want to know things about subsystems of which there is no conscious awareness. This chapter deals with some of the techniques specific to Hypnotherapy which deal with such a situation. In brief they involve bypassing the verbal system and connecting the system of interest to some other system (using the characteristic Hypnotic techniques of eliminating distractions, amplifying responses by means of feedback loops, etc.). The alternative systems are usually the visual imagination or the motor or emotional systems. Examples are given to illustrate this.

[Chapter 19: Experimental Hypnotherapy.](#)

This chapter underlines the value of the very clear theoretical structure presented in this book when it comes to making meaningful experiments. Since it has proved impossible to find an agreed objective answer to the question, "When is a person Hypnotised?" the experimentalist who wishes to be scientific is working on shaky foundations. Within our framework, however, the basic question as to whether a particular system is active or not is much more tractable and answerable. It should then be possible to build a strong experimental structure on the basis of clearly defined experiments on the component parts of Hypnotic procedures.

[Chapter 20: Family Therapy.](#)

Family therapy is an area of human psychology which has already incorporated to some extent a systems way of thinking. The background to this is presented for the sake of its similarities to our systematic approach to Hypnotherapy. Some examples are used to illustrate the fact that the approach and notation developed in earlier chapters continue to be precisely as valuable when the primary system is a family and not an individual. The general point is made that the practice of a therapist is characterised by the *choice of systems he recognises as important*. The different fields of family therapy are associated with different assumptions as to the subsystems of importance. The same holds for Hypnotherapists: the subsystems they regard as important characterise and at times limit them.

[Chapter 21: Schools of Psychotherapy.](#)

Different schools of psychotherapy tend to focus their attention on different subsystems of the human mind, and apply different techniques to them. This chapter very briefly outlines some of the major approaches in order to provide an idea of the context of Hypnotherapy. It is concluded that Hypnotherapy, in the sense of this book, is broader than most forms of psychotherapy as it may deal with systems of many kinds and all levels from the comparatively simple reflexes of the nervous system up to social systems. It involves a prescriptive diagnostic process, a crisp theoretical framework, a sense of the dynamics of feedback systems and a wide variety of procedures to change them.

[Chapter 22: Activity.](#)

This chapter presents a precise scientific definition of the key notion of *activity* which has run through this book. The activity of a system is defined as the rate at which it increases the entropy of the universe - a quantity which is in principle always measurable or calculable. It also has the property of always being positive. It is approximately proportional to the power output of the system in watts. If we wish to extrapolate the notion of activity to socio-economic systems (which are also organic) then a more useful measure will be the rate at which money is spent: £/sec.

[Chapter 23: Analogies and Metaphors](#)

The use of analogies or metaphors in Hypnotherapy is common and important. In this chapter their use is

related to the general principles running through the book. The key idea is that the principles allow us to uncover the abstract dynamic pattern of the problem and solution. The same abstract pattern may be embodied in many particular forms, each of which thereby provides an analogy for all the others. In helping a Client we generate an analogy which draws on his or her experience, and present the change that is required to resolve the problem in terms of the related change in the analogy. These ideas also throw some further light onto the nature of the theory of this book: although many analogies have been presented for Hypnotic phenomena, their purpose is to enable the reader to grasp the *general* or *abstract* principles which are involved in both Hypnosis and the other fields from which the examples or analogies are drawn.

[Chapter 24: Consciousness.](#)

This brief chapter gives an outline of an approach to the very difficult question of consciousness. The essence of the approach is the theme, which runs through this book, of the twin perspective on any system both as being part of a larger system or systems and also as containing subsystems. The point is made that when we ask of a system a question based on "How?", then we are looking for an answer in terms of its subsystems. On the other hand when we ask a question based on "What?" we are looking for answers in terms of its supersystem or supersystems. Anything like a full understanding of a system can only be obtained by answering *both* the "How?" and the "What?" questions. Applying these principles to human consciousness, which is taken to involve the highest order of systems within the individual brain, leads inevitably to the conclusion that although research has gone a long (though not the whole) way towards answering the "How?" questions, the answers to the "What?" questions *must* lie in a higher system, which must at least include very many other human beings. The fact that traditionally the "What?" questions regarding human life have been answered in terms of higher systems than the individual human being is therefore accepted to be the right approach in principle.

[Chapter 25: Mathematics.](#)

This brief chapter points towards the way in which the analysis of Hypnotic phenomena promoted in the body of the book could be developed in such a way that it would connect up with the large existing body of mathematical theory of cybernetic and biological systems. A single very small example of mathematical modelling is given in the hope that even the non-mathematician may get an idea of the potential of such an approach.

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PART A

The Principles of Hypnosis: INTRODUCTION

This describes the kind of book you are reading. It is a book which is devoted to presenting a unified theoretical view of the subject. In this way it is new and unique. It does not present any new facts, but rather arranges the facts in a new light. It presents a new paradigm for Hypnosis.

WHAT KIND of book is this?

This question is an important one. In order to get the best out of a book we need to approach it with the right mind-set.

This book is a paradigm-changing book: it aims to present a fresh way of looking at the field of Hypnotherapy.

It was in 1962 that Kuhn introduced the notion of a paradigm shift to describe a process that has happened in many fields of science at many times. The second edition of his book will be found in the list of References under Kuhn (1970)[Bib](#). It concerns a fundamental change in the way in which the phenomena of the field are viewed, and consequently in the way things are done. In Kuhn's view such a change has the nature of a revolution. His book itself introduced a paradigm shift in the field of the theory of scientific ideas. A good survey of his ideas and of those of others who do not agree with him is given by Casti (1989)[Bib](#).

Since this book presents a paradigm shift it is a book of *ideas*. It will therefore stand or fall on the success of these ideas. They will be a success if they help others to *make sense* of Hypnotherapy.

We may contrast this with some books which it is NOT.

It is NOT a book which claims to present any new FACTS about Hypnosis. If it were it would contain a number of detailed accounts of specific new experiments and their results: it does not.

It is NOT a compendium or encyclopaedia of known facts about Hypnotherapy. If it were, it would contain thousands of references to the work of thousands of other workers and what they have discovered: it does not. It would also be a great deal thicker.

It is NOT a history. If it were it would deal exclusively with ideas and practices from the past. It does not.

It is NOT a handbook of techniques. Although various techniques will be mentioned, they are there only to illustrate and illuminate the theory. A handbook would aim to give extensive lists of techniques. This does not.

It is NOT a "Teach yourself Hypnotherapy" book. Although you will learn a lot about Hypnotherapy, this book will not, in itself, qualify you to be a Hypnotherapist. That requires in addition a lot of practical experience and a lot of detailed information that you would need to acquire from the kinds of books mentioned above.

It is NOT one of those Elixir of Life books which claims to have found some totally new and remarkably simple method of solving all human ills.

It is none of those things. It IS a book which aims to change in a fundamental and useful way the manner in which we think about the subjects of Hypnosis and Hypnotherapy. Books of this nature are rare - and they are exciting.

Not only does it give a new perspective, it generates new insights into the processes used. Furthermore it leads to a clear and original description of the process of diagnosis in Hypnotherapy - something which is notably absent in other books on the subject.

The association of Hypnosis with therapy is not new. By that name it was first used by the Scottish doctor, [James Braid](#), then practising in Manchester, in the 1840s. Related practices, under other names, were used in healing by [Mesmer](#) and his followers in the 17th century and by priest and shaman as far back as the dawn of recorded history.

Over the centuries many books have been written about Hypnosis in the context of therapy. The common characteristic of all these books is that they deal extensively with HOW to create the many phenomena we associate with Hypnotism but give very little idea of WHY the methods work. There is very little theory. They are therefore of little help when a method does NOT work, which is a matter of some importance to the practitioner of Hypnotherapy.

The early days of most sciences are marked by this same feature. Early chemistry consisted of a collection of recipes, "If you add *this* to *that* then the following happens..." There was no real understanding of WHY or HOW it happened. Early medicine was the same. It had a large collection of procedures and treatments, but only vague ideas as to HOW they worked (when they did). In the light of our present understanding, moreover, we can see that the theoretical ideas they did have - such as the Hippocratic idea of Humours - were inadequate and faulty in the extreme, leading for example to quite unnecessary and potentially dangerous bloodletting on a massive scale.

When a science has reached a certain degree of maturity, as a result of the accumulated experiences of many workers, there comes a stage in which partial, and hard-won, experiences may coalesce to form one uniform picture which makes sense of a whole field. An example of this was the introduction into chemistry of the atomic theory by Dalton (1808)[Bib](#), which was a big paradigm shift and the foundation of all subsequent understanding in the field.

It is the contention of this book that Hypnotherapy has come of age, and that it is now possible to describe in some detail a theoretical framework within which Hypnotic phenomena can be produced and understood in a systematic way.

This book is written with three classes of readers in mind. The central class consists of students: people who are learning the skills of Hypnotherapy. There are increasing numbers of these as this form of therapy becomes more popular. They can expect to find this book a unique aid to understanding what it is that they are learning to do.

On one side of these are individuals who already have an extensive understanding of Hypnotherapy, whether as practitioners or as experimentalists. For these individuals this book may be seen as a codification of ideas that are floating in the pool of common consciousness of Hypnotherapists in this day and age: it crystallises these ideas; it makes them more definite and clear; it unites them in a common pattern. Some of the ideas presented here have already been published in journals read by professionals and found a ready response. The paradigm shift involved does not involve the shattering of existing ideas for most professionals. It is more a matter of drawing together all that we know and do in a systematic way and then building on that foundation a strong new understanding.

On the other side of the centre is the group of intelligent readers who want to know what Hypnosis and Hypnotherapy are all about, though with no intention of using them in person. This will include students of psychology and medicine, but also many of the millions of people who like to know "how things work", and in particular "how people work". Hypnotherapy is intimately involved with the ways in which people's minds and bodies work: arguably *the* most fascinating subject for everyone outside their own speciality.

With this readership in mind the language has been kept comparatively simple. A minimum level of specialised vocabulary is used, and a minimum amount of prior knowledge assumed.

Having said that, it has been my experience that the concepts are grasped most readily by men and women who are working at the higher levels of many fields such as management, education or consultancy. They seem naturally to think in terms of systems and processes: an ability that I suppose is correlated with degree of intelligence. It may well be then that a certain level of intelligence is a prerequisite to grasping the ideas in their abstract form. However, I have supplied many concrete examples to minimise this problem.

The theoretical framework described here, although proposed as a basis for understanding Hypnotherapy, is in fact rich and powerful enough also to provide a fresh perspective on a very much wider arena of human behaviour, whether individual or in groups such as families or organisations. It is hoped that it will open up new ways of thinking to others as it has to the author.

It will seem to outsiders that the Hypnotherapist does not hold a central position in the world of ideas: I certainly thought so myself at one time. But I have gradually come to realise that in terms of understanding how people work it is a position second to none.

This is because it combines the maximum opportunity for observation with the maximum opportunity for making changes and seeing the results.

The Hypnotherapist sees people from all ranks of life. People open up and disclose their innermost feelings and thoughts to the Hypnotherapist, so that a full picture emerges of the entire course of people's lives.

The Hypnotherapist is not restricted to working with people in whom there is a severe mental malfunction as are Psychiatrists for the most part. He or she is instead often working with healthy and typical people who want help with a single problem in an otherwise satisfactory life or to improve their performance in some way. Consequently the Hypnotherapist can form a clear idea of the range of ways that people normally deal with life: there is not the Psychiatrist's exclusive emphasis on severe malfunction.

Compared with many other related fields such as counselling or psychoanalysis, the Hypnotherapist is expected to a far greater degree *actively to change things*: a variety of things in a variety of people. This seems to me to be of far-reaching importance. The scientific revolution which began around the seventeenth century was a result of men who were not, in the Greek tradition, restricted to contemplation and reflection in the pursuit of truth, but who had *hands-on experience*.

There is nothing like trying to make a change and failing, to drive home the fact that you do not understand what you are doing. When your livelihood depends on making successful changes it concentrates the mind still better. If, on the other hand, it is possible to take an ivory-tower approach and to build a theory on the basis of what has been merely read, then there is little chance of any immediate feedback to prove the theory wrong.

Later on in this book we will find much on the importance of feedback loops. In the present context I will observe that improvement in any skill or ability depends on a feedback loop in which execution is followed by an assessment of how successful that execution has been, which is followed by an appropriate modification and further executions. That is how the Wright brothers learned to fly. That is how anyone learns to play golf. That is how babies learn to co-ordinate their limbs. That is how science has grown.

The Hypnotherapist is in the position of having immediate feedback, perhaps within minutes, quite usually within an hour and always within days to test how successful he or she has been in effecting a change.

As a matter of contrast, many Psychoanalysts work over periods of years with a Client. The feedback is so slow, I wonder it can ever have any effect on practice. Research Psychologists are disciplined to work with a very small area of human psychology; each experiment can take months or years, and can lead only to knowing a lot about very little. Psychologists who build theories on the results of the work of such painstaking research inevitably spend most of their lives in libraries and laboratories: they have little chance to get *any* feedback by putting their ideas into any kind of practice. Many counsellors are constrained by present conventions to be non-directive: that is to say they are supposed NOT to make direct changes, but rather to somehow create an environment in which the Clients will make changes for themselves. Since there is so little action, there is limited scope for feedback also.

In addition, many such professionals are working in salaried positions: which has two drawbacks. One is that they involve extensive costs in terms of the time that has to be spent on the organisation - the committees, the paperwork, the administration, etc. - which reduces either or both of the time available for original thought and the time spent dealing with clients or patients. The second is that since the salary cheque is only very, very loosely connected with success at helping people as contrasted with making a good impression on the System, there is not the same direct and immediate incentive to improve at the cutting edge of the work.

The Professional Hypnotherapist - by which I mean an intelligent man or woman who devotes his or her whole life to the field, not someone who is a professional in some other field like medicine and does a little Hypnosis on the side - is, by contrast, in a perfect position to devote ALL his or her time to studying and changing the functioning of other people with ample and immediate feedback available. This is the optimum position to be in in any field. I, personally, have adopted *and then discarded because they failed me in practice*, hundreds of different partial theoretical structures before finally evolving that which is presented in this book, which has passed the hard test of day-to-day work and also exposure to my professional peers.

My initial training and doctorate were in Mathematics with a strong leaning to Theoretical Physics. These force you to think clearly and deeply and honestly about the structures and dynamics of things. Ideas must be as crisp as possible: woolliness of thought is a sin. When I plunged into the world of Hypnotherapy, I found none of the precision of thought I was used to, no systematic approach, no theory worthy of the name. I also found my ego very badly hit every time I failed to help someone. Furthermore I had no salary: Clients are not reimbursed by Health Insurance Policies for Hypnotherapy as yet; neither can they get it free on the National Health Service. When Clients are paying with their own money, they require evidence that the service is worth it. And this is even more true in Yorkshire. The fact that if you make no progress then you make no money concentrates the mind wonderfully, I find. If an idea does not work you reject it at once. Those that survive and evolve in this tough environment are fit and strong and lean and healthy. I hope you will find these qualities throughout this book.

Finally I come to a small matter of how to refer to the approach to Hypnotherapy which has evolved in this way. In my first articles for the European Journal of Clinical Hypnosis, I referred to it as a "Systems-oriented Paradigm for Hypnotic Phenomena". This is a bit of a mouthful, and the Journal used, as a more useful label, the phrase, "the Morgan Proposition". Neither of these lends itself to the formation of a useful adjective: "systematic" is a possible one, but this is too general a word.

As you read the book, you will find that central to the approach is the notion of the functioning of *complex organic systems*. An alternative adjective could therefore be "organic", but this again is too general. Finally I stumbled on an adjective which is concise, reminds us of this aspect of the theory, is specific and easily memorable: "Morganic". So when, from time to time, it is necessary to distinguish between the approach of this book and other approaches I will use this coined word as a convenient shorthand.

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CHAPTER 1

Clearing the Ground

Here we make sure that we know what certain key words will mean in this book. The word Hypnosis will refer ONLY to the subject and not to some hypothetical state or condition.

OUR TOOLS for understanding are ideas and words. To do a good job tools must be clean and clear. This short chapter does some of this necessary preparation.

Let us begin with the word "hypnosis". It has been used in a number of senses. It is sometimes said that a person is "in hypnosis". Or it might be used in a phrase such as "experimental hypnosis" to mean a field of expertise.

In this book the words "hypnosis" and "hypnotherapy" will refer ONLY to fields of knowledge and skill. They are in the same class as the words "chemistry", "medicine" (as a discipline), "physics", etc.

The reasons why this is important will become clearer later. Briefly it is because the other use conjures up a picture of a subject in a unique "state of hypnosis". Detailed experiments have failed to establish any way of defining such a state or distinguishing it from other, "non-hypnotic states". For the same reason the phrase "an hypnotic trance" will not be used.

On the other hand a field of knowledge is comparatively easy to define. It is characterised by an interest in a certain class of phenomena. The field defined by interest in the weather can be labelled "meteorology", of interest in the past, "history", in books, "literature", in the nerves, "neurology" and so on. Notice that it is the *phenomena* that define the subject and not the *theories* or the *practices*. For example, the techniques used in chemistry have varied enormously over time. Modern equipment is vastly different from nineteenth century equipment: Bunsen didn't start using his burner until 1855! Chemical theories have also changed enormously over time: Dalton's atomic theory only goes back to the beginning of the nineteenth century. In a similar way both the ideas that people have had about the field of Hypnosis and the methods they have used have changed considerably, but the phenomena of interest have remained relatively fixed.

What the Hypnotist is interested in is a certain class of *changes in the functioning of the mind and body brought about in a non-physical and naturalistic way*. Later on we will list in more detail most of the common such changes, but here we will note a few such things: analgesia - a loss of a sense of pain;

amnesia -an induced forgetfulness; involuntary movements induced by suggestion alone; and distortion of the messages of the senses, in which a lemon may be made to taste like an apple, a clearly visible object may not be perceived, or an object may be "seen" though not present.

The Hypnotherapist is more interested in a rather different class of changes, such as recovery of lost memories, removal of old habits or patterns of thought, elimination of tensions, changes in perceptions to bring them more in line with reality, changes in mood and so on: in brief to change things which are perceived as "problems".

When we say that these changes are to be produced in a *non-physical* way, it implies that the changes are NOT produced by the application of drugs, electricity, magnetism or other physical agency. To say that the changes are produced in a naturalistic way implies that neither are they produced by some strange or unnatural force, power or phenomenon. Hypnotic phenomena are a result of using the natural modes of functioning of the mind and body, but in focused or particular or unusual ways, to produce the desired changes.

It is because we are using only modes of functioning which can exist naturally that no hard line can be drawn between a "state of hypnosis" and any other "state" or mode of functioning of a person. For many people this point cannot be emphasised too much. In the uninformed mind there is a simple picture that being "under hypnosis" is rather like going "under" an anaesthetic: a sudden and dramatic departure of consciousness. While the stage Hypnotist will at times work (with his better Subjects) to approximate to this state of affairs, it has been found by careful experiment that the same phenomena which can be produced under those conditions can also be produced under conditions where there is no such dramatic change.

A related error can be typified by a recent enquiry to me: "Can Hypnosis be used to improve my memory, so that I could pick up and learn a telephone directory?" This is effectively equivalent to being able effortlessly to be a chess Master, a scratch golfer, etc. The normal rules of functioning of the mind and body demand that practice, and a lot of it, is necessary to develop such skills. Hypnotic techniques may be used to increase motivation, to reduce distracting thoughts and to optimise the results of practice, but they are always working on natural systems which have their own rules and therefore limitations. You cannot make a silk purse out of a sow's ear.

There is a lot of power and potential in Hypnotic techniques, but they are not magic: not contrary to the laws of physics, chemistry or neurology. It is easily possible to get a person to feel themselves too heavy to get off a chair. But it will not result in any extra pressure on the chair.

Two other words that will be used in this book are **Subject** and **Client**. The former will normally refer to a person whose functioning is being changed by a Hypnotist, and the latter by a Hypnotherapist. Some Hypnotherapists use the term Patient in place of Client.

SUMMARY

HYPNOSIS is the area of knowledge concerned with certain naturalistic changes in the functioning of the mind and nervous system.

HYPNOTHERAPY is the application of such knowledge to help individuals with a related class of problems.

We will not use the concept of a "state of hypnosis" in this book.

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CHAPTER 2

Hypnotic Phenomena

IN ORDER TO GET a clearer view of the Subject matter of Hypnosis we will next look at some of the more common phenomena which have been reliably produced in certain people in an experimental setting as well as by Hypnotherapists or stage Hypnotists.

There is no real disagreement about the existence of these phenomena. Others may be added to the list below and there can be disagreement over the precise nature of what is happening in them and also about theories designed to explain how they are happening. But there is general agreement that the phenomena *do* characterise the field of Hypnosis.

In each of these examples it must be remembered that no claim is made that the particular phenomenon can be produced with equal ease in everyone, nor that it will be possible in everyone. Remember that we are dealing with *naturalistic phenomena*.

The fact that some individuals are colour blind does not invalidate the phenomenon of full colour vision in others. The fact that some individuals have poor memories and take a lot of time to learn things does not negate the achievements of certain individuals who can memorise enormous amounts quickly. The fact that not everybody can run a mile in under 6 minutes does not affect the fact that a great number could, with practice, or that there are many who can run it in under 4 minutes. Neither does the fact that the world record time has been reducing allow us to deduce that a 2 minute mile will some day be possible.

The general principles of ALL human behaviour or achievement are that there is a range in the capacity of different individuals to produce certain behaviour; that anyone's capacity can be improved by proper practice; and that there are natural limits to what can be done.

If Hypnosis dealt with phenomena which did NOT obey these principles it would be a very strange Subject indeed.

Consequently in reading the following, remember always that each example is something that can be produced to a high degree quite easily in some people, to a lesser degree and/or in more time in others, and finally to no significant extent in any reasonable time with yet others. It is also a fact that there is only a loose correlation between an individual's capacity to produce one phenomenon and another, rather in the way that if you are very good at geography there is a better than average chance that you will also be good at history, but it is far from certain.

The stage Hypnotist works within these constraints of nature by selecting from the audience, by means of various tests, those individuals in which the phenomena of interest can be produced most easily. The Hypnotherapist, who has to work with a wider range of individuals, will tend to use more time and a variety of methods in order to offset the limitations that may arise in a particular individual.

Some Hypnotic Phenomena

In the following list the phenomena are grouped into those areas of the brain or nervous system or body which they involve.

VOLUNTARY MUSCULAR SYSTEM

At one time it was a popular part of a demonstration of stage Hypnotism for the Hypnotist to get a Subject to go completely rigid. So great was this rigidity that the Subject could be supported on two chairs by his head and heels alone. And as if this were not enough the Hypnotist would be able to sit or stand on the supported body with no complaint from the Subject or yielding of his body! This has now been banned in the UK by the Hypnotism Act of 1952, as it could lead to physical damage.

At the opposite extreme from this, it is comparatively easy to induce in those same large muscles of the body an extreme limpness or relaxation which is so great that the Subject feels unable to move them.

In between these extremes there are a variety of phenomena in which a large group of muscles - those of an arm, perhaps - will move in response *not* to the perceived will of the Subject, but rather in response to verbal suggestions from the Hypnotist.

INVOLUNTARY MUSCULAR SYSTEM

There are many muscles in the body which we do not normally expect to be able to control at will. These include the heart, which is one big muscle, the small muscles which expand and contract to control the flow of blood through veins and arteries, and the muscles of the stomach and alimentary system which push the food along its way.

Hypnotic techniques have been shown to be able to affect these. Heart rate may be increased quite a lot, and reduced to a lesser extent. The flow of blood can be altered so that, for example, it can be increased to warm the feet or decreased to cool them. The flow of blood to the face can be altered in order to induce or reduce blushing. And so on.

SENSORY SYSTEMS

Another popular phenomenon for the stage Hypnotist is to get a Subject to eat an onion under the impression that it is an apple. In order for this to be possible - and with every indication of enjoyment - there must have been changes in that person's perception of taste, smell and also vision.

In general it is possible to change the messages from any sense. The sense of touch can be altered either so that a certain kind of numbness results in which a touch cannot be felt at all, or, conversely, so that it reports the presence of a stimulus which has no basis in reality - for example, that an insect is crawling over the skin. Glove anaesthesia is a term often used in Hypnotherapy to describe a situation in which nothing is felt in one or both hands up to the wrist - as if a thick glove is being worn which makes it impossible to feel things.

The related sense of pressure can likewise be affected, all the way from feeling no sensation of the pressure of the body on the chair to a great sensation of pressure on the chest which has no outward cause, for example.

The sense of smell may be affected either to produce anosmia - the absence of all sensation of smell - or to change the perceptions so that one smell becomes interpreted as another. A pleasant scent can be made to smell like hydrogen sulphide - rotten eggs - or ammonia like a rose.

The related sense of taste can likewise be affected to change either the quality of the taste or its intensity. Sweet can turn to sour and vice versa, or can simply vanish.

The sense of hearing can be affected so that the Subject fails to respond at all to a certain class of sounds, while remaining aware of others - for example, he may remain aware of the Hypnotist's voice, but unaware of anyone else or any background noise.

The sense of sight can be affected in a similar way so that things which are there may not be noticed and things which are not present are visualised as vividly as if they were there. A popular stage trick is to give the Subject "X-ray glasses" which seem to be able to see through the clothes of anyone looked at.

The sense of orientation may be altered so that, for example, a feeling of lying at a steep angle can be induced in a person lying horizontally, or a feeling of falling in someone who is standing vertically.

The sense of temperature may be affected so that a part or whole of the body is perceived as being either hotter or colder than it is in reality, though there is no change measurable by a thermometer.

The sense of pain, though it is so much more acute than the other senses, follows the same pattern. Because of its importance it has received a great deal of experimental attention and the basic facts have been established conclusively. It is indeed true that a person can be induced by Hypnotic procedures to be consciously aware of less pain in a given circumstance, or, on the other hand, of more.

HABITUAL SYSTEMS

A typical habit is a complex pattern of behaviour which is carried out automatically with little or no conscious thought. Although it may involve the same groups of muscles that are involved in the

phenomena mentioned above, it is really a higher order phenomenon of the nervous system. Such habits are regulated primarily by a part of the brain called the cerebellum - and altering habits is therefore altering the functioning of a part of the brain.

For the stage Hypnotist the task is often to establish a *new* habit, such as standing and declaiming something when a certain piece of music plays. For a Hypnotherapist the task is the more difficult one of preventing a long-established habit, such as smoking or nail-biting, from continuing.

EMOTIONAL SYSTEMS

The emotions tend to shade into each other more gradually than do the senses: it is hard to put a clear line between a pleasure and happiness in the way that we can distinguish touch and pain, for example. But the principles we have seen above in the senses continue to hold in the sphere of the emotions. Whether we consider love, liking, excitement, pleasure, happiness, or fear, anger, grief, guilt, depression or any other shade of feeling, it is true that they can be induced or suppressed or altered in quality.

Although feelings do not seem to us to be localised, in terms of our physiology they are primarily a function of a certain structure in the brain called the limbic system. So in altering emotions we are again dealing with a part of the brain. This part is in direct contact with a small gland in the brain called the thalamus, which produces hormones which in turn affect other endocrine glands in the body. The best known of these are the adrenal gland and the ovaries or testes.

If a person is induced by some Hypnotic technique to feel fear or excitement then the adrenal glands respond as a part of the process. This underlines the fact that Hypnotic techniques can also affect the functioning of the endocrine system. Another example might be the arousal or suppression of sexual feelings, which would be accompanied by changes in the level of sexual hormones.

RELATIONSHIPS

Of very great importance to most people are their relationships with others. A relationship is a complex pattern of feelings and habitual actions and responses in two or more people, so it involves systems which have been mentioned above. Very often the problem presented to the Hypnotherapist lies in this area, and the task is to sort out what parts of the complex pattern it is best to change in order to improve matters. Insofar as it is possible to alter feelings and actions by Hypnotic techniques, it is by the same token possible to alter the course of a relationship.

IMMUNE SYSTEM

Scattered through the literature on the subject there are accounts of the use of Hypnotic techniques to influence the body's ability to react to a wide range of illnesses, including cancer. Perhaps the best evidence underpinning the validity of these reports is the very well-attested fact of the Placebo Response. This simply says that for virtually any illness there will be a certain proportion of sufferers who will

recover significantly better if they are given something that they *believe* will work, even if it is totally neutral medicinally. Insofar as Hypnotic techniques can evidently change an individual's belief about all manner of things, as we have seen, there is every reason to suppose that it can act as well as, if not better than the beliefs involved in the Placebo Response to help people's bodies to heal themselves.

MENTAL SYSTEMS

We have seen that emotions and habits are both properly seen to be functions of the brain, though they may not be thought to be so by the man in the street. We will now consider a few more functions of the brain which are more obviously so.

Memory is a particular function of the brain which has also been demonstrably affected by Hypnotic procedures. It, also, can be enhanced, inhibited, made selective or falsified. On the stage a popular alteration is to make the Subject forget some quite simple thing, like the name of a colour or the number 7. The Subject may struggle very hard to recall the missing fact but fail totally. An alternative is to get him to believe that something is true or has happened which has not. If a Subject is induced to "remember" that another person has cheated him in some way, he will start to act in a way which is amusing to the audience. But the serious side to this is that certain individuals can be influenced to believe that they have remembered episodes or early sexual abuse which never in fact happened. The problems that can arise from this are termed the False Memory Syndrome.

Concentration is another high-order mental faculty which can be intimately affected by Hypnotic techniques. It is not uncommon to come across cases in which the Subject responds exclusively to the voice of the Hypnotist, and seems totally oblivious to all else. This is a particular case of total concentration. Equally it can be possible to make concentration on any subject very difficult.

More generally the entire mental framework can be altered, as when a Subject can be induced to imagine himself to be Elvis Presley, or some other person, and act, respond and answer questions from the viewpoint of that person.

Since this book is not encyclopaedic there is no need to list ALL possibilities. Enough has now been said to indicate something of the range of changes that have been recorded.

SUMMARY

Hypnotic procedures have been demonstrated in laboratories and elsewhere to produce a wide range of changes in the functioning of human beings. Something of the range has been listed above.

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Principles of Hypnosis:

CHAPTER 3

Introducing Systems

A very important idea which is central to future development is that of systems, and particularly organic systems. This chapter introduces some of the basic properties of systems which will recur throughout the book, primarily their level of activity, and the most basic ways in which they might affect each other. An important shorthand notation is also presented.

IN THE LAST CHAPTER the word "system" frequently arose. In our growing understanding of the functioning of body and brain, scientists have come to recognise the nature and modes of functioning of many systems in the body. There are the nervous system, the digestive system, the cardiovascular system, the limbic system, the endocrine system, the immune system, the muscular system and so on.

Each of these systems has an identifiable **structure**. The nerves are the physical structure of the nervous system; the heart plus veins and arteries and their associated small muscles form the structure of the cardiovascular system, and so on. But equally, if not more, important are the **processes** which the system undergoes. The existence of the heart has been known since prehistoric time. But the fact that it circulates the blood only became understood with William Harvey (1578-1637) in the early seventeenth century. The existence of the major planets of our solar system was also known from prehistoric times, but the principles of their movements were only properly described by Newton (1642-1727) in the latter half of the seventeenth century. To get any proper idea of a system we must know how it works; what kinds of processes it undergoes; what are the principles governing those processes.

The difference is related to the difference between seeing a thing in *static* terms and *dynamic* terms. This great change has taken place in a multitude of sciences, and each time has heralded a great increase in understanding. Darwin's Theory of Evolution is an example of a change from a view which held that species were *fixed* to one in which they *changed* in certain ways for specific reasons. The theory of continental drift has similarly transformed geology.

As a simple analogy illustrating this matter from another angle, consider the position of a car mechanic. He might well be able to put quite a few things right by following a few tried and tested procedures that he has found to be effective in some instances. But unless he understands the principles governing the function of the various parts of the machine, his ability is going to be strictly limited: he will have no real idea of why the changes he makes are effective, and so his work will remain rather hit and miss. He has

to know how and why the parts move or operate in order to understand things properly.

It will be clear from the last chapter that the field of interest of Hypnotherapy is intimately involved with the functioning of effectively **all** the major systems of the mind and body. In order to understand what we are doing we are therefore **forced** to give thought to understanding the nature of these organic systems, and in particular to understanding their modes of functioning and interacting. There is no option. The phenomena are clear. That they involve changes to systems of the body is clear. That the changes are not to their structure (we are not surgeons) is clear. That we change the behaviour is clear. Consequently we are dealing with the **dynamics of complex organic systems**. If we are to form an idea of the principles of Hypnosis we are therefore forced to start with a picture, however simple, of the dynamics of the organic or biological subsystems of human beings.

The study of the dynamics of organic systems in general is a growth area: it is highly relevant to economics, ecology, sociology and biology, and has been approached from all those areas. I have not been able to find an existing approach, however, which is well-adapted to the kinds of systems and dynamics involved in Hypnosis. The following language and methodology is therefore designed specifically to be useful in our field, though it can be generalised to others.

How does one start to design a dynamical theory? It is a tried and trusted principle that one should as far as possible work with **observables**. To base a theory on unobservables is to be working in the dark: there is no way of verifying if the theory is right or wrong and no way of refining it. What observables therefore can we say are applicable to all the systems of mind and body in which we are interested?

The answer which I will adopt is: **the level of activity**.

It is possible, by means of very fine electrodes, to measure quite precisely the level of activity of a single neuron (nerve cell). It is easily possible to measure the mean activity of the heart - the heart rate. It is possible to get a good measure of the level of activity of a muscle by means of seeing what force it can resist, or by its oxygen consumption. The overall level of activity of a region of the brain can be estimated by measuring the rise in temperature of that region (a method used over a century ago) or more modern methods involving measuring electrical activity (EEG) or local blood flow and metabolism - positron emission tomography (PET) and magnetic resonance imaging (MRI). The activity of various glands can be estimated by measuring the concentration of the hormones they produce in the blood. And so on. Although the functions of the various systems are of course distinct, we can in each case form at last a qualitative and very often a precise quantitative measure of its activity at a given time, and hence how its activity is changing with time.

Later, in Part C, we will discuss a more exact definition of activity, applicable to all systems, but at this introductory level it is enough to note that the intuitively clear notion of activity is something that is in principle observable for systems of the body. We will therefore base our theory on the notion of **the activity of a system**.

Let us now take a very brief look at a simple Hypnotic process with this idea in mind. A fairly typical Hypnotic induction as used by a Hypnotherapist today may proceed as follows. First of all the Subject's eyes may be induced to close, by one of a number of methods which usually involve fixing the gaze on some point, and some form of verbal suggestion that eyes will get tired until they close. However it is done, it is clear that the **result** must be a great *reduction in the activity* of the whole of the part of the visual system involved in viewing the external world. With the eyes closed all the nerves from the retinas to the visual cortex will become quiescent.

A typical second step is to encourage physical relaxation. This again may be accomplished in a variety of ways: each group of muscles may first be tensed so that there will be a natural rebound into a more relaxed state; there may simply be a focus of attention on groups of muscles and a suggestion of relaxation; there may be the creation of an imaginary scenario such as a warm beach, which is designed to induce relaxed feelings. But however it is done the **result** is a *great reduction of the activity* of the main voluntary muscles, and very often the involuntary ones as well.

It will be noticed that a typical induction process is a one-way affair. Unless a question is asked, the Client does not talk. This is usually accomplished by the Hypnotist maintaining a steady flow of speech in which there are no cues for the Subject to respond verbally. But however it is done, the **result** is that the active speech-producing system often becomes *very inactive*.

The pattern is clear. The Hypnotherapist is reducing the activity of nearly all systems one by one. Higher-order faculties which are harder to observe, such as an internal verbal analysis of what is going on and a critical analysis of its content, are typically also reduced. There is, however, at least one exception to the general rule that systems are inactivated: and that is the aural system. The Subject must continue to be able to hear the Hypnotherapist. Ideally this system should become *more active* than usual: the intention is for the listener to respond more than usual to what is said by the Hypnotherapist. This may be accompanied by a reduction of attention to other sounds. Another possible exception will be a particular other system that the Hypnotist is aiming to change: it may well be that the goal is to enhance its activity. The Hypnotherapist may, for example, be aiming to *enhance* a memory or to *activate* the imagination.

So the total pattern of what the Hypnotherapist is doing can be charted in reasonable detail by noting the levels of activity of various systems and whether their activity is tending to increase or decrease.

It may be useful to some readers to picture things as follows. Let every major system of the brain and body be represented by a large dial, and an adjacent knob. Beneath each large dial can be placed a collection of smaller ones indicating the level of activity of the subsystems. Through the course of a normal day the needles on the dials are flickering, and most of the time indicating quite large levels of activity for most of the systems. The above Hypnotic induction can then be pictured in terms of the Hypnotherapist slowly turning knob after knob, turning down all those systems which are not relevant to the task in hand, and turning up those which are.

This brief example should illustrate the relevance of the level of activity of systems in the context of

Hypnotherapy. It should show why it is worthwhile considering the dynamics of organic systems at a more abstract level.

In a general form the basic question which underlies understanding any complex thing is, "If I change *this*, how will it affect *that*?" We **must** be able to give at least a qualitative answer to questions of this form if we are to claim to understand what we are dealing with.

As an example of this, Newtonian physics is based on the twin observables of force and acceleration. The basic rule of the dynamics is that, "If I change the force on a particle, then I change the acceleration instantaneously in exact proportion: i.e. if the one doubles, then so does the other."

In our present theoretical structure the only dynamical variable we have so far is the level of activity. The central question we need to answer is therefore, "If I change the level of activity of *this* system, how will it alter the level of activity of *that* system?"

In general, such is the complexity of the systems with which we are dealing, we will be unable to give a quantitative answer to this question. But what we may at least be able to do is to discover whether an increase or decrease in the activity of one system acts so as to increase or decrease the activity of another. In other words we may simplify our central question to being one of *sign*.

Given any two systems A and B, in a given individual, we would like to know whether an increase in the activity of A leads to an increase or decrease in B or has no effect. Likewise we would like to know the effect on B of a decrease in the activity of A.

It might be supposed that if an increase in the activity of A leads to an increase in the activity of B, then a decrease will lead to a decrease in its activity. However this is not necessarily the case when we consider biological systems. We may take as an amusing and illustrative example the analysis in *Parkinson's Law* (Parkinson (1957)[Bib](#)) of the figures for such organic systems as the Colonial Office or the Navy. It is understandable that as the empire increased or the number of ships increased then there should be a corresponding increase in the administrative staff. But the corresponding assumption that the *reduction* of the size of the empire, or a *reduction* in the number of fighting ships would also lead to a *reduction* of the administrators turns out to be quite wrong. If anything the facts suggest that their numbers continued to *increase even faster*!

Within the human body, an increase in the activity of the nerves running to a muscle typically produce a quick increase in the activity of the muscle, which will contract. A reduction of the activity of the nerves does NOT cause the muscle to expand again. To reverse the effect of that muscle, another muscle has to be called into play. That is why we see the general principle of *pairs* of opposing muscles throughout the body. There is, for example, a muscle to turn our eyes right, and another to turn them left; one to turn them up and another to turn them down. Other pairs handle diagonal movements.

As another example, the thought of going for a walk may activate the process of walking. The mere fact

that this thought is then displaced by another does not stop the walk. It has to be stopped by activation of the thought, "Time to stop".

In the most general terms we may say that the most fundamental organic activity is that of *growth*. Growth may be activated, and that strongly and exponentially (i.e. doubling repeatedly in a characteristic interval of time), if a favourable environment is provided. On the other hand a removal of that provision does not necessarily lead to an equally rapid decline in the system, for it is the nature of organic systems to be self-preserving. A Government may induce activity in an area of the economy by putting some money into it. But when they stop doing so, that area will not immediately cease activity. Indeed it may respond to the challenge and become even more active.

Within the human body a sight of danger leads to an immediate fear response. The removal of that sight does not immediately induce relaxation. There is a strong asymmetry. It may even be the case that the removal of the sight actually increases the fear, on the grounds that it is better to be able to see a danger than to have it re-appear unexpectedly.

Although this point has been emphasised in the case of organic systems, the principle is familiar even in certain mechanical contexts. Motor vehicles have a brake and an accelerator, one to slow you down and the other to speed you up. Simply taking your foot off the accelerator does very little indeed to stop you. Simply taking your foot off the brake does not cause you to accelerate at all. And notice that in order to drive a car you need only know which pedal is which. You only need to know the *sign* of their effects. The exact mathematical expression for how the velocity of the car varies with the pressure on the pedals is immaterial to the basic operation.

And this illustrates in the context of controlling organic systems why it is often enough to know the *sign* of the effect of one system on another.

The next step we will be taking is to streamline the discussion. It is a very good principle of thought, used extensively in mathematics, that if a phrase or sentence arises frequently, a shorthand expression should be found for it. Our brains are **severely limited** in their capacities. The *compression* of concepts makes the most of such capacities as we have.

This is a principle I personally find sadly lacking in application in books written by psychologists who should know better. There are too many people who seem to reason as follows: "Much valuable work is hard to understand. Therefore work which is hard to understand must be valuable. For my work to be valuable it must be hard for others to understand. I will therefore make the syntax and vocabulary as abstruse and complex as possible." It is as if they reasoned, "Most stately homes are hard to find your way around in. Therefore houses which are hard to find your way around in must be stately. For my home to be stately it must be hard for others to find their way around in it. I will therefore fill it with large furniture, screens, wardrobes, etc. which are all as large and difficult to negotiate as possible."

I am acutely aware of the smallness of my mind, and so have to work hard to keep it free from clutter by

keeping things as simple as possible in finding my way around complicated things.

So in place of the phrase "an increase in the activity of system A" I will introduce the symbol " $/A$ ". In place of the phrase "a decrease in the activity of system A" I will use " $\backslash A$ ". In place of the sentence, "an increase in the activity of system A leads directly to an increase in the activity of system B" I will use the expression " $/A > /B$ ".

Note: In the book form it was possible to use symbols which are not standard HTML ones, and I used an up arrow for /, a down arrow for \, a horizontal arrow for >. Trying to use those symbols led to problems on some browsers and so I have used these alternative symbols (which can also be used in email correspondence). The symbol I which will appear below was a double headed vertical arrow.

Expressions such as $/A > /B$, $\backslash A > /B$ and $\backslash A > \backslash B$ can then be read easily.

Since it is useful to discuss situations in which a change in the activity of one system leads to no change in the activity of another, I will also use the symbol " $0B$ " in place of "no change in the activity of system B". The final symbol which may occasionally be used is " I " which means "an increase or decrease" i.e. *some* change, where we are not either sure or concerned about its direction.

If we let $S = \{\text{sympathetic nervous system}\}$ and let $P = \{\text{parasympathetic nervous system}\}$ and $H = \{\text{heart}\}$ then we may say that the basic regulation of H follows the pattern that:

$/S > /H$, $\backslash S > 0H$,

while

$/P > \backslash H$ and $\backslash P > 0H$.

I.e. the action of the sympathetic nervous system activates the heart, while a reduction of the heart rate is produced by a direct action of the parasympathetic system (Rathus (1987)[Bib](#)). They are rather like accelerator and brake in a motor vehicle.

It is worth noting that the basic concepts introduced so far have a range of applicability from the level of individual nerve cells - neurons - right up to the level of economies or ecosystems. It is known that the direct effect of one neuron on another with which it is in contact is **either** to excite it (increase its activity) **or** to decrease it (reduce its activity). The rule does not change from moment to moment or day to day. The pattern of working of the brain is dependent ultimately on the complexity that can arise from such basically simple interactions, when repeated by the billion.

Likewise in an ecosystem in which we may measure the mean activity of a species by its numerical strength, then the effect of a change in the activity of one species on another is also fixed in time. Foxes

always prey on rabbits. Rabbits never prey on foxes. If $F = \{\text{foxes}\}$, $R = \{\text{rabbits}\}$ then:

$/R > /F > \backslash R > \backslash F > /R > \dots$

which is shorthand for "an increase in the number of rabbits leads to an increase in the number of foxes (since they have more to eat), but an increase in the number of foxes acts to decrease the number of rabbits (since they are eaten); such a decrease in the number of rabbits will, in a while, lead to a decrease in the number of foxes (some starve to death), and that in turn will allow the numbers of rabbits to increase again. An increase in the number of rabbits" Such a pattern of interaction results in a cycling of the activity of each group. It is actually a negative feedback loop of a kind we will discuss in far more detail in Part B.

It is known from a careful analysis of definite models of organic systems that the result can readily become *chaotic*, in the strict mathematical sense of the word (Murray (1993)[Bib](#)). Roughly speaking this means that even if we know the precise form of the dynamical equations it soon becomes impossible to predict with any accuracy the size of a population at a time in the future. And since in practice we are unlikely to know either the exact form of the equations, or the starting population accurately, the difficulty of exact prediction becomes that much harder. Consequently the analysis of precise models may well tell us very little more than our simple model, which by merely noting the sign of the effects of change actually contains a lot of the useful qualitative dynamics.

These considerations lead to the conclusion that we have found a strong and robust foundation for our subject in the above simple considerations. They are very general, but very clear. They get to the heart of the matter. We will be building on this foundation in Part B, to some effect.

Important note on abbreviations.

There may be some readers who are put off by the notation I have introduced. Anything new can be hard to adapt to. Please note that it is only a form of *shorthand*. If you think of it as being like the use of abbreviations, such as NCP&HR for the National Council of Psychotherapists and Hypnotherapy Register, you may find it easier to understand what it is about.

But shorthand *does* take a little time to master. I suggest that when at first you see some you avoid the temptation to let your eye skip over it and simply expand it into the full phrase or sentence it represents until you become familiar with its meaning. In time you will then be able to work simply with the shorthand. Compared with the task of a secretary learning Pitman's shorthand the time and effort involved is very small indeed.

The great strength of a shorthand lies in its simplicity and compactness. We will find this useful when we come to analysing different kinds of processes which arise. I re-emphasise that even arithmetic could not have developed without the use of a good shorthand for the numbers. But of course the use of a shorthand in itself is not mathematics.

The weakness of a shorthand is that it has to be *accurate*. A one letter mistake in the degree MA can make a Master of Arts into a Doctor of Medicine - MD - something that cannot be achieved by a one letter change to the full phrase.

Finally, for the sake of exactitude, I will make explicit a convention that if a word or phrase is in { } it refers to the *activity of a system*, while if it is in () it refers to some quantity that is not. Thus it can be useful to write /(temperature) > /{sweating}, which would be shorthand for "An increase in the temperature of a person leads to an increase in the activity of the perspiration system". The subtly different expression /{temperature} > /(sweating) would mean "An increase in the activity of the sensory system which registers temperature leads to an increase in the measurable sweat produced". This distinction is not of great importance at the level of this book, but could be important as the methods become increasingly precise. For it is NOT always the case that the perceived temperature is the same as the actual temperature and it may not be the case that a given level of activation of the perspiration system always leads to the same level of perspiration.

SUMMARY

The notion of a system has been elaborated mainly through examples.

The notion of the **activity** of an organic system has been introduced, together with a notation which expresses in a compact form the essential facts regarding the way changes in the activity of one system may affect the activity of another.

It is important to note the general principle of organic systems that reversing the cause does not necessarily reverse the effect.

It has been emphasised that Hypnotic techniques have the effect of altering the level of activity of a very wide variety of systems in the brain and body, which is why this systems-oriented approach to the subject is invaluable if we are to analyse what is happening.

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Principles of Hypnosis:

CHAPTER 4

Other Theoretical Approaches

It is useful next to examine various other theoretical approaches which have been taken to the subject. This overview will deepen the understanding of the newcomer. The range of theories is classified with an eye on the way in which they can be related to particular organic systems. It will be seen that the systems approach gives a way of unifying discussion and analysis of the whole field. The primary conclusion is that previous theoretical models have been based on noticing that Hypnotic techniques change the functioning of one particular system of the mind or body and then extrapolating to the idea that this particular system or change is the key or definitive feature of Hypnosis. Each theory therefore has some truth to teach, but none provides a complete picture.

THE PREVIOUS CHAPTER outlined the concise and general framework for theoretical Hypnosis which will be used in this book. We may now take a look at earlier theories to see how they can be related within this framework.

Although the Hypnotic phenomena described in Chapter 2 have been observed for a very long time - hundreds if not thousands of years in some cases - the nature of what was happening has been understood in very different ways. This chapter will describe the various *ideas* of what is involved. For convenience these ideas will frequently be associated with the names of their originators or chief proponents. The order in which they are described will be loosely chronological but the intention is not to give a history but rather an overview of the kinds of ways in which our subject has been thought about over the years. In any case the historical development of ideas is seldom straightforward. Similar ideas have a way of arising in several places at the same time, and returning in modified forms at different times. Many different ideas can coexist at the same time. For anyone who is interested in the detailed history of Hypnosis there are some excellent books now available (Gauld (1992), Crabtree (1993)[Bib](#)).

The main theoretical approaches can be summarised as follows:

1. Spirit possession.
2. Vital energy effects.
3. Neurological.

4. Suggestion.

5. Sociological.

6. Information.

1. Spirit possession.

When we look back in time through the eyes of history we find that most people most of the time had a total and unquestioning belief in all manner of disembodied spirits. These could be the spirits of the dead - humans or animals, ghosts, evil spirits, good spirits, gods and demons. (Even in this secular age the majority of people I meet seem to retain some form of belief in such things.)

In societies with complete faith in such spirits there would be individuals who claimed to have special powers with regard to them. They might be called shamans or priests or witch-doctors or oracles. Some of their early practices foreshadowed professions which have since become quite distinct. Their practice would often be tied in with the movements of the moon and planets, and so in that way they are the forerunners of astronomers. They would often work with the healing spirits they associated with various substances - animal, vegetable and mineral - and in that way are forerunners of medicine and even chemistry. In creating theories of the origin and meaning of the universe they were the forerunners of philosophers and cosmologists. In their use of music and dramatic enactment to enhance their effect they are also the forerunners of actors and musicians.

It is not therefore surprising that their work also contained the seeds of Hypnotherapy. To our eyes it seems clear that they often used a variety of means to induce in their listeners certain powerful expectations which would then very often have been realised. In terms of healing, a modern interpretation of what they did would be that they used a greatly enhanced placebo response to great effect.

If we stand back and look at the pattern that seems to run through the practice of such people we see the following.

The Practitioner goes through some procedure which he (or she) claims to lead to his or her possession by some powerful spirit. Today this might be termed entering a trance. The usual personality disappears and another takes its place - that of the spirit or god. This powerful spirit then acts on the Client's behalf. Rather more problems would be tackled in this way than we might contemplate today: they could include not only health problems but also divination or procuring good fortune or revenge on an enemy. Notice that the whole focus of attention is on the *Practitioner*. Although we can expect that the Client will also become strongly expectant of change, and might at times be acted upon to remove a supposed evil spirit which might possess him or her, the focus of the activity is the possession of the Practitioner by a powerful spirit.

It should be noticed that this approach to problems has not died out in the world. There are many today who continue to work within this paradigm. For example there are those working within the healing ministry of various churches who are portraying themselves as channels through which the healing spirit of God can come down for others. Even more similar are the mediums who go into a trance in which they might be "taken over" by the spirit of a Red Indian Guide or the like, and it is that spirit which then supposedly advises or helps.

The only trace of this theme in modern Hypnotherapy is that the Practitioner will typically adopt a professional persona while at work. This has a faint flavour of the practice of the shaman. It is saying non-verbally, "I am no longer the ordinary person you meet in the street. I am now embodying wisdom, knowledge and power to help you. These transcend my personal self."

It is worth looking at a few phenomena from our field to see how they might look from a spirit-world perspective.

There is an established Hypnotic phenomenon of automatic writing. In some Subjects it is not only possible to make a hand rise up into the air with no conscious volition, but also to get it to write words which seem to the Subject to be totally unwilled and unpremeditated. Indeed if the hand is hidden from view there may be no knowledge even that the hand has done any writing (e.g. Gauld (1992)[Bib](#)).

A natural spiritual possession interpretation of this is that clearly a foreign spirit has taken over the functioning of the hand, and that the Hypnotherapist has simply acted in such a way as to facilitate it.

Another phenomenon which arises in the field of Hypnosis is that of Clients who seem vividly to recall events which are clearly set in times before they were born. The spiritual possession view of these would naturally be again that the body (like that of the medium) has temporarily been taken possession of by the spirit of someone else who had lived that earlier life, and again that the Hypnotist has acted in a way to facilitate this.

Alternatively it may be said that this phenomenon concerns only one spirit who first lived the past life and is now living the present one. This interpretation is fairly popular with many people today, and is termed Past Life Regression. Examples of instances of the use of Hypnotic techniques to elicit details of past lives are provided by Iverson (1976)[Bib](#). The belief harmonises well with those Eastern philosophies and religions which believe in repeated incarnations of each individual soul. I know of no attempt to distinguish by experiment or theory between the above two interpretations.

Most of the phenomena which today are interpreted as being the results of the functioning of "the subconscious" would be interpreted as being the results of the functioning of "the spirits". We see echoes of this in phrases such as "he is showing his animal spirits", "spirit of inquiry", "she is inspired", etc.

The relief of some bad feeling like a depression or jealousy would be seen as the removal or exorcism of a bad spirit that was possessing the person. The cure of a disease would be by removing the possessing

spirit or by placating or neutralising the evil power that was causing it. A cure of insomnia would be seen as the removal of the "wakeful spirit" that was inducing it, and so on.

We have seen how some of the phenomena of our field look from the point of view of someone who believes in spirit possession. Now let us see how that paradigm looks from the perspective of our present systems approach.

The starting point is the idea that the mind is composed of many subsystems. At times, as in the case of split personalities, these different subsystems can be distinct and very complex, each having its own memory and pattern of behaviour. We will later meet other aspects of this phenomenon, which go by such names as dissociation, "the child within", "the hidden observer", etc.: all attest to the fact that for most of us the mind is best seen as a complex network of interacting systems, many of considerable complexity and often having a high degree of autonomy. In such cases they can function like sub-personalities.

There is really very little difference *in practical terms* between such a picture and that of spirit possession. Any differences centre around such essentially pragmatic questions as, "How do such subsystems arise in the mind or brain?" One school of thought will say that it can only be as a result of an elaboration of physical information which has come through the normal senses or is implicit in the genes. The school of thought at the other extreme will say that they can arise by some paranormal process: that a distinct spirit, unbounded by space and time, may enter the mind or brain and take root.

The systems paradigm cannot, of course, resolve this conflict: that can only come as a result of very careful examination of the phenomena. What it does do is to provide a comparatively neutral language and framework which could be shared by proponents of both views and which might lead to some agreed experiments to determine the actual facts. If, for example, we are examining a case of automatic writing, then it could be agreed by both sides that there is a subsystem of the person which is acting outside the scope of the normal personality. The content of the writing might then be examined to see if it is explicable on the basis of previous experience in this life, or not.

If, as another example, we are dealing with a case of "past-life regression", it could be agreed it involves a complex subsystem of the person which is functioning in some ways like that of a person who lived in the past. (There is nothing too strange about this in itself: actors can do it regularly.) It can be presumed that this subsystem would have some effects on the present behaviour of the person, and that any changes a therapist might make to the "past-life" system, including making it more conscious, would have some effect. Such changes are valid whatever the assumption made about the origin of the phenomenon. In principle, however, it might be possible for some criteria to be agreed which might clarify the question of the origin of such systems. A clear case in which a "past-life" report revealed a complete knowledge of the meaning of a written language which up until then had been totally obscure would, for example, be strong evidence for the transference of a mental system of thought by other than the ways we accept on a daily basis: i.e. primarily through what we have seen or heard - at first hand or perhaps on the TV, video, radio or in a book.

In brief then, IF it were to be established as a pragmatic fact that spirit possession in the traditional sense

takes place, THEN we would simply include such systems and their workings within the current theoretical structure of systems. This is parallel to the observation that IF it were to be established that mental communication - telepathy - is possible between minds then this would not affect the framework of the theory, based as it is on the effect of one system on another: it would simply add an additional method by which one mental system can affect another - like the addition of radio or television.

2. Life-force effects.

Mesmer (1734-1815) is one of the best known names in the history of Hypnotism (Burraneili (1975)[Bib](#)). He can be taken to herald in a new paradigm. In this, the old idea of powerful spirits with wills, intelligences and feelings is displaced by a belief in powerful life-forces akin to gravity, magnetism and electricity. Mesmer was first influenced by Newton's theory of gravitation. To begin with he called the force *animal magnetism*, though he later came to regret the term since too many people then confused it with ordinary magnetism. This force could be stored in certain objects. He, other things and other people could be a channel for it. If its flow was blocked in a person, it could lead to illness. Healing resulted from restoring the proper flow.

Such ideas are congenial to certain kinds of human minds in certain ages, it would seem, since others independently arrived at similar theories, in which the force was given different names. A Baron von Reichenbach (1788-1869) claimed the discovery of what he called the Od force with similar properties. In America the so-called Electro-biology of Grimes (1839)[Bib](#) had the same flavour. In this century we find Reich with his orgone energy which could likewise be stored and used. And to the present day the concept of a life-force floats freely through New Age literature.

We also find notions of "psychic energy", "repressed (perhaps sexual) energy" and the like entering into some psychoanalytical writings and thought without a great deal of attempt to pin down the notions precisely, so that they are scarcely distinguishable from the other forces mentioned above.

I am not aware of a proponent of this way of thinking who has worked the ideas out in detail. There seems a certain nebulous vagueness about the supposed force which is mirrored in a similar vagueness of the thought about it. Thus Mesmer himself simultaneously saw the "magnetism" as being capable of passing through *anything*, but as being reflected from mirrors and also of being stored in certain things! In his list of 27 propositions concerning animal magnetism we find the following propositions (Mesmer (1779)[Bib](#)):

13. Experience shows a diffusion of matter so subtle that it penetrates all other bodies, apparently without any loss of potency.

15. It is like light in that it can be reinforced and reflected by mirrors.

17. ... (it) can be accumulated, concentrated, and transported from one place to another.

This is such a strange combination of properties that you would expect it to suggest all forms of questions

in the mind, but it did not to Mesmer.

As an example of how this theoretical approach might treat a typical phenomenon, we may consider a fairly typical response of many of Mesmer's patients which was that at some stage in the proceedings they would go into some form of convulsion - a crisis. This is not something that happens in modern Hypnotherapy, but then it is not expected. If we were to suggest it, then undoubtedly there would be Subjects who would respond in that way. (Stage Hypnotists have been known to get people to respond as if they have just received a strong electrical shock.) But to the Mesmerist this was a clear manifestation of a release of the blocked energy.

As another example, I can say to someone: "Hold your hands six inches apart. I will now place mine one on either side of yours and a few inches away from them. You will then start to feel a powerful force coming from my hands forcing yours together." And when I do this it will normally work. If there is a belief in the existence of some vital force then this will seem to be very strong confirmation that I *am* producing that force.

However, all it really proves is the power of the *idea* and not the existence of the force, for *it works equally well* if I simply say (and, usually, repeat until it happens), "Hold your hand six inches apart. Try to keep them that distance apart. They will in fact, whatever you do, be drawn together." In neither case will any flow of energy be measurable from me to the Client. All I have done is to establish a *system of thought* in the person's mind.

Notice that a Practitioner like Mesmer would still be credited with some power, though it is not now the power of a possessing spirit, but some sort of power of his own to direct this life-force. It might be manifest in his eyes or in his hands. He might well have his effect by moving his hands over the patient's body, with or without touching it. The norm in the practice of Mesmerists seems to have been a great deal of contact, which was often very vigorous. There are certain "healers" in the present day who claim some form of this same power.

In the longer term the most valuable consequence of the shift of perspective that we may associate with Mesmer is that the phenomena came to be thought of as things that might be analysed in a controlled way. A big problem with the old spirit-world picture is that spirits are, of their nature, not easy to measure or control. Once the phenomena are assumed to be the result of something more like forces they are open to examination. And it must be said that when the notions of Mesmer *were* put to the test by the Royal Commission appointed in France to look into his claims, it was found that his claims for the existence of a force of "animal magnetism" were unsubstantiated. For example a patient who would react appropriately to a tree when he had seen it being "magnetised", reacted at random to trees if he had not seen which one had been treated. The Commission concluded that Mesmer's results were a result of the belief and expectation of people together with the fact that some spontaneous remissions are to be expected in any case (*Rapport...* (1784)[Bib](#)).

This report did not have very much effect on the continuing use of Mesmeric techniques which gradually changed in the hands of various people over the next half century from the end of the eighteenth century

into the nineteenth. Over this period most of the common Hypnotic phenomena were being evoked regularly, and it would appear that the repertoire of travelling Mesmeric showmen of the day would be rather similar in content and tone to that of many a modern stage Hypnotist, though their "explanation" of what was happening would be different.

What are we to make of vital energy explanations?

To the best of my knowledge all properly conducted examinations of detailed predictions of this theory have led to essentially the same conclusion as that of the Royal Commission: there is no evidence for a transfer of energy or of there being any vital force or similar.

But from the perspective of our current systems approach we may perhaps build a bridge to such theories as follows. What we *can* certainly do is to activate in another person a new pattern of thought. This, in itself, is not a process which is essentially energetic. It has more to do with *ordering*, with changing the *patterns* of thought. But the new pattern of thought can lead to an increase, or of course a decrease, in the activity of a variety of subprocesses in the person. For example, if a person is shouted at, it can arouse strong feelings of anger or even actual violence. In such a case it can look as if the person has received energy from the shouter. But an even stronger response can be evoked by a piece of paper, such as an Income Tax demand, where there is negligible energy involved, only information.

So, we transfer patterns, order, information, and this may lead to an activation of energy out of all proportion to any minute amounts of energy that are actually involved in the sound waves or other media which convey the change. The *amplification* that this involves will be made the subject of Chapter 13.

3. Neurological theories

It is convenient to associate the start of this approach with the name of James Braid (1795-1860). In his book of 1842 he gave the world the results of what his rational Scottish mind had discovered about the Mesmeric phenomena of the day. He also gave us the word Hypnosis (Braid (1842)[Bib](#)).

The essence of his theoretical conception is that he discovered that he could greatly depress or prodigiously exalt (his terms) the arousal of selected parts of the nervous system. The name he chose to describe the phenomena was, in full, Neuro-Hypnosis, or a sleep of the nerves. This is a reference to the condition of greatly depressed activity of most groups of nerves in his Subjects. But he was quite clear that this was distinct from normal sleep, and that it could be combined with a greatly exalted condition of other groups of nerves.

In terms of the concepts that have been introduced in this book, Braid's idea was that the level of activity of particular subsystems of the nervous system could be increased or decreased freely and dramatically. In this respect his ideas are clear precursors of those in this book.

He also demonstrated that the standard phenomena of Mesmerism, which were supposedly a result of the

power of animal magnetism, could be produced as readily with no passes, contact from the Practitioner, etc.

Braid, however, also thought in terms of a Hypnotic *state*. This is a natural conclusion from his experiences. He used one and only one induction procedure. He expected the one form of response. With our present understanding it is not surprising that he should therefore have discovered a seeming uniformity of response.

In the one hundred and fifty years since then, the notion of *a unique* Hypnotic state has continued to run through our subject. There have been many attempts in more recent years to find one single clear defining criterion for this supposed state which will effectively distinguish it from other states - but to no avail. And indeed, surely the *a priori* assumption is that a single state is far too simple a concept to explain the fact that the phenomena of Hypnosis can arise in conditions as different as the very relaxed calm office of a modern Hypnotherapist and the emotionally charged group sessions of Mesmer which were characterised by patients falling about in convulsions and having to be taken into adjacent rooms to recover from their crises?

Associated with the notion of a single state has been a more modern tendency to try to determine ONE neurological structure which is involved in Hypnosis. Some workers have been inclined to think that it depends on the inhibition of the activity of the left (verbal) hemisphere of the brain and a simultaneous activation of the right hemisphere (Shone (1983)[Bib](#)). Clearly such a process comes within the definition of Hypnosis used here in that the above lateralisation of brain activity is *one particular example* of the general principles of Hypnosis which involves a relative change in the activities of various systems. But there is no clear evidence that this particular change is either necessary or sufficient for the production of any other particular Hypnotic phenomenon.

A modern refinement of this theory maintains that the balance between the hemispheres can be altered by forced uninostril breathing: breathing through the right nostril tends to increase the activity of the left hemisphere and vice versa.

Another theory, which has also only been presented in a superficial way, is that the key system is the Ascending Reticular Activating System (RAS) in the brain stem (Waxman (1981)[Bib](#)). This is certainly involved in general levels of arousal or activity in the brain, and presumably any global changes in mental activity will involve the activity of the RAS. So while it is quite consistent with the general principles of Hypnosis that it should be possible to affect the activity of the RAS, there is again no evidence that changes to it are either necessary or sufficient for the production of a given phenomenon. We have already remarked on the fact that Hypnotic phenomena may be observed in Subjects with both very high and very low levels of arousal.

Closely related to this is the idea that Hypnosis involves simply a form of sleep, for there are certain key nuclei in the brain stem - the nuclei of Raphe - whose activation will either switch on sleep or switch on arousal. This idea, in one form or another, goes back a long way in the history of Hypnosis. The

suggestion of sleep was used as least as far back as De Puységur (Tinterow (1970)[Bib](#)).

Now sleep may seem to be a simple thing or state, but more recent research has shown a number of things about it. The first thing is that it is not a *state*. Measurements of brain activity show a continuously changing pattern. Within this pattern there are episodes of dreaming in which there is clearly a lot of mental activity of a particular kind. In addition we may note that it is during sleep that the level of growth hormones in the brain is at its maximum, which strongly suggests that *some* processes are very active.

Having said this it is also clear that sleep is characterised by the almost total elimination of the activity of certain high-order brain functions: those we associate with consciousness. Thus it is within the bounds of the general principles of Hypnosis that it is possible to change the pattern of activity in similar ways to those in sleep - and indeed when suggestions of sleep have been given it has been found possible to measure electrical waves in the brain which are characteristic of sleep. But again we must emphasise that this has not been shown to be either necessary or sufficient in order to produce any other Hypnotic phenomenon.

Attempts have also been made to detect other specific changes in brain wave patterns which can be associated with a unique "state" of Hypnosis. Again the weakness of this approach is that an experimenter may well find it possible to record certain changed patterns of activity in the brain in certain Subjects, such as those mentioned above, since, as I have continually noted, the changing of the patterns of activity is the central theme of Hypnosis. But there is again a lack of evidence that any *particular* change is either necessary or sufficient for the production of any other Hypnotic phenomenon.

Another theory in this area, promoted by Rossi (1993)[Bib](#), involves linking Hypnotic phenomena to the natural cycles of wakefulness and sleepiness during the day - the diurnal cycles. There are such cycles, which are a continuation of cycles which have been observed in sleep also, which have a period of roughly 90-120 minutes. Roughly speaking this means that the degree to which a person is more active and outward looking as opposed to being more passive and inward looking will fluctuate with time. Since quite a lot of Hypnotic phenomena involve a certain amount of inwardness it is reasonable to suppose that they could be evoked *more easily* at certain points on the cycle than others. However this is a far cry from establishing that this particular phenomenon is at the basis of all Hypnotic phenomena.

Another line of thought seems to go to the opposite extreme from the sleep theories, and to emphasise the strong focus of attention which can characterise mental activity in many Hypnotic procedures. It can be noted that at times the attention of the Subject can be narrowed so that there is no awareness of anything but the Hypnotist's voice and the current thought which it is generating. It is certainly true that this can happen, and that many Hypnotic procedures have this as a goal. Braid himself thought on these lines and at one time attempted to change his nomenclature and to drop the word Hypnosis in favour of mono-ideism, which is a reference to the single-mindedness characteristic of many Subjects. The narrowing of attention is often a very useful tool in the practice of Hypnosis, and we will come across it often, particularly when it is sharpened by the constant use of the question, "Exactly which systems is it being limited to?" At the same time it is a fact that other Hypnotic techniques and phenomena are aimed at broadening of attention and even to a seeming elimination of any focused attention at all, so that we could

not define the subject entirely in terms of focused attention without losing valuable material. If we regard attention as an aspect of the functioning of the brain, then it is natural within the systems paradigm to see Hypnosis as involving the increase *or decrease* of attention to a particular area according to the needs of the task in hand.

Finally under this classification comes one of the simplest pictures of what Hypnosis involves. This picture sees the brain in terms of conscious plus subconscious. All functions of systems of the brain involved in conscious behaviour are lumped into one supposed entity, "the conscious mind", and all those others of which there is not normally conscious control or awareness are lumped into another, "the subconscious mind" (cf. Bowers et al. (1984)[Bib](#)). The process of Hypnosis is then seen as being the displacement of the conscious mind - it is "sent to sleep" - and the Hypnotist then speaks to the subconscious mind directly. This idea is not one that can be clearly associated with one person. It is implicit in the work of Puységur and subsequent workers in our field, and it is probably the case that it was the cumulative experience of those working with Hypnotic phenomena in the nineteenth century that led to the notion of the subconscious that nowadays is associated with Freud.

There are other versions of this model which go by the name of dissociational theories. Anyone who has read the literature on clear cases of split or multiple personalities will be familiar with the picture of one body which seems to contain a number of personalities which are at variance with each other. Despite the fact that such extreme cases seem to be very rare, they provide a simple picture which can be carried over into thinking of people who do not suffer from any problem.

The most recent proponent of a form of dissociational theory is Hilgard, an American psychologist who has done some excellent work on the use of Hypnosis in pain (Hilgard & Hilgard (1975)[Bib](#)). Some of his experiments demonstrated that it would be possible for there to be no *conscious* awareness of pain in certain individuals, but there was clear evidence that it was being perceived at some level of the mind.

Such theories are quite in harmony with a systems approach, the only difference being the amount of detail. A systems approach will expect there to be a multitude of systems at many levels. Under some conditions the situation may simplify into effectively two systems, just as a society may at some times be seen for simplicity as a governing class and a governed. But this view of things will far more often be too naïve and simplistic to be of universal value. Things are seldom this clear cut. For example such a model of a nation has little to tell us about improving the educational system or the health system or the transportation system of a country. Similarly the fact that there is no conscious awareness of a system says very little about it: it may involve a "split personality" or a repressed memory, or simply an automatic action, or an automatic regulation of weight.

Finally in this section we may mention a common "definition" of the supposed "state of Hypnosis", i.e. as "an alternative state of consciousness". The main thrust of this definition is that Hypnosis does not involve the Subject becoming unconscious. It does not say what the difference is between a supposed "normal" state of consciousness - is this the "state" of being in a rage, or in a race, or watching a video or making love? - and the "alternative" state - is this relaxed, or doing the cancan on stage, or expressing

deeply repressed emotions?

However, this idea can be expressed rather more precisely in terms of the systems approach as follows. Hypnosis will generally involve activating systems in a rather different pattern from those which are customary for the individual in order to achieve the required change. There will be no ONE different pattern for each person, but nevertheless the difference will be perceived by the individual, and during the process of experiencing this different pattern we might loosely say that he or she "has an altered consciousness".

It should be apparent by now that the theories mentioned in this section can be seen to have the following common pattern. 1. A phenomenon is observed in the course of some Hypnotic procedure. 2. It involves some particular system or function of the brain or nervous system - which we will call X. 3. An unwarranted generalisation is made that ALL Hypnotic phenomena are a result of X.

The argument of this book is that all such overgeneralisations are invalid. Each of the systems mentioned can, at certain times, be relevant to the practice of Hypnosis, but none can be seen as central. Of the theories mentioned above in this section Braid's is perhaps the least limited in that it comes quite close to the perception of the multiplicity of effects which can be achieved, though of course he did not know nearly as much as we do today about the workings of the very many complex systems in the human body and nervous system.

4. Suggestion.

The fourth major approach to Hypnosis is based on the simple idea that all the phenomena are a simple result of suggestion. We may associate this idea with Bernheim (1840-1919) (Bernheim (1884)[Bib](#)).

We may present the argument for this approach in the following way. It is a commonplace fact that we generally act in accordance with our beliefs. If, then, these beliefs can somehow be changed, our behaviour will change. In this view Hypnotic phenomena are simply a result of changing beliefs.

Inasmuch as any thought is a mental process, the initiation of a new belief involves the activation of a particular new and specific process in the brain. Likewise, since the acceptance of a new belief will often mean the rejection of an old one, it will also be necessary to inhibit or reduce the activity of a second system of thought. Therefore the process of suggestion comes within the framework of Hypnosis we are developing in this book.

By approaching things in this way we can avoid futile discussion about a supposed *difference* between simple suggestion and Hypnosis. Even Bernheim found that he could produce dramatic changes in people's behaviour by simple suggestion with no "Hypnotic" induction at all. He found, for example, some individuals who, if charged confidently with a theft of which they were totally innocent, acted in every detail as if they were guilty - even to seemingly recalling the details of the incident. Is it any wonder then that a stage Hypnotist can find individuals who can believe with total conviction the innocuous, if

unlikely, things he suggests to them?

Proper experiments have, in fact, failed to produce evidence of any incontrovertible difference between "simple" suggestion and "Hypnotic" suggestion. The search for such a difference is largely motivated, consciously or unconsciously, by the concept of a unique Hypnotic state.

The limitations of a theory based entirely on the idea of suggestion are that 1) it omits any details of how the suggestions lead to the desired results, and consequently 2) it cannot explain why some suggestions are effective and some not. Finally 3) it does not answer the question of what suggestions should be made other than the simple, "The problem will go".

By contrast the systems approach, as will become clearer in later chapters, is in a position to determine a causal chain by which a suggested idea will lead to changes in other systems, which will in turn lead to further changes, until we reach the system of interest. It can indicate better what changes should be suggested, and in which systems; it can also discriminate between cases in which direct suggestion can be expected to be effective and those in which it cannot.

5. Sociological.

At the opposite extreme from Braid, who saw the phenomena as being essentially intrinsic to the Subject, we find theories which are based on looking at the combined system of Subject plus Hypnotist.

There are those such as Ferenczi (1916)[Bib](#) who see what happens as being essentially that the relationship of the two individuals becomes that of parent and child. The Hypnotist adopts the parental role and the Subject acts like an obedient and unquestioning child.

It is certainly possible for this sort of thing to happen. Given suitable cues it is relatively easy to evoke a pattern of behaviour which was current at an earlier time. The standard Hypnotic phenomenon of regression to an earlier age is a particular form of this. In the language of systems we may say that it is certainly possible for a childlike behavioural system to be evoked in a Subject, and that for the Hypnotist to adopt a suitable parental role is one way of achieving this.

So it is helpful to see certain aspects of Hypnosis in this light. What would be misleading, however, would be to see the whole of the subject from this angle, since there is no evidence that it is either necessary or sufficient for a Subject to enter into such a childlike relationship with the Hypnotist in order to evoke any other Hypnotic phenomenon.

Another common relationship which has been used as a model for the Hypnotist-Client system is that of sexual love. Freud seems to have thought on these lines for a while. It is true that if a person falls in love with another, then she or he is at that time very open to the influence of the beloved. Consequently if feelings of romantic love for the Hypnotherapist were to arise in a Client, then an increase in responsiveness would be likely: possibly this does arise in certain cases. But this phenomenon is again

really too limited to be a suitable foundation on which to erect a theory of our subject. It would make self-hypnosis very hard to explain and would lead to the expectation that Hypnotic phenomena would arise only, or at the least far more easily, between members of opposite sexes than of the same sex - an expectation which is not substantiated by any evidence I have come across.

There is a third significant social phenomenon which has not, I believe, been used explicitly as a foundation for a major theory, though it might have been, and which is included here for comparison and completeness. This is that of the implicit obedience of an inferior to a superior in either the armed forces or any other strongly hierarchical part of society. It is certainly the case that in the earlier days of this century books on Hypnosis would say that members of the armed forces made good subjects. The presumption is that they were so accustomed to obeying orders without question that it was easy for the Hypnotist to build on this basis an unquestioning acceptance of his suggestions. We may surmise that some of the easy success of early practitioners such as Mesmer and Braid may have been based on the fact that many of their patients would have been used to accepting what their social superiors said without any question in a way which is far from common today. Insofar as the Hypnotist was of a higher class, it would have been comparatively easy for him to obtain many Hypnotic phenomena which depend on a simple and unquestioning acceptance of the Hypnotist's statements.

A fourth social phenomenon (related to the above but without the hierarchical overtones), which has been used as the basis for an explanation of Hypnotic phenomena, is that of social compliance. This idea is usually associated with the name of Spanos (1986) [Bib](#). In essence this theory views Hypnotic phenomena as being the acting out of a role by the Subject which will meet the expectations of the situation. The situation includes the Hypnotist, but also any other people involved and the physical situation. Thus the situation in a consulting room is different from that on a stage. In the latter situation the Subject will have an expectation that dancing the rumba is only to be expected. In the former it would not be. Consequently it would be much harder to elicit such dancing in the consulting room. More generally there are certain expectations of what Hypnosis involves which are diffused through society and which change over time. An example is the expectation of a "crisis" - a going into convulsions - which Mesmer's patients did frequently because it was expected and which does not happen today because it is not.

It is certainly true that people will do quite extraordinary things as a result of social compliance, as numbers of psychological experiments have proved (Milgram (1974) [Bib](#)). People *will* change their behaviour or ideas in response to the social situation that they are in, though of course this is not the same as saying that all people will do so equally. It must therefore be regarded as *one* of the mechanisms involved in certain Hypnotic phenomena. However this again seems far too limited a basis to explain all the phenomena of Hypnosis.

Perhaps we may put all the social theories into perspective by considering a hypothetical intelligent race which has no pair bonding, no nurturing, no hierarchies and no social groupings. Some form of intelligent reptile comes to mind. Would any form of Hypnosis be possible in such a species? A proponent of each of the above theories should say, "No. Since the particular form of interaction I am assuming as the whole basis of Hypnosis is not present, nothing can be done." Yet there is every reason to suppose that if you carefully manipulated the creature's *imagination*, you could produce many of the responses we regard as

Hypnotic. Many such phenomena are produced in humans purely in response to pictures in the imagination. If, let us suppose, we were to give such a creature a journey into a virtual reality world which we control, then by manipulating the world appropriately we could manipulate its thoughts and feelings and actions. By creating pictures of the world as it was when it emerged from its shell, it would seem that we would have a good chance of activating childlike behaviour patterns, i.e. regression. If we wanted to stop it smoking, we should be able to do some simple conditioning involving introducing some painful/fearful images with every introduction of the image of a cigarette, and so on. Practising Hypnotherapists will see that this hypothetical scheme reproduces much of what they do without the need for any common language, or any social compliance factor at all. So in principle there would still be a subject of Hypnosis as I have defined it even in the absence of social factors.

On the other hand the existence of such factors does make the subject richer and in many ways easier. Since the objective of Hypnotherapy is to make some change in the functioning of some internal system of the Client, it is going to be much facilitated if, as a preliminary, the Client can be encouraged to activate a receptive and responsive mode towards the Hypnotherapist. To some extent such a pattern must be based on relationships which the Client has known in the past. They may be parent-child, teacher-pupil, man-woman, friend-friend, shopkeeper-customer, doctor-patient, etc. The *art* of Hypnotherapy lies in utilising whatever capacities are present in order to achieve a given end, and a good Hypnotherapist has to have a reasonable degree of flexibility in order to activate such social systems as are present and appropriate in the Client.

We should note also in this context the Freudian notion of *transference*. This is the phenomenon whereby a patient in therapy may transfer into his or her relationship with the therapist some of the feelings and characteristics of an earlier relationship with a parent or other significant figure. This can happen spontaneously and is discouraged by certain schools, while others encourage it. Clearly the mechanism of transference involves the stimulus of the therapist's presence activating a particular pattern of feeling and behaviour in the patient, and is therefore a particular aspect of the above.

This section of theories may be summarised as follows. They all regard the primary system of discussion *not* as the individual Subject, but as the larger system of Hypnotist plus Subject, or the even larger one of the society within which the two individuals are a subsystem. Each theory tends to focus on one particular aspect of such larger systems and to view *it* as the central aspect of Hypnosis.

The position taken in this book is that while all such aspects can be of importance in the field of Hypnosis, none of them is either necessary or sufficient to the production of Hypnotic phenomena.

It should be clear, moreover, that the concept of an organic system which we have used as a foundation for our subject can deal as naturally with systems consisting of two or more individuals as it can with two or more subsystems of the human nervous system. This aspect of the subject will be developed in more detail later, but here we may note that the basic element of Hypnosis, considered as an aspect of the two-person system, is that of the activation of some particular process -- which we will label A - within the repertoire of the *Hypnotist*, which leads to some required change (an increase or decrease) in the activity of some corresponding process B in the *Subject*:

/A > IB.

A is typically a linguistic process, but may well have behavioural and affective components: i.e. the Hypnotist is primarily talking, but the body language and the emotional tone in what is said will also contribute.

The successive application of this form of interaction leads in time to the change in the pattern of the mental and physical activities in the Subject which is aimed at by the Hypnotist.

6. Information.

A very recent theory of Rossi (1993)[Bib](#) discusses Hypnosis in terms of information. This theory may be presented as follows. We have observed that there are many systems in the body. Where in this book we are starting with the more elementary idea that each may alter the activity of another, an information-theoretical approach says that each can communicate information to another. The effect of the communication of information will, of course, be to alter the activity in some way.

In his own words Rossi proposes that, "The cybernetic (circular) flow of information between our psycho-social world, mind and body down to the cellular-genetic level is the general domain of Hypnotherapy."

However at its present stage of development the theory is biased towards showing how changes at a mental level may be communicated via a hypothesised process of "information transduction" to the chemical processes involved in healing, and there is little development at the level of analysing Hypnotic inductions, etc. The theory is also somewhat confused by its association with the rather limiting conception that Hypnotherapeutic suggestion is "the entrainment and utilisation of psychological rhythms generated by the cybernetic loops of mind-body communication" - the theory involving diurnal cycles described above.

By contrast the approach of this book is to be in broad agreement about the domain of Hypnotherapy: that it *does* involve the many cybernetic systems at the social, mental, physical and chemical levels. But within this scheme it unifies existing understanding rather than positing any new specific principles. We will also find that it makes far clearer the dynamics of the cybernetic processes, in many different contexts.

Conclusion

It will be apparent from the above brief accounts how many different aspects there are to our subject. Each has a certain virtue. But each is largely incompatible, as a theory, with the others because of its claim to exclusivity.

It is as if a continent has been surveyed by a number of individuals. Each has drawn a map of his own

locality and regards the local terrain as archetypal of the whole continent. They therefore regard the others as being substantially in error.

But there comes a time when it is possible to unite the maps in such a way that they *add* to each other and help to form a composite map of the entire continent.

The uniting principle is the fact that all of the theories deal with one or more organic systems and their interactions. By using this principle we are able to make a consistent picture of the whole field. It provides a way for the proponents of different theories to talk to each other in a common language, and therefore makes it possible to explore common ground and differences constructively.

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Principles of Hypnosis:

CHAPTER 5

Interlude: Analogous Processes

In this chapter the reader is reminded of many other organic systems with which he or she is familiar, such as organisations, ecosystems, economies and families. The purpose is to activate in the mind certain patterns of organised thought; certain dynamic images; a certain organic approach to a subject which is a useful one when we develop the "Morganic" approach to Hypnotherapy.

ABSTRACT PRINCIPLES are often grasped better if they are embodied in examples, analogies or metaphors.

This brief chapter contains a description of different types of organic systems from those normally found in Hypnotherapy. Though different in structure, they are in many ways similar in their processes. They are therefore analogues which can illuminate the general principles of our subject.

Consider first a large firm with many hundreds or even thousands of employees. They do not relate at random. There will be a considerable degree of organisation. Typically there will be many departments and subdepartments. For example there are likely to be groups whose primary concern is production or sales or accounts or maintenance or management or after-sales service or advertising or secretarial or stock control or transport or recruitment. In a large company these may be further subdivided, perhaps because there are different sites, or because a task is so complex that it is best subdivided into smaller ones and smaller subgroups are used to deal with each.

Although all large companies follow this general principle, they will each be different not only in the exact pattern or mix of departments but also in the way that they function.

Each department is an organic or biological system. Its *structure* consists of the people in it together with the buildings and things they use. Its *processes* are the things that they do.

In order to understand the functioning of a business it is necessary to have a grasp of the departments and *how* they interact with each other and also with any external factors - typically other businesses or other aspects of society. At the most elementary level this means being able to answer questions like, "If department P (production) increases its activity, what effect will this have on department S (sales)?" ; "If

department E (exports) reduces its activity, what effect will this have on P?"; "Does the action of M (management) on P increase or decrease its activity?"; "How does the action of the government (G) in raising VAT change the activity of S?" and so on. If we can't answer such basic questions then we cannot claim to understand the functioning of the company at all. There are countless theories of management (cf. Kennedy (1991)[Bib](#)) but if they do not include the ability to answer the simple questions above, which in effect are, "Will a certain change make things better or worse?" then I would argue that they cannot be very useful.

Of course in a business context the word "activity" is not used, but instead money is generally used as a measure. Every activity of every department can be costed with reasonable accuracy. The costs involve such things as salaries, raw materials and a variety of overheads. The natural tendency of every department is to increase its costs - to grow - just as the natural tendency of organic systems generally is to grow. This growth is limited in a company because there are limited financial resources, and so the departments have to co-operate and/or compete. Any change in activity of one department will therefore change that of the others. But some changes can lead in the longer term to an overall increase of resources - normally by increasing profits - which will benefit each department, and each individual in it. Other changes may lead to a reduction in resources for each department - if they lead to a drop in profits. An intelligent analysis of the effect of each department on each other and of the effect of factors in the outside world - normally the market-place - on each department can lead to improvements all round.

Notice that the fact that two businesses have the same formal *structure* is no guarantee that they will *function* identically. There may be excellent relationships between management and workforce in one firm and terrible ones in another. In one, the accounts department may be very conservative and resist any request for money to be put into research and development, while in another it may be very co-operative. In one, the sales department is only concerned to feather its own nest, while in another the sales department is very much part of the team.

Notice that the above descriptions are *qualitative*, not *quantitative*. Although some aspects of the functioning of a company can be given a useful financial measure, the above thumbnail sketches show that the simple notions of whether one department will resist or co-operate with changes in another department could be of far more importance in assessing a company than the financial accounts, however exact, of each department.

In an abstract form, if we let A and B be two departments then the question of whether:

$\Delta A > \Delta B > \Delta A$ or $\Delta A > \Delta B > \Delta A$

is of great importance. Spelled out in detail these two expressions describe situations in which an increase in the activity of department A leads to a change in the activity of department B (which can be either an increase or decrease) which in turn leads *either* to a further increase in the activity of A *or* to a decrease. In the former case B acts to help A, in the latter to resist it.

The analogy with individuals should be clear. Two people might have identical mental and physical structures, but they could still be functioning in very different ways: have very different personalities. In one person, advantageous systems could be co-operating and the overall person would have inner harmony and do things with great efficiency. In another person, inner systems could be at variance in such a way that the main result is internal stress.

As a next step in our analogy let us suppose that there is a problem in the company. It may have been simmering in the awareness of some departments for some time, but it is unlikely that anything will be done about it until it reaches the attention of the managerial system. Attempts may be made at that level to solve it, but if that fails, recourse may be had to a Management Consultant.

This is an analogy of the situation in which an individual has some problem which may be simmering for some time without its being consciously recognised as one; then an attempt is made to resolve it; then a Hypnotherapist is called in to help.

The Management Consultant will first spend some time with the Management, hearing their interpretation of the problem. But even at this stage he is finding out as much as possible about the ways in which the company is organised, both in terms of the structure and also the functioning; i.e. he will be asking questions like those mentioned above.

Because he has experience of many other companies, some good and some bad, he will be able at least to guess at the likely cause of the trouble, which is probably localised in just a few of the departments.

He may then well want to check out his guesses by going and talking to the departments involved. Broadly speaking the attitude of management to this may on the one hand be co-operative and they may be prepared to let him get on with it, or on the other hand they may well want to be with him all the time. A skilled consultant should be able to handle either extreme.

If he operates like the classical or stage Hypnotist, he will attempt to eliminate any influence of the management and will want to take over the running of the company all by himself for a while.

If he operates like a modern Hypnotherapist, he is more likely to be happy to have the Management watching and learning as he goes along. It is so very often the case that real problems in life are only labelled "problems" because there is a failure to understand consciously how to cope with a situation. Consequently an approach in which there is conscious co-operation and conscious learning is normally far better in a therapeutic situation. In other words, although the Management may perceive the problem as coming from elsewhere in the organisation, the roots are often a managerial deficiency.

When it comes to implementing a change in practices, it should be evident that this is likely to be very difficult at a time when every department is stretched to capacity. Retraining is normally best done when there are few outside pressures. So ideally the Management Consultant would like to declare a general holiday and send home all the workforce except those in the "problem" departments. They will then be

able to concentrate totally on the task of changing their practices. In a different language, we may say that ideally the Consultant will act to reduce the activity of all but the key systems to a minimum, so that there will be minimal interference with them. At the same time he will introduce quite high levels of activity, but of a specific kind - learning new processes - in the key systems.

This parallels the tendency in a typical Hypnotherapeutic session to reduce to a minimum the activity of all major systems of action and perception and thought in the Client, *other than* those of importance to the problem.

However, please note that the above is not the *only* possible approach. It is quite conceivable that a certain kind of Consultant could step in with such dynamic confidence that he will *command* the attention of all relevant departments, whatever else is going on. He might then create a major upheaval - an organisational convulsion - and in that way disrupt dramatically any established practices which are leading to problems. Such an approach would be more akin to some of the practices of the Mesmerists or exorcists, or might be likened to the modern practice of Electro-Convulsive Therapy in which certain serious mental problems may be relieved by the rather drastic procedure of delivering a series of electric shocks to the brain. There is little in the way of theoretical justification or understanding of this process, but when it works, it may work on the above principle of: "Let us disrupt the organisation and then hope that when it reorganises itself, it will do so in a better way."

So we have seen that some applications of Management Consultancy include the existing Management systems among those to be inactivated (*not* involved) during the change, and some include them among those to be activated (involved). Some involve a gentle retraining, some may involve drastic shake-ups. Some may involve a gentle holiday for most departments, some simply hold the attention of key departments so strongly that it does not matter what other departments are doing. But the job definition is the same: it is to produce change by altering the patterns of activity of the many subdepartments of the organisation.

Some applications of Hypnosis include conscious systems among those to be inactivated, and some include them among those to be activated. Some involve a gentle learning process, others involve dramatic shake-ups of existing ways of thinking. Some proceed via an initial condition of general relaxation, others simply arouse or activate key systems so strongly that it does not matter what other systems are doing. But the job definition is the same: it is to produce change by altering the patterns of activity of some of the many subsystems within the person.

In this analogy it should also be obvious that to say that "the company is in a state of consultancy" is not very informative. There is no unique defining characteristic of such a hypothetical "state", because companies are so different and consultancy styles are so different and the goals can be so different. But the absence of any such unique "state" does not invalidate consultancy as a skill or even a science.

Now let us consider a totally different class of organic system: that which is considered by ecology. In the classic book by Krebs (1994) [Bib](#) ecology is defined as "the scientific study of the interactions that

determine the distribution and abundance of organisms". Although ecology is a comparatively new science - it can perhaps be dated from the work of Charles Elton (1927)[Bib](#) - its concepts have permeated our world to such an extent that it can be supposed that we all have some idea of its basic ideas. Quantitative ecology is now well-established in the A-level Biology curriculum, for example (Green et al. (1984)[Bib](#)).

As an example of a problem faced within ecology let us suppose that there is a pest in a certain area of the world, and that an ecologist is asked to advise on how it can be eliminated or at least much reduced. How does she go about her job?

Notice that this goal can be approached in different ways. There is the chemical method: find a poison which kills the pest; apply it profusely; if the pest returns, apply more poison. Such a method is quick and will often produce remarkable improvements in the short term. The problems with it are 1) the cost of repeated doses, 2) the fact that the poison may start to affect other organisms, including people and 3) the fact that the pest can, if not totally eliminated, start to develop immunity so that ever-increasing doses of chemical are needed to control it.

The more ecologically sound method is to proceed on the following general lines. The pest species is regarded as one subsystem of the complex ecosystem of the region. The interactions between the pest species and other species of animals and plants is then carefully analysed. Interest is focused in particular on those species which act as food for the pest and those which prey on the pest. In terms of our simple notation we want to know all those species or systems X such that a change in the activity of X can lead to a change in the activity of our pest P:

$IX > IP$.

Typically it is the case that:

$\backslash \text{Predator} > \backslash \text{Pest}$ and $\backslash \text{Predator} > / \text{Pest}$,

and

$/ \text{Food} > / \text{Pest}$ and $\backslash \text{Food} > \backslash \text{Pest}$,

though we must remember that behind these simple, first-order ideas there may be much complex detail.

Of course once the ecologist has found the other species which have a direct effect on the prey, she must go on and find out how those species themselves are affected by others, until she has achieved at least a fair working knowledge of the network of interactions. Notice again that she is going to start with a *qualitative* picture. It is going to be very hard indeed to gain a *quantitative* one, though it is not out of the question.

Her skill is then going to be employed in using this knowledge to discover some way of changing things which will lead to a new and stable mix of species which will have a lower level of the pest present.

This is not a simple job. A naïve approach is to introduce a new prey species. This may work. But there are instances where this has been disastrous because the consequences have not been thought through. The new prey species may turn out to prefer to eat not the pest but another species which competes with the pest for the same food supply. We then have the following simple pattern:

/New Prey > \Competing Species > /Food Supply > /Pest,

and the result is the opposite from that desired.

However, if this job is done well - and note that the exact solution will be different in each case - it has the promise of being stable and long-term, with no further input of money or time being necessary.

Another way of altering the ecosystem is to work with the inorganic part: the physical environment. If the pest has a larval stage which flourishes in swamps, then the draining of the swamps will largely eliminate the pest. (\Swamps > \Pest.) Of course this should not be done without thought, as there will be other consequences which should be thought through. For example, the swamps will be a necessary resource for many other life-forms which may suffer if the swamps are drained, and this may not be an overall improvement.

The equivalent perspective to the above in our field is as follows. The equivalents of the different species are the different systems within the brain, nervous system and body. The equivalent of the chemical solution is drug therapy. The introduction of a new thought or habit into a human mind has distinct parallels to the introduction of a new species into an ecosystem. It will inevitably affect the pre-existing thoughts or habits. It may be that the new thought will not flourish - the new species will not be able to survive. It may be that it will thrive very well but not have the intended effect, even to having a contrary long-term effect to the one intended. The equivalent of changing the physical environment of an ecosystem is changing the physical environment of a person. (This may not seem to have much to do with Hypnotherapy, but if it is the easiest way of solving a person's problem, it should not be overlooked on that account.) The equivalent of the careful and intelligent ecologist is the careful and intelligent Hypnotherapist who very carefully studies the personality of the Client until she has a good grasp of the complex interactions of the various systems involved before gently introducing an ecologically sound change, i.e. one that will take root and thrive, change things in the desired way and enrich the inner environment.

Note again that there is no real meaning to the phrase, "the ecosystem is in a `state of ecology'" to describe the process of being studied or changed by an ecologist, but this does not mean that such studies and processes do not exist.

The field of ecology also teaches us that it is easy to make what on the surface seems an advantageous

change, only to find that it results in something worse. As an example we may take the introduction of the Nile perch into Lake Victoria in 1960. The United Nations Food and Agriculture Organisation decided that these large fish would provide a good source of food, and introduced them without taking account of warnings by scientists at the time.

Here are some of the consequences (Murray (1993)[Bib](#), p.88):

$\{Perch\} > \{Cichlid\ fish\} > \{aquatic\ snails\} > \{human\ liver-fluke\ disease\},$

$\{Perch\} > \{fishing\ catch\},$

$\{Perch\} > \{Trees\}.$

The mechanisms are quite simple. The smaller cichlids which used to provide the fishermen with their catch not only added up to a bigger catch overall: they also controlled the aquatic snails, which were carriers of the liver-fluke disease bilharzia, which is invariably fatal in humans if not caught in time. In addition the perch are too oily to be sun-dried like the cichlids, and so precious trees have to be cut and burned in order to preserve them by smoking. So what was supposed to be a beneficial change turned out to be a disaster in more ways than one.

The moral for us in Hypnotherapy is clear. The internal interactions of the various systems in the human mind are also organised in complex webs, and a careless introduction of a change without thought of consequences could also be a disaster.

Another field with which we can draw analogies is economics. Here the systems of interest are such things as the building industry, the stock exchange, the transportation industry, the government, the media, the power industry and so on.

The task here is to be able to work out how changes in each of these affect the others. If the government changes the bank rate, how will this affect the activity of various sectors of industry? If manufacturing increases, how will that affect the demand for power or capital? There are many such questions that should be answerable if it is claimed that the workings of the economy are understood.

Economists actually try to produce very detailed and quantitative models of an economy. These can be complex indeed, and consequently the models can only be run on very large computers. As a result they give little *insight*. The answers, if available, to the above simple *qualitative* questions can be far more illuminating.

What is of interest here is analogies between certain patterns within an economy and within an individual. In an economy there can arise conflict between two sectors or subsectors competing for the same resources. This can happen at many different levels: between companies, between capital and labour, between industry and government, and so on. Similarly, within an individual there can also arise

conflicts between two systems or subsystems: between a desire to smoke and a desire to stop, between a need to eat and a desire to be slim, between a desire for relaxation and a need for income, between an increasing sleepiness and an interest in the late night movie, between the previous intention to walk forward and the present perception that to do so will mean colliding with another pedestrian, and so on.

Large conflicts between systems can prove to be a problem both in an economy and in an individual. In recent years society has begun to generate numbers of subsystems which are designed to resolve such conflicts, such as the Conciliation and Arbitration Service in the UK. In many problems which come to a Hypnotherapist, the role of the arbitrator is taken by the Hypnotherapist, who may speak to each subsystem separately and then find a way to bring them together in a co-operative way.

It is worth noticing in this context the difference between short-term and long-term solutions. It may be possible to make a short-term change by throwing the weight of the arbitrator totally behind one of the sides, and overriding the other. But it is in the nature of organic systems of all kinds to react to attack by increased defence, and although this process may often be delayed, the long-term effect is that the side which was overridden will come back later even more determined than before to compete and resist. Thus for example if there is an internal conflict in a person about food which is "resolved" by a draconian diet, then when the inner system F which is concerned with eating food gets half a chance it will seize the opportunity and binge to excess. But this in turn will lead to an increase in the dismay of the other system W, concerned with reducing weight, and so when *it* gets its turn, it will become even more draconian in desperation.

In our shorthand:

$$/W > /F > /W > /F$$

and we have what is colloquially called a vicious circle: the stricter the diet, the greater the binge, and the greater the binge, the stricter the diet. (We will be finding out a lot more about such vicious circles later.)

Within an economy or society the same pattern can arise in many ways. If two firms X and Y are competing for the same market then X may increase its advertising, which will result in Y increasing *its* advertising, which in turn leads to X increasing its advertising, and the budgets can spiral ever upwards. The net effect is a larger advertising industry and a more expensive product. Or we may find a conflict between different communities, possibly of different ethnic origins, which can similarly escalate into increasing levels of conflict as each reacts to aggression with yet higher levels of aggression in return.

As a final subject which parallels our own we may consider an example which is a little closer to home: family therapy. Here the basic system is the family, consisting of parents and children together with the more or less strong influences of grandparents or other related individuals. Here again we are looking at a dynamic system with recognisable subsystems: the individuals involved. There will be some specified "problem" which is often presented as a problem with a child. But in family therapy it is normally supposed today that the problem is far more likely to be a consequence of the dynamics of the family as a

whole.

Suppose that the symptom is tantrums (T) in a child. In a simple case it may be discovered that the immediate cause of the tantrums is a tendency for the parents to quarrel (Q) with each other. Suppose also that a result of the tantrums is that they call a truce for a while to deal with the tantrums. The presented symptom then is clearly implicated in the loop:

$/Q \rightarrow /T \rightarrow \backslash Q$.

Here we see that the tantrums are actually useful in holding the family together because they limit the amount of quarrelling. You cannot then remove the tantrums without considering the consequent change in the pattern of quarrelling. It might be, for example, that in removing the tantrums you will destroy the marriage! In a particular case it might, however, be relatively easy to resolve the cause of the quarrels, and then the tantrums, lacking a driving force, will quietly fade away.

The Family Therapist, in the process of handling each situation, will often be using principles which are formally identical to some used by Hypnotherapists. She may, for example, send everyone else out of the room while talking to one individual, which is equivalent to the Hypnotherapist rendering inactive or quiescent all subsystems but one in the individual. For the other members of the family to be present but listening is equivalent in Hypnosis to a lower than normal level of activity of other relevant systems. Getting the members of a family to rehearse new forms of behaviour is equivalent in Hypnosis to getting a new form of behaviour imagined. Getting them to relive, in the Therapist's presence, some earlier family trauma is equivalent to the Hypnotherapist getting an individual to relive a traumatic experience, with catharsis being the goal in each case. There are many such parallels.

In practice the Hypnotherapist can often be dealing with an internalised family in the sense that an individual will have character aspects which directly correspond to the dynamics of the family in which she or he grew up. So Hypnotherapy can often be likened to family therapy in which all the family is in the one head! As an example there is the commonly used notion of "the child within". It is not saying that an adult is always childlike, but that there are within most adults behavioural and emotional subsystems which are essentially those they developed in childhood, and which may influence life quite considerably from time to time. The "child within" which appears in the literature is usually unloved and hurt. But this is inevitable: anyone with a "child within" which is a consequence of a loved and loving childhood is unlikely to go to a therapist for help in that area! Therapy is often aimed at dealing with the dynamical interaction of an unloved "child within" and an internalised "parent within" - another mental subsystem which perpetuates the unloving attitudes to the person of a parent in childhood.

In shorthand the typical pattern of such an interaction, whether in a real family or an internalised one, is:

$/\text{Upset of Child} \rightarrow / \text{Anger of Parent} \rightarrow \backslash \text{Upset of Child}$,

whereas in a loving relationship we have:

/Upset of Child > /Love from Parent > \Upset of Child.

The task of the Family Therapist or the Hypnotherapist is to change the former process for the latter. Chapter 20 deals with Family Therapy in more detail.

SUMMARY

This chapter has been an exercise in mind broadening, with an emphasis on the central idea of the dynamics of organic systems.

Four examples of complex systems have been referred to: the family, a company, an economy and an ecosystem. Each has natural subsystems. The basis of understanding the dynamics of each is to understand the complex interactions between these subsystems.

A human being is likewise a complex organic system with naturally arising subsystems - each of which can in turn be analysed into subsystems down to the level of a single cell and below. Each human being can also be regarded as a subsystem of larger systems: families, firms, countries or ecosystems.

Each organic system has its own detailed language and expertise. But it is argued here that if we put the language on one side and stick to the most essential features, we are left with a theoretical framework which is recognisably the same in each. In everyday language we may say that understanding in each area is based on asking the key question, "**If the behaviour of *this* system changes, how does it affect the behaviour of *that*?**" -though of course there are many other questions that can be asked, many of which vary from subject to subject.

This similarity has been emphasised by the use of a simple common notation which can be applied in **each** of the contexts.

It is expected also that the newcomer to the field will know more about at least one of the more familiar systems mentioned in this chapter than about Hypnotherapy. Since learning is often a matter of relating the new to the known, this chapter should have helped many readers to start to think about Hypnotherapy in a valuable way.

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Principles of Hypnosis:

CHAPTER 6

A First-Order Classification of Subsystems useful in Hypnotherapy

In this chapter we take a rather closer look at the central systems with which we deal in Hypnosis, in order to perform a rough classification. There are those subsystems which interface with the external environment, which can be classified into active, e.g. muscular, vocal; and responsive, e.g. vision, hearing. Then there are those subsystems which deal with the internal environment, e.g. emotions, internalised speech, visualisation and a variety of maintenance and defence systems. Important among this last class is the "flight or fight" process. This elementary classification is then used to illustrate the principles along which Hypnotherapy can proceed.

IN THIS CHAPTER we will look at some of the systems which are important in Hypnosis. This is not intended to be a complete list, but rather to give some familiarity with some of the more central ones and with the systems approach to the subject. It will also lead to an elaboration of the simple picture of a Hypnotic process mentioned in Chapter 3.

A system consists of a structure and a collection of processes. We will begin by focusing attention on the structure. We are then normally able clearly to distinguish the system from its **environment**. We may therefore give meaning to the words **interior** and **exterior** as applied to a system.

There are times when there is a very clear boundary between system and environment: an individual person and an individual cell are both clearly distinguishable from their environment. On the other hand there is a certain arbitrariness about where we draw the line between a heart and the veins and arteries which are attached to it, or between the brain and the associated nervous system. But such fuzziness is inevitable in most systems of classification - where does red end and orange begin? - and does not give rise to large problems.

With this in mind let us next consider the question of useful ways of analysing the human being into major subsystems for the purposes of Hypnosis.

There is no one agreed way, but the following is a possible first-order approximation. We have noted that a system S can be distinguished from its external environment E. However it is not independent of that

environment. It is continually being acted on by that environment ($IE > IS$) and in turn it is acting on it ($IS > IE$). In practice in complex organisms there are different subsystems which deal with these different aspects: the active and the responsive. A market research department (which responds to the market) is distinct from sales (which acts on it). Military intelligence (which is purely responsive to the state of the enemy) is distinct from the fighting force (which is primarily active). In the human being we may distinguish the sensory systems which respond to the environment from the motor systems which act on it.

These examples will motivate a first large analysis of the subsystems of any organic system. There are those which interface directly with the external environment and those which do not. We can divide the former into those that act on the environment and those that respond to the environment.

The main systems in the human being which respond to the outside world are responsive to the following: sight, sound, touch, smell, taste and acceleration and orientation in a gravitational field, and can be identified with the eyes, ears, nerves in the skin, nose, tongue and a mechanism in the inner ear respectively.

The main systems which act on the outside world do so by means of: force, sound, visual signs and smell, and are normally identified with the major muscles, the voice, the facial muscles together with bodily gestures and the pheromonal system respectively. (The pheromonal system is comparatively unimportant in humans compared with most land animals. It is a means of sending chemical signals through the air in the form of scents to affect other members of the species. The lucrative market in perfumes indicates that it is not totally irrelevant to us, however.)

There are other systems in both categories which might be mentioned but they are too slight to be included in our first-order list. There are, for example, reports of animals and some people being sensitive to magnetic or electrical fields. Some animals can generate electric fields strong enough to kill, and human beings generate detectable electrical fields at the skin (they are what enable an EEG machine to work) which might in principle affect the environment, but are generally too small and insignificant to be included in our list.

In the context of modern Hypnotherapy, though not of other subjects like gastronomy, the above lists can be simplified to four primary systems - two active and two sensory.

The two main sensory systems are vision and hearing which together give us the greater part of our information about the world, with touch coming a very poor third. (The modern Hypnotherapist does not usually touch the Client at all.)

The two main active systems of interest are the vocal and the muscular, with the emphasis being on the body language aspect of movement rather than on the moving of objects.

At the beginning of a Hypnotherapy session all four of these systems are active in the Client. Broadly

speaking, current practice is for the Hypnotherapist to reduce the activity of the Client's muscles until relaxation is nearly complete, to eliminate all external vision by inducing the eyes to close directly or indirectly and to eliminate vocalisation either directly or much more often indirectly. The only major system that remains active is therefore hearing, and this the Hypnotherapist wishes to remain active the whole time as it has become the only channel of communication, though it may well be narrowed down to respond only to his or her voice and nothing else. Notice that this cannot be said of true sleep.

Notice also that although the above is the current practice, it has not been universal. At one time it was thought that the gaze of the Hypnotist's eye was very important. It was therefore important to keep the Subject's eyes open in order for this Hypnotic gaze to be effective.

We may note also that it was once a common procedure in stage Hypnosis to work first on the sense of orientation. The potential Subject was instructed to stand upright and rigid, and to gaze upwards. After a while suggestions of swaying would be made. These would tend to disorientate the Subject, who became unable to tell if he or she was vertical or not. The result was a falling against the Hypnotist, who would generally then gently lower the rigid body to the floor. (I have heard of a similar procedure being used in certain churches, in which the resulting condition is called "the sleep of the spirit".)

In current Hypnotherapeutic practice very little use is made of the sense of touch in the Client. At most it enters negatively, in that suggestions are made to the effect that it will become impossible to feel the chair, etc. In past times, particularly in Mesmerism, touch was used extensively. Stage Hypnotists today tend to use quite a lot of physical contact, though of a different kind. In principle the holding of a hand or a gentle stroking could, in the right circumstances, be used to advantage in Hypnotherapy to induce feelings of trust or relaxation, but in the present social environment in the UK such gestures could be taken amiss and tend therefore to be avoided in Hypnotherapy. The same social conventions allow them in Aromatherapy, however!

Equally little use is made of the sense of smell, though some therapists might use a pleasant background scent in their consulting rooms.

Having made this simple classification of subsystems which deal directly with the external environment, we now turn to a classification of subsystems which do not. Such systems must by definition respond to or act on only the *internal* environment of the body. We may say as a broad generalisation that the more complex the organism or organisation becomes, the greater, in proportion, become these purely internal systems. A large business, with more departments, needs far more people devoted entirely to maintaining the departments and regulating their interactions. A complex society develops a far larger service sector as opposed to a primary producing sector. This process has been noticeable in human societies generally over recent centuries. An organism as complex as a human being develops many internal systems to keep everything in order.

It is of overwhelming importance to any organism that it should maintain its viability. An organism as complex as a human being needs an enormous variety of subsystems whose function is simply to keep

things going. Let us call these things Maintenance and Defence (M&D) subsystems. They include the immune system in all its complexity, which enables the body to react to and destroy an enormous number of invading pathogens. They include the healing systems that detect and repair breaks in bones and lesions in most tissues. The pain system is best seen as a part of this Maintenance and Defence system, serving to activate awareness of serious internal damage. The maintenance of body temperature, of blood sugar levels, fat reserves, oxygen levels and the levels of many other important substances such as salt, various hormones, etc. are vital functions which all involve some form of monitoring and control by the nervous system. We may include the digestive and excretory systems under this heading insofar as they are involved in the necessary maintenance job of maintaining energy levels and removing toxins and rubbish. This list can go on almost endlessly: skin has to be kept in good condition by means of continuous renewal from inside together with some oiling, the eyes have to be washed and swept clean, the joints have to be kept lubricated, bone strength and thickness is continually being adapted to conditions - thus in zero gravity conditions the body will lighten the bones since that additional strength is no longer necessary, red blood cell levels have to be continually topped up as the old cells die, and so on.

We tend to take all these things for granted - until they go wrong. The amazing thing is how well they work so much of the time. For remember that not only must the basic systems mentioned above be maintained, but there must be other subsystems which act to maintain the viability of the first-order maintenance systems. Auto-immune diseases are just one example of what can happen if a system which has a maintenance function itself goes wrong. In the analogy of a society, the function of a police force is primarily to maintain a reasonable fairness between individuals. But in order to prevent the police force itself becoming corrupt, it is necessary that it should itself be controlled. But that controlling body could itself go wrong unless it also is controlled. In a similar, though vastly more complex way, we should be aware in general, if not in detail, of amazing nested systems within the body which are balanced against each other, checking and correcting each other in a ceaseless interplay of action and reaction, or activation and inhibition, following paths that have been laid down sometimes over billions of years.

In recent years a great deal of progress has been made in the painstaking analysis of the simpler of these maintenance systems, and hence faults in them can often be corrected. For example, the process of blood clotting has been discovered to be a fourteen-stage process. Haemophilia is typically a result of just one of those stages not working properly (factor VIII). This can now be compensated for. No doubt we will see much more progress on these lines in the twenty-first century, which will dovetail with the systems approach to Hypnotherapy, as we see ever more clearly how the comparatively high-order systems which are easily accessible to Hypnotic techniques control and interact with the lower-order maintenance systems such as those mentioned above.

Although the maintenance systems are those which are of overwhelmingly the greatest importance as regards the internal environment of a person, they are not those which are most immediately affected by Hypnotic techniques - though there is one major exception which we will come to later. It is therefore more useful for us to start our classification as follows.

We will begin with the internal verbal system, the internal visual system and the emotional system as

being the three most directly important internal subsystems in Hypnotherapy. The first two arise out of the complexity of the systems which have evolved to deal with the spoken word and with vision. This complexity has resulted in systems which can become active even in the absence of an immediate external stimulus. In everyday language this amounts to our being able to hold internal conversations with ourselves, or imaginary conversations with others, and to be able with more or less vividness to call to mind imagined scenarios - some of which are memories of past experiences, some of which are imagined future events and some of which are fantasy pure and simple.

The third system is that of emotion which, as mentioned in Chapter 2, is centred in the limbic system of the brain and is tightly connected to the hormonal system via the thalamus gland in the brain. I have not included it among the list of systems that deal directly with the outside world, but it is normally activated indirectly in response to stimuli from the outside world which enter via one of the sensory systems mentioned above. We recognise such feelings as fear, excitement, anxiety, hate, jealousy, guilt, happiness, rage, sexual excitement, love, affection, nostalgia and so on. Primarily they are responses to external stimuli, but again the complexity of mental systems is such that they can be activated spontaneously.

The emotions have a very central and powerful position in the economy of the body. Most of our decisions are ultimately based on some feeling or other.

If we label internal verbal processes V, verbal processes which are purely receptive of external voices L (listening), the external visual system S (sight), the imagination system Im and the emotional system E, then a very common process in Hypnotherapy is to proceed as follows:

/L > \V

/L > \S > /Im > /E.

In words these shorthand sentences stand for two processes. The first is rather simple. By means of holding the Subject's attention on the Hypnotherapist's voice, any internal verbal speech is reduced or eliminated. This can be very important in some Hypnotic processes. As a very simple example, if as part of an induction a Hypnotist is repeating, "You are feeling sleepier and sleepier", but the Subject is repeating to himself, "I am getting more and more irritated by this", then the second suggestion will predominate. More generally, internal verbal activity can be simply distracting: "I wonder if I should be trying to feel more relaxed?", "I can still hear the sound of traffic", "What shall we have for lunch?", "Perhaps I will have time to do some shopping on the way home", "When is he going to come to the point?", "Is this going to work, I wonder?" All such thoughts are a hindrance to the changes that are generally aimed at in Hypnotherapy. Of course if the thoughts are favourable, then there is often no need to reduce them: it depends then on the particular goal.

The second shorthand sentence expands into the process of first inducing the Client to listen primarily to the Hypnotherapist; then of achieving eye closure so that external sight is eliminated; this in turn will

make it easier to activate the internal visual system; by then using this to create images of emotionally significant scenes, the appropriate emotions can be evoked.

As simple examples of this, it is commonplace to use images of relaxing situations (a sunny beach, perhaps) in order to produce peaceful feelings. In treating phobias it is possible to induce the feeling of fear in a controlled way by suggesting images of the feared thing or situation, in order then to eliminate the phobia by a standard method of progressive desensitisation. This involves exposing the Subject to increasingly intense experiences of the (imagined) thing feared in a controlled way in order to reduce the fear felt. If the agreed aim of therapy is to uncover repressed traumatic material (which results when an experience was so emotionally painful that it cannot be consciously recalled), then using the imagination to set the scene of the experience will commonly be enough to allow in the associated emotions.

For many people the catch-all word "subconscious" refers almost exclusively to processes which are primarily to do with emotion, and when they think of "Hypnosis getting through to the subconscious", they are simply thinking of its power to influence feelings about things.

We may emphasise again at this stage the very important fact that in different individuals the different systems can function VERY differently. There are, for example, individuals who are very poor at imagining things, even though they can be strongly influenced by what they see around them - e.g. the TV. It may be that in a particular person words are a far better way of activating emotions than any amount of pictures. (A quick idea of the balance between the two can be obtained by asking the Client if she prefers a fictional book or a film for relaxation or entertainment.)

Although we have listed only the primary internal systems of imagination, internal verbal thought and emotion, there is no suggestion that this list is more than a first approximation, appropriate as an introduction to thinking in a systems-oriented way. We can also think in a kinaesthetic way, for example: I can imagine the sense and feeling that go with lifting a spoon without ever verbalising or visualising it. Music has not been mentioned, but it can be a strong activator of emotions, and some people can call it to mind at will as easily as a visual memory. And we can think in more abstract conceptual ways which are of a higher order and harder to locate as a cerebral function. And we should be aware that each of the above systems can be analysed into subsystems, and that they can combine in various ways. This is not an encyclopaedic book: it is intended to present a way of looking at things. The key idea is that practitioners in the field of Hypnosis should be aware of just what systems they are activating or inactivating at a given time, and some sort of classification is useful to detail their answers.

Now that we have looked at the main systems which are involved in the early stages of a Hypnotherapy session, it will be useful to return to the large class of Maintenance and Defence systems, and look at one in particular which looms very large in the work of the Hypnotherapist. The function of this system is to enable the body to respond to a perceived danger. It is defensive. The responses are often summarised by the phrase "fight or flight". The presumed origin of this system was in a more primitive world than our own, when most dangers could be met either by running away from them or by fighting the wild animal or enemy which posed the threat. It was seldom the case that threats could be met by drawing little marks

on a white surface, or by quiet reason. It was far more useful to have the lungs drawing in reserves of oxygen, the heart beating fast, adrenaline flowing, the muscles ready for action, the stomach and/or bowels empty, perspiration starting to keep the body cooled and so on.

Problems involving this system which may be presented to the Hypnotherapist include anxiety, panic attacks, examination nerves, fear of flying, agoraphobia, "stress", bereavement, fear of dentists, and so on endlessly. Many cases of sexual malfunction, for example, involve this same defensive response, because another aspect of it is that it tends to switch off sexual drive. Consequently the man who gets anxious about his performance and therefore activates this defensive pattern will *further reduce* his sexual prowess. This will make things worse and a vicious circle begins.

In most of these cases the problem is that this particular defensive system is activated *inappropriately*. There are very few threats in modern life that call for these kinds of emotional and physical changes. Typically there is some sort of trigger - a place, a feeling, etc. - which is interpreted by a key mental system as DANGEROUS. This will immediately activate the defensive "fight or flight" system. One common strategy for the Hypnotherapist is to aim to change the first system so that it no longer regards the particular trigger as being DANGEROUS.

In principle an alternative approach might be forcibly to prevent it from activating the defensive system, but although this might work in the short term, it is potentially flawed in that the warning might later break through again. As an analogy, suppose that the accounts department of a company is (rightly or wrongly) saying, "We are in a financially dangerous situation. We must economise!" The effect of this will run through the whole business. Now we may prevent the accounts department making everyone feel demoralised by locking them up, or cutting their lines of communication. But not for long. Sooner or later they will get out and shout all the louder as a result of not being heard before. As management technique or Hypnotic technique that is bad practice. Correct practice is to pay attention to the system which is reporting danger and then demonstrate to it that the situation does not call for the drastic level of response that is being suggested.

There is evidence that Hypnotic techniques can in fact affect the functioning of Maintenance and Defence systems which operate at a lower level, such as the immune system. Rossi & Cheek (1988)[Bib](#) present some details on the effect of Hypnotic techniques on healing. There is plenty of evidence - *vide* the placebo effect - that people's beliefs about their diseases can affect their course. But the exact pathway by which the mental process affects the physical one is not totally clear.

This is an area in which more research would be useful. It is to be expected that the theoretical approach being developed here would help to formulate precisely the questions that research will answer. For example, the useful question is not, "Does being Hypnotised cure a patient of cancer?", but "What systems can the Hypnotherapist usefully activate or inactivate in such a way that the internal environment of the body is altered in such a way that the body's defences against cancer can be activated more effectively?"

We cannot yet answer this in the way that we can see how Hypnotic techniques can reduce high blood pressure: high blood pressure is one consequence of an active "fight or flight response"; this system is activated by a sense of being under some form of attack. Hypnotic techniques can act on the perception of being threatened, to reduce the activity of the "flight or fight" system, which will in turn reduce the frequency of high blood pressure.

CONCLUSION

The first step or two on the path of methodically listing systems appropriate in Hypnotherapy have been taken (*less important ones in italics*).

Externally oriented:

active: muscular, vocal, *pheromonal*.

responsive: sight, hearing, *smell, taste, orientation*.

Internally oriented: internalised speech, visual imagination, emotions, *kinaesthetic*.

Maintenance and defence: "Flight or fight", immune system.

These really only scratch the surface but are enough for our present purpose, which is to understand the PRINCIPLES of our subject. The principle is that we work methodically with a variety of interlocking systems to alter their functioning, hopefully to correct problems.

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Principles of Hypnosis:

CHAPTER 7

Processes

This brief chapter takes a closer look at the matter of distinguishing processes as opposed to distinguishing structures. It also considers yet another complex system as an example of an organic system: an orchestra. The particular virtue of this example is that it provides us with a concrete image of what we mean by a process of a system: it is akin to the score of an orchestral work. Another very important point made, which is neatly illustrated by this example, is the distinction between the kinematics of a process - how a thing proceeds - and the dynamics - why it proceeds as it does. No amount of analysis of subsystems will in principle enable us fully to understand an organic process by merely analysing its subprocesses: we must also always be aware of the influence of larger systems and processes of which it is in turn a subprocess.

IN CHAPTER 3 we saw a variety of examples of organic systems which were used to get our minds working on appropriate lines. This small chapter looks at yet another example, but with a specific goal in mind: that is to enable us to get a clearer idea of HOW we are to decide when two processes are different.

This is a part of the more general question, "When are two systems different?"

Because we have defined a system as consisting of an underlying structure and a set of possible processes, we may conclude that two systems are different if they have EITHER different underlying structures OR a different set of processes, or, of course, both.

The case of different structures presents no problems: it is normally quite easy to distinguish structures. There is no danger of confusing heart and lungs, or nerves and muscles, or the visual cortex with the motor cortex, or a school with a garage, and so on.

But processes are more subtle. One structure can be involved in many different functions. The physical structure which is a person can, for example, perform a seemingly endless variety of different actions. The different processes which can occur in the physical structure of your brain are known to you to be often very different, but how are we going to go about defining this difference within the theoretical structure we are developing?

A very natural definition would seem to be the following:

A particular **process** of a system is identified with a particular pattern of activation of its substructures.

Two processes associated with a given structure will therefore differ if the pattern of activation of its substructures is different in the two cases.

Thus we would assume that ultimately the difference between two thoughts (which are mental processes) is that each is associated with a different pattern of activation of neurons in the brain. The difference between two physical activities is associated with a different pattern of activation of the muscles, and so on.

In order to make these ideas somewhat clearer it will be useful to look at the promised analogue: an orchestra.

We could at any time measure the activity of each section of the orchestra - strings, woodwind, percussion, etc. - simply in terms of their loudness in the course of a musical work. This is a very rough and ready way of measuring an orchestral process (the playing of a work), but it would be more than adequate to distinguish between most works.

In order to identify a work more completely we would need to refine our analysis of the subsystems so that, for example, we measured the activity of each string on a violin, distinguished between the activity of a clarinet at different fingerings and so on: in other words we start to discriminate between different notes. A musical score is a shorthand way we have of describing a musical process. The musical score is divided into time intervals by means of bar lines. Each major subsystem of the orchestra has its own set of horizontal lines - a stave - marked out by the vertical bar lines. If the score is looked at from a distance, it is possible by quickly casting an eye down the page between bar lines to say which sections are playing (active) and which are not, at a given time. If we look more closely, so that we can analyse the process of each section in more detail, we see the individual notes, which amounts to a more detailed analysis of each instrument into its subsystems (e.g. strings on a piano) and of its processes into patterns of activation of those subsystems.

We might use this idea in order to portray the pattern of activity of any biological system. We would first decide on an analysis into large subsystems. Each subsystem gets its horizontal line on the page. These lines are marked with time intervals - seconds perhaps. Along each line we might draw a graph of the level of activity of that subsystem. At a distance all that will be visible is a rough idea of whether there is a lot or a little or no activity of a particular subsystem in a given interval of time. This would be enough to distinguish many processes in the same way that we can distinguish many orchestral processes by a distant glance at the score.

If we wanted to analyse a process in more detail we would have to replace each horizontal line by several, corresponding to a further analysis into subsystems, just as the stave is resolved into many lines.

We would then be able to represent the level of activity of each of the subsystems of the major subsystems, and characterise a process in more detail. This process of continual refinement could, if required, be continued many times.

Of course, it is not being suggested that this **has** to be done, nor has any prescription been made about the best way of representing the pattern on the above lines: whether a graph (which is a scientist's normal representation of a variable) is better than the discrete notes of music, for example. However some such representation is in principle possible for most biological systems insofar as a level of activity is measurable.

Furthermore, and perhaps more importantly, **it provides a useful mental image of what exactly is meant by a process of a system: one can think in a general way of the "score"**. Two different processes of the same system have different "scores".

We may now refine the statement on when processes can be distinguished as follows:-

Two processes will be regarded as different **relative to a given analysis into subsystems** if the differences between the "scores" are significantly greater than the experimental error in determining the levels of activity of the subsystems.

If one wished to take this musical analogy a little more poetically, one could say that the Hypnotherapist is like the conductor rehearsing an orchestra: the orchestra of subsystems of the Subject. He or she will be bringing up some sections of the orchestra and quieting others. Perhaps the Client's problem is only in one section, in which case it is best if all other sections are stilled and that one section is quietly rehearsed by itself. The tendency of the Hypnotist to repeat suggestions a number of times is akin to the conductor getting one section to run over a little passage several times until it has become smooth.

More lyrically yet, we might observe that just as a conductor's skill is evoking harmony from the orchestra, just so does the Hypnotherapist work to achieve an inner harmony within the mind and heart and body of the Client!

Before we end this chapter we will make a certain important distinction. The above description of a process of a system is a *kinematic* one and not a *dynamic* one. It is a way of noting what *does* happen, and not *why*, in any sense, it does. The distinction is at least that between a kinematic description of the solar system in terms of the changing directions of the planets as seen from the earth, or in terms of their positions relative to the sun, and a dynamic description in terms of Newton's laws.

The orchestral score gives a kinematic description of a process. It tells us what a process is. There is nothing in it that can tell us *why* the music is as it is. It is impossible to *deduce* the remainder of a score from a fragment. We may perhaps deduce certain partial laws in the light of a detailed analysis of it in the form, "Activation of *this* sequence of notes is followed in the next bar by *that* sequence of notes.". But that comes nowhere near explaining the whole. In order to be able to do this we would have to move

to a much larger system: the mind of the composer. Within the context of that larger system lie the clues to many of the questions we might ask about the *Why?* of the music. But even that is unlikely to be a large enough system, and we would need to move into the system which incorporates the musical taste of the composer's culture.

The big moral of this is that we cannot expect the most detailed analysis of the processes of an organic system to provide us with anything like a full *understanding* of why they are as they are. In principle there will always be things about them which can only be understood in terms of larger processes of larger systems of which the specific system is a part.

Though this principle may not always be made explicit in this book, it is axiomatic to the approach that whereas a process may be analysed and *described* and *distinguished* by means of looking at subsystems and subprocesses, it is necessary always to look the other way - to the system of which they are a part - to gain anything like a full understanding of why they are as they are. The analogy of the musical work represents this fact. Further remarks on this aspect of systems theory will be found in the chapter on consciousness in Part C.

CONCLUSION

In this chapter we have looked at the notion of a *process* in a little more detail, in order to clarify it. The structure of a system is typically something easy to define and indeed see. The processes are more abstract patterns of change. They have been defined in terms of the pattern of activation of the subsystems. The analogy of a musical score has been used to illuminate the idea. This analogy also draws attention to the severe limitations of an analysis of subsystems when it comes to understanding as opposed to describing processes.

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Principles of Hypnosis:

CHAPTER 8

Tests

Anyone familiar with Hypnosis will know many "tests" of Hypnotic responsiveness. These are used in an attempt to determine how readily a potential subject will respond. The purpose of this chapter is to re-evaluate such tests within a systems framework as follows. The tests remain tests, but tests not of Hypnotic responsiveness but of how readily one system of the brain or body activates another in a given individual.

IN MOST TEXTBOOKS of Hypnosis it is possible to find a section entitled "Tests of Hypnotic Responsiveness" or similar. Within the theoretical approach of this book all such tests are retained as being of potential value, but the interpretation of what they are testing is changed, as follows.

The tests have been evolved in an attempt to answer the question, "Is this person a good Hypnotic Subject?" In this chapter the tests will be seen as answering questions of the form, "In this person, does activation of system A lead readily to activation of system B?".

To illustrate this difference we will look briefly at the tests used in the Stanford University Hypnotic Clinical Scale (SHCS) (Hilgard (1975)[Bib](#)).

Test 1. Arms are stretched out forwards, palms facing and about a foot apart. The individual is then told to *imagine* a force attracting the hands together - with options of an imaginary elastic band or an imaginary magnetic force pulling them together. There is then further verbal assertion that the hands will move together.

A person scores a + on the SHCS if, in ten seconds, the hands move to within six inches of each other. That is to say, a positive score is regarded as indicating a good Hypnotic subject.

Now let us ask ourselves what systems are involved in that little experiment. The simplest level of analysis involves the muscular system M, which moves the arms and the system of the imagination I.

Formally we are examining the strength of the interaction:

$I > M$.

That is, we are asking, "Does the activation of the Imagination lead to the activation of the corresponding muscles M in this individual?"

However, things are seldom quite as simple as that, and we should at least include in our analysis the primarily verbal system (V) in the brain activated by the suggestion made by the experimenter, so that we are examining the chain:

$V > I > M$.

Now in the SHCS there is a preliminary step of running through a simple five minute "induction" of a relaxation type. But it is important to note that in many people *the process of moving the hands together will happen without any such preamble*.

So what is the point of the "induction"? Does it make any difference?

We can view it in the following way. Scientific method as well as common sense both say that the interaction between any two systems will be seen at its clearest and strongest *if there is no interference from anything else*. You will find it much harder to produce the above response in a man who has a deadline to meet, or in someone who is so concerned with some other matter that the whole business of holding out the arms seems pointless and irrelevant. In such cases other mental systems are very active indeed and these systems can interfere a lot.

One key emphasis of Hypnosis (though not the only one), which distinguishes it considerably from related subjects, is the way in which it involves the exclusion as far as possible of any irrelevant activity, so that any changes are made with the maximum ease.

In the above example of the test of hand movement it is possible, as has been mentioned, for the movement to happen in some individuals with no preamble, but the response will be readier and faster and generally more pronounced if it takes place in a person for whom all other processes are comparatively inactive.

The SHCS makes no attempt to compare responses with and without the preamble or "induction". So there is really no measure of how effective the preliminary procedure is in enhancing the response.

Test 2. This involves asking the Subject to fall asleep and have a real dream. This is not asked in a single sentence but in some gentle sentences lasting for a minute or two. The Subject is then allowed one minute for the "dream", and is then requested to repeat it.

The Subject scores a + on this if an experience comparable to a dream is reported, with evidence of its not being under conscious control.

What are the key systems here? One is that imaginative system which is active in dreaming, which we may again label *Im*. Another is the system of conscious control of our imaginings which we may label *C*. The characteristic of a dream as opposed to an imagining is that in a dream *C* is *inactive*. Then what we are testing in this case is the readiness with which the verbal suggestion *V* of the experimenter can lead to an increase in *I* with an associated decrease in *C*, i.e. we are looking at the chains:

$/V > /Im$ and $/V > \backslash C$.

From a scientific viewpoint it would have been very much more systematic if the SHCS had *first* asked for a response to a suggestion that the Subject imagine something ($/V > /Im$) and *then* asked for it to have the dreamlike quality of lack of any conscious control ($/V > \backslash C$). To include TWO processes in the one test is far less informative. A Subject might not respond *either* because there is simply very little ability to produce a vivid imagining *or* because there is very little ability to relax conscious control. To a Hypnotherapist it could be very important to know the difference.

We may note again that although there are some people who can produce a positive response to this test at will, it is again the case that the response can be expected to be far stronger if no other mental systems are active. This is perhaps even clearer in this case, as no one can expect much of a dream-like response in a person who is, for example, preoccupied with hunger.

Test 3. The Subject is invited to return to a happy day at school, with suggestions of being smaller and younger. This is an attempt to induce a form of age-regression.

Various questions are then asked about the memory or experience: "Where are you?", "What are you doing?", "Who is your teacher?", "How old are you?", "What are you wearing?", "Who is with you?"

On this test a + is scored if there is, at a minimum, a feeling of reliving an experience, even if there is still awareness of the present age; but there is also an option of scoring a + if the Hypnotist's assessment on the basis of the answers given is that there has been a "good" regression.

So much for what the designers of the SCHS are attempting. Now let us see what systems are involved in *this* test. The major one is memory, which we will call *M*. In general, memory is many-faceted. We can remember smells, sensations, feelings, words, fears, actions and so on: any system of the body may have its own memory, and a total regression would involve all these subsystems. At the same time we must notice that memory is organised not only in terms of such systems but also in terms of the time and place at which the remembered event took place. This test clearly involves an attempt to activate in *M* a particular complex process *Mp*, which is related to a particular time in childhood and a particular place - school. If we let *S* be the experimenter's suggestion, then in shorthand we are examining the strength of the process:

$/V > /Mp$.

We may again ask what significance, if any, the initial "induction" has in this test. The general idea is that the recall can very easily be swamped by any current awareness or preoccupation. Consequently if it is possible to reduce all awareness of the *present* to a minimum, it will greatly enhance the awareness of the *past*.

It is perhaps worth noting that the SCHS scheme makes no attempt to enquire if the memories are *genuine*. There is ample evidence that people can fabricate memories without knowing that they are doing so. Thus if we were testing a person in whom the imagination is easily activated, and the "reality testing" system - which normally cross-correlates anything imagined with other memories to check if it is real or imaginary - is easily deactivated, then we could find a good response on this test, but it would not be of memory, but of a day-dream believed to be memory.

Test 4. It is suggested that after the whole set of experiments are over the Subject will feel an urge to cough or clear the throat when the experimenter taps on the table with a pencil. Such a phenomenon is called a post-hypnotic suggestion. The scoring system gives a + if the Hypnotist decides that the Subject's response to the cue of tapping on the table is present, *unless* the Subject says that the response was voluntary.

Now such a phenomenon can happen in everyday life. Take as an example a simple direction such as, "When you reach the corner, turn left." For many, but not of course all, people, the process of turning left (the response) when they later reach the corner (the cue) will be effectively automatic: they might be thinking hard about something else at the time, for example. So, as in all the phenomena of Hypnosis, there is nothing totally amazing about the process of responding involuntarily to a cue in a way dictated by something said at an earlier time.

Let us see if we can again disentangle the main systems and processes tested in this experiment. If we introspect we find that we normally cough in response to a tickle in the throat. But we can also cough without it. This particular experiment would have been more informative if the Subject had later been asked if there was a tickle involved, in which case a sensory system T had been activated, or, instead, there was simply a muscular urge to cough, in which case it was a motor system M that was being primarily activated. The additional system involved in this case is the mental process which is activated by the cue itself, which we will call C.

We should now see that this experiment is actually examining a rather complex process which we can write symbolically:

Either $V \rightarrow (C \rightarrow T)$ or $V \rightarrow (C \rightarrow M)$.

That is, the process either by which the verbal suggestion can activate a response system in which the cue C will activate a sensory tickle T, or by which the suggestion can activate a response system in which the cue C will activate a motor mechanism M.

It is at once apparent from the notation that the *structure* of this response is different from the others, and this underlines the fact that this Hypnotic phenomenon is qualitatively different from the others. Here V is having to create a totally new system of response. As a result we might well conjecture that this test will be significantly harder than the rest. As a matter of fact this is borne out in experiments, with only one in four subjects (27%) passing this test, compared with around two out of three (60% - 81%) for the earlier tests and two out of five (40%) in the final one below.

Test 5. As part of the process of "waking" the Subject, it is suggested that the Subject *forget* all that has been done or said during the session. A + is scored if no more than two things are recalled.

Now forgetting things is one of the commonest of experiences, so the only unusual thing about such a response is the forgetting of quite recent events - though even that is not so uncommon, as most teachers will attest.

In terms of systems we are again dealing with an aspect of the memory M - in this case a memory M_r of recent events, and the simplest description of the process being examined is: $V > M_r$,

i.e. the effectiveness of the suggestion in reducing the activity of the memory.

The final score a person achieves on this SHCS scale is the number of items on which a + has been scored, and this is supposed to be a measure of "Hypnotic susceptibility".

There has nevertheless been found to be a considerable variation in the percentage of people who "pass" each test, which ranges from over 80% on the moving hands to less than 30% on the posthypnotic suggestion. Moreover some individuals may do better on a statistically "harder" test and poorer on a statistically "easier" one.

I hope that the above discussion has shown that the systems approach to our subject provides a far clearer picture of what is going on in the above tests than is provided by a one-dimensional notion of some kind of "Hypnotic responsiveness", with its simplistic implication that we are dealing with one aptitude.

I hope also that the value of this improved picture will become still clearer as we proceed to see how such tests can be adapted to Clinical Hypnosis or Hypnotherapy.

In such a context we might proceed in the following way.

* *Test $V > Im$* , i.e. can the imagination be readily activated?

Method. Ask the person to picture a familiar thing, such as a room in their house. Then enquire if it is a vivid picture. Check by asking detailed questions as to colours, positions of ornaments, etc. If the picture is NOT vivid, then the person may be asked to look again with closed eyes.

The answers to these questions can vary from total vagueness indicating a very poor visual imagination up to a vividness, even with open eyes, scarcely distinguishable from reality. They give a good idea of the ease with which the visual imagination may be activated. (But note the important point, often missed in experimental Hypnosis, that a particular person will be able to picture some things better than others. A fanatical gardener may be able to picture a prize rose with amazing clarity, and yet not have the faintest idea of the furniture in the lounge.)

* *Test /V > \R*, where R represents the reality-testing mechanism.

Method. Ask the person to include in the picture something quite extraordinary, such as a pig flying around the room.

Some people will fail completely on this. Others will picture it readily and happily.

* *Test /V > /Md*, where Md is a distant memory, as opposed to a memory of the familiar thing in the first test.

Method. Simply ask how much the person can remember before the age of 10. Follow up with a few questions to establish how vivid the memories are.

* *Test /V > /E*, i.e. how easily an idea couched in verbal terms can arouse a given emotion.

Method. Ask the person to tell you about a very happy or miserable or angry time, with open eyes and no relaxation or other induction. Then ask, "And how do you feel as you tell me?"

The answer to this, together with any signs of emotional arousal during the account, will give a good idea of how easily emotions can be aroused verbally. Actually people seem to be quite good at answering questions of the form, "If we rate the intensity of the original emotion at 10, how strong is that emotion you are now feeling?" The number given is a good measure of the ease with which an emotion can be aroused from the verbal system.

* *Test /Im > /E*, i.e. how easily can an imagined situation arouse an emotion?

Method. The eyes may be closed for this to enhance the visual imagination. The person is then asked to *picture* a particular event which aroused a strong emotion - perhaps the same one as above - for a few minutes, without talking about it. Then a rating for the intensity is given. For many people the rating will be far higher than in the previous test, as the visual imagination is commonly linked more directly to emotion than is the verbal system. For others the reverse may be true.

* *Test /X > \V*, i.e. the ease with which the internal verbal system (IV) can be inactivated by some other system X, which may be the external verbal system, the internal visual system, etc.

Method. Ask the person what they were thinking during the above tests. Answers may range from, "Nothing - I was just listening and picturing what you asked me," to, "I was constantly analysing everything you said, and everything that was happening." Generally it will be much harder to inactivate the internal verbal system of the latter.

* *Test /V > /R*, i.e. the degree to which the person resists suggestions.

Method. Simply ask, "Did you feel any reluctance in any of those tests?"

At one extreme there are people who may say, "Yes, I thought you were impertinent to ask to see my house. I did not want to show any emotion; it is a sign of weakness," etc. At the other extreme are those who will never display any reluctance.

It may be objected that a person may lie in answering these questions. But if the therapist makes it clear that he or she is quite happy with *any* answer - they are being asked in the spirit of diagnosis, not criticism - then there is not a great danger of this.

Further tests may be made in this brief way. Naturally there is no need to test ALL possible systems in therapy. The above have been given because they tend to be important in all cases. Such things as the ease with which actions result from suggestion, like the hand movement one in the SCHS, are not all that likely to be central to the resolution of a problem. But even there note that it is more useful for you clearly to distinguish three approaches. In one you simply repeat, "Your hands are going to move" for a minute and see and ask if there is any response. In another you repeat, "*Picture* your hands being pulled together by a powerful elastic band." In the third you repeat, "You will *feel* your hands filling with an overwhelming desire to move together. They love each other. They want to be close to each other." Different people may respond in quite different ways to these three approaches. You are in this way establishing whether, if you want a motor response, it is better to proceed from the verbal system or to go via the visual system, or via the emotional system.

Notice that all the above have been done with no use of inductions, no mention of Hypnotic states, etc. They are simply establishing a sort of base-line, the way in which the person's mind works readily and naturally. With the above information in hand the Hypnotherapist may move much more swiftly and surely to achieve any particular goal.

We may generally expect that anything that works well at the everyday level of these tests will be enhanced under the conditions typical of much Hypnotherapeutic practice: when interference from competing systems is much reduced by systematically inactivating them. And this can in turn be tested by comparing the speed or intensity of one of these responses before and after any given "induction" which changes the pattern of activity of various subsystems.

Finally it is worth remembering that a so-called Hypnotic phenomenon, such as those represented by the

SHCS tests, may be produced by some people with great ease and no preamble, while others may only produce it after a great deal of work by a Hypnotist to activate the appropriate response. This is what makes the notion of a Hypnotic state so intangible and elusive. If the phrase "Hypnotic trance" is to have value we must give criteria to determine when a person is "in a trance" and when not. We must therefore apply tests. But any particular test can be passed by some people when they are, by all common-sense criteria, in their normal "state". This is one reason why there has been so little success in reaching an agreed definition of "Hypnotic state", and why this book does not use the notion.

In this context it is worth noting that there *are* scales in existence which are not designed in the context of Hypnotherapy, such as the Creative Imagination Scale of Barber & Wilson (1978)[Bib](#). This involves ten simple tests in which the Subject is invited to imagine a number of things and to report on how strong the resulting experience was. Such a test produces results which correlate positively with Hypnotic Responsiveness tests. It can be adapted easily to the present approach by simply attempting to be precise in each case as to what systems are involved.

SUMMARY

Tests are a very important tool in Hypnosis. To be of most value they should be thought out clearly as a way of finding out how easily one system may activate or deactivate another, *in a given person*.

Existing tests of "Hypnotic susceptibility" are generally presented with a far less clear idea of what exactly it is that they are testing (other than the ability to pass the test, of course). They may readily be adapted to test the action of one system on another, however, as has been demonstrated above.

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Principles of Hypnosis:

CHAPTER 9

Inductions

"Hypnotic inductions" are traditionally thought of as processes that the Hypnotist goes through in order to "Hypnotise" the Subject. But they are mostly presented with little or no explanation of how they work, or of what is the purpose of their various parts. From a systems point of view it becomes much easier to see what the purpose of an induction is, and examples are given to illustrate this way of thinking. The result is a more precise, flexible and accurate approach to this area within the field of Hypnotherapy.

THE COMMON MEANING of "Hypnotic induction" is a process which the Hypnotist goes through, the goal of which is "to Hypnotise the Subject". Most books on Hypnosis feature a section on Hypnotic inductions. This amounts to a shorter or longer collection of the author's favourite recipes. Very seldom is any particular reason given for their component parts. It is never clear which parts could be changed without problem. No reason is given for not using other inductions.

As we come to analyse inductions it is useful to bear in mind here the key idea of *goal* or *purpose*. In principle if a person is doing anything consciously and with understanding then the question, "Why are you doing that?" should receive an answer which reveals a goal or purpose.

"Why are you adding sugar to that cake mix, Mummy?" - "To make it sweet, dear."

"Why are you prescribing an antibiotic, Doctor?" - "In order to kill the bacteria which are causing your infection, Mrs. Jones."

If this key question receives answers of the form, "Because it works," or "Because that's the way I was shown how to do it," or "Because I say so," or some other general and vague answer, we can deduce that the practitioner has no real understanding of the *principles* of his or her practice. The greater the understanding, the greater the detail in the answers to, "Why are you doing that?"

If a book on Hypnosis presents a chapter on inductions with no explanation, then the effective answer to our key question, "Why are you doing that?" is no more informative than, "To induce Hypnosis," or "To deepen Hypnosis," or "Because I say so." The lack of real information in such answers should be apparent.

This book is different. It is designed to teach understanding of what is going on. The whole theoretical structure forces the practitioner to think clearly and in detail about what he or she is doing. The question, "Why are you doing that?" should always be answerable in terms of specifying which process or processes in which system or systems the practitioner is at that time attempting to alter. In other words the goals or purposes are much more clear, detailed and definite.

The approach to inductions chosen in this book is therefore inevitably different to the familiar chapter on inductions in other books. There will be constant reference to the particular systems which are being affected. There will be attention to the question of purpose. In this spirit small sections of a variety of inductions will be analysed, as contrasted with the practice of providing total scripts - of which there are unlimited numbers in the literature. No attempt will be made to cover ALL possible forms of induction. The examples are used simply to illustrate the principles involved.

Various things should become apparent as we go along. The most important thing to understand from the beginning is that we are dealing with **complex** processes. Even when an induction seems to be simple, there is very often a great deal happening which is highly relevant but not obvious. If we were emphasising Stage Hypnosis rather than Hypnotherapy this would be even more true, because the stage Hypnotist, like the stage magician, utilises a variety of subtle techniques to make the effects as dramatic and the means as invisible as possible.

Eye Fixation

A common feature of many inductions is a request that the Subject keep his or her eyes fixed: on a spot on the ceiling, on the Hypnotist's eye, on a bright light or on a spinning disc.

Let us try to analyse what this involves. At the simplest level it runs as follows. There is a verbal request from the Hypnotist. It results in a direct voluntary action on the muscles moving the eye. This in turn results in a significant reduction in the amount of visually interesting stimulus received by the brain.

It is a rather commonplace observation that the general level of arousal in a person is related to the amount of external stimulus. We can therefore predict that as a general rule the fixation of gaze, by limiting the amount of new visual information, will result in an overall reduction in arousal.

More briefly we have:

Verbal direction > \{eye movement\} > \{visual activity\} > \{arousal\}.

[For meaning of symbols go to [Symbols](#).]

That is the central process. But when we come to analyse things clearly in an actual case, it can be seen that there is often far more to it than that. The instruction, "Look at that point" is, in this culture, normally

interpreted as, "Look at that point *and do nothing else*." Consequently there are also the unspoken instructions, "Do not move" and "Do not talk". These, of course, act to reduce muscular activity and vocal activity respectively, which in turn act to reduce the overall level of arousal still further. Practising Hypnotists could ask themselves how much effect an eye fixation instruction would have if the Subject got up, walked around, viewed the spot from various angles, attempted to touch it, discussed it and other matters at length and so on. It should be fairly obvious that the suggestion would have a minimal effect. This is a first example of the fact mentioned above that the most important aspects of an induction may be things that are not explicit in the verbal description at all!

In abbreviated form these additional processes are:

Tacit instruction, "Do not speak." $> \{ \text{vocalising system} \} > \{ \text{arousal} \}$.

Tacit instruction, "Do not move." $> \{ \text{muscular system} \} > \{ \text{arousal} \}$.

In addition to these we may consider a higher-order system which acts to accept an idea or instruction $\{ \text{Accept} \}$. If the Subject does what the Hypnotist asks, even in the small way of fixing the eyes, it starts to activate this system. In many of the more authoritarian inductions this system is worked on very extensively. There can be a constant stream of small instructions. "Just move around here, would you?" "Now just look at me." "Nod your head if you understand." "Clasp your hands together." "Now just turn to face the audience." The overall effect of such steps in the process is to activate automatic acceptance more and more. We may note that military training was once based very much on a similar process of beginning with obedience on small things. (I gather that mindless obedience is not now rated as highly as it once was in the forces.)

In an abstract form we may represent the activation of the tendency to accept as follows:

$\{ \text{Instruction} \} > \{ \text{Action} \} > \{ \text{Accept} \}$

That is, each time the process of carrying out an action in response to an instruction takes place, it reinforces the tendency to accept further instructions. Notice the more complex form of this, which automatically alerts us to the fact that the system $\{ \text{Accept} \}$ is of a different order from the others involved.

Eye Closure

The fixation of the eyes is usually a preface to getting them to close. If the *purpose* of this were merely to close the eyes then it *could* be accomplished by the simple directive, with no preamble, "Please close your eyes". Indeed I will often do this, when this is my sole goal.

But many inductions act in such a way that the eye closure is involuntary. What is the purpose of this? On the one hand it may serve to impress the Subject with the "power" of the Hypnotist, and activate a

system of belief in him or her. On the other hand it can serve as a test for the Hypnotist of the strength of the process /{Suggestion} > \{Eyelid muscles}.

Let us analyse an involuntary closure. It involves at the minimum the eye muscles (M) and the verbally suggested idea (S) that they are going to close. If we were thinking of such a closure as being of the nature of a test, as in the last chapter, then we would be examining the strength of the process:

/S > \M

(the eye muscles are active only in holding the eye open, so their activity is reduced on closure).

Now a reasonably simple way of testing this would be to say to a person, with no prior eye fixation or preamble, "I would like you to be aware of the muscles of your eyelids. Open and close them a few times until you become aware of the slight effort it takes to keep them open. Opening is an effort, closing is a relaxing of that effort. Now, surprisingly, I think that you will find that very soon that effort is going to be too much for you: you will no longer be able to keep your eyes open." Suggestions on these lines may be repeated for up to a few minutes, by which time a person for whom the above chain is strong will in fact have found that their eyes have closed. If, on the other hand, closure has *not* come about, then the Hypnotist may ask questions to see if there is any obvious reason why it has not happened.

In the above example the phenomenon is presented as clearly and simply as possible with a minimum of secondary or concealed factors operating. The attention has been fixed on a particular system - the eyelid muscles. The thought that it will soon be too much effort consciously to control them is given in a non-authoritarian way. The result is observed. I would like you to contrast that process with a more typical approach in Hypnosis.

The more typical process is *first* to ask for eye fixation as above and then, after a little while, to say something like, "Now your eyelids will get heavier and heavier and soon you will be unable to keep them open." In the best cases eye closure will then come quickly.

This *looks* simple, but there is more going on beneath the surface. Notice first that the Subject has been subtly given two contrary directions: to keep looking at the point **and** to close the eyes. This, in itself, can give rise to uncertainty in the Subject. People do not like uncertainty. There is therefore a subtle pressure to resolve the dilemma as soon as possible in one way or the other. How has it happened that the latter wins over the former? Well, the Hypnotist has loaded the dice in one or more of the following ways.

First of all the eye fixation has been arranged in such a way as to activate a natural system which will lead to eye closure. This may be by getting the Subject to look at a point which is high above the normal line of sight, which will quickly strain and tire the eye muscles. There is also a reflex, which leads to eye closure (for the protection of the retina) if the eye is exposed to a bright light, which can be activated if the Subject is directed to gaze at a bright light or object. There is also a reflex to avoid eye contact at a

close distance with a relative stranger which can easily be activated by a Hypnotist who comes very close to the Subject and says, "Now just keep on looking me in the eye."

The second point is that the Hypnotist will typically start to mention the heaviness of the eyes *shortly after* some signs of incipient closure are apparent: e.g. a blink or a droop. The ball is already rolling. The Hypnotist gives it a shove.

It is worth adding that there is good experimental evidence that if two events come close together in time and involve different senses, then people find it hard to place them in a correct order. So, if you say, "Your eyes will start to blink" straight *after* the eyes have blinked, there is a strong tendency for the person to suppose that they blinked because of what you said! This acts to activate a system of belief that what you say will happen.

On top of this the Hypnotist will be indicating by his tone of voice that of the two options - to keep staring, or to close the eyes - only the latter is what will actually happen. He may, for example, say, "I want you to **try** to keep your eyes fixed on that point," with a subtle emphasis on **try**, indicating that it can be expected to be difficult. But on the other hand he will say, "Your eyes will want to close," in a matter of fact tone which suggests that it is as good as done.

In addition the general pattern of the Hypnotist may include the word "sleep", which, by association, tends to increase a sleepy feeling and a heaviness of the eyes. It may be combined with a slight slowing of the voice to a tone which is itself sleepy, which can again suggest a sleepy feeling to the Subject.

Another factor which is very effective is based on our tendency to imitate. It is commonly the case that if a Client has *seen* another going through a given process, he or she will be pre-programmed to do the same. Group Hypnosis utilises this effect, and the Stage Hypnotist is in a position to use it extensively. But there are very, very few people who have not seen some film or other display in which the Subject's eyes close and he or she becomes immobile and speaks only when spoken to. Consequently there are in effect social pressures on any Subject to copy this.

By now I trust that it has become clearer that, in what appears to be no more than one simple step in an Hypnotic induction, a large number of psychological factors have been evoked which will not be apparent in a typescript at all.

We have seen the following systems implicated. 1) Some physiological or psychological cause of eye closure is activated. 2) The system which determines the order of events is manipulated, to enhance the system of belief that suggestions are being obeyed. 3) Systems which extract meaning from the *tone* rather than the factual content are activated. 4) By association, sleep-like processes are initiated. 5) That complex process whereby we are able, from being babies, successfully and naturally to imitate others may be used.

While bundling all these together may increase the effectiveness and speed of the induction, it is a poor

way to increase our understanding of what is happening.

Not only does the conventional way bundle together methods, it also bundles together goals. Let us look at what goals are involved. The following are possible ones. 1) To close the eyes. 2) To demonstrate to the Hypnotist that the Subject's eyelid muscles will respond to suggestion. 3) To reduce the general level of arousal. 4) To demonstrate to the Subject that the Hypnotist can make the eyes close against his or her will. 5) To enhance the belief and confidence of the Subject in the Hypnotist. 6) To meet the Subject's expectations.

I would suggest that for learning and for understanding and for experiment in the field of Hypnosis such a bundling together of goals and processes is far from helpful. Such a bundling may well be the best way of producing the dramatic effects involved in the entertainment field, where speed and drama are important. In a therapeutic context, on the other hand, it is more appropriate in all ways for the Hypnotherapist to have a clear, conscious goal and a clear understanding of what he or she is doing on the way.

Next let us consider what happens if the verbal direction does NOT lead to the expected result: in this case eye closure. This is potentially a big problem for a Hypnotist working in an authoritarian tradition, because it will reduce his credibility, on which he trades a lot. Moreover he cannot readily ask, "Why are your eyes not closing?" because it would again suggest weakness. He is therefore forced to move onto some other technique in the hope that it will succeed where the other failed.

By contrast the more modern Hypnotherapist does not work in such an authoritarian style and can therefore ask questions without losing face. Within the present paradigm the asking of questions arises very naturally because of the way in which we generally want to have a good idea of what is going on.

So what causes can there be for non-closure? One common cause is the existence of a lot of internal verbal activity. The Subject can easily be thinking such things as, "I feel silly," "My neck is hurting - I want to stop this nonsense," "Why is nothing happening?", "I must try hard to fall asleep soon," and so on. All such thoughts will tend to *increase* the general level of arousal. Or, especially if the approach is authoritarian, there may be a strong resistance in many subjects - "I *won't* do what he asks." Or again, there may be a lot of emotional activity: a feeling of anxiety about the situation. This would not necessarily be expressed internally in words, but could arise from a lack of confidence in the Hypnotist (a lack of *rappport*) or, if the Subject is in a reclining chair, associations with being at the dentist's, or just fear of the unknown. Or again, there may be some physical discomfort which is proving very distracting.

How can we tell? There may be some body-language signs which will help, but the easiest way is simply *to ask*. The questions, "What are you thinking?" and "What are you feeling?", "Are you comfortable?" give answers which can be very informative of what is going on. For some reason, rooted in the old authoritarian traditions of Hypnosis, many Hypnotists seem to feel that questions are banned, but in the context of Hypnotherapy the more that we know, the better.

Counting

In many inductions the Subject is given the task of counting silently. This may be from some number in the hundreds down to zero. It may be upwards. What is the purpose of this?

What this activation of a process of counting (C) achieves is to make it very hard for any other internal verbal process (IV) to take place. We cannot speak sentences on two different subjects simultaneously. So IF we are dealing with a Subject in whom there is a lot of internal verbalisation, and particularly if some of this verbalisation is acting to prevent any particular goal that is being aimed at, a task like verbal counting can be very effective.

In shorthand we have:

/C > \IV.

What are the problems that might arise with this? The main one is that there seems to be no way of knowing if the Subject is continuing to comply with the instruction. What if he stops counting? A possible answer to this is to synchronise some simple physical movement: a tap of a foot, a movement of a finger, a nod of the head. An elegant way of selecting the movement is to allow the Subject to choose, as follows.

"As you count, I want you to find that part of your body which most feels like moving in time. Keep counting and test the various parts to see which is most responsive. It might be anything. It may be a finger. (*Pause, while Subject tests finger movement.*) It may be a foot. (*Pause.*) It might be your head. (*Pause.*) Perhaps something else? (*Pause.*) Now which comes easiest?" (I wonder if you, the reader, can think of the most natural set of muscles to synchronise with the counting?)

When the Subject has chosen the most natural movement, this can then be made active and synchronised with the counting. As long as the visible movement continues there is then a very good chance that so will the counting.

It is very unlikely that the Subject will hit upon the most natural set of muscles to synchronise with counting, which are, of course, the muscles of the vocalising system! But I do not suppose that one person in a hundred will think of this unless it is suggested. The process of just forming the words with the lips, or even speaking them quietly, is a totally foolproof way of ensuring that the counting is continuing.

It may be argued against speaking the words quietly that by allowing the vocalising system to be active we are encouraging a higher than necessary degree of arousal. Even if this were to be true, the small loss would be more than offset by the gain of knowing that we had the counting procedure firmly in place. But in fact, as has been known since the last century, the brain is actually *more* active in a person asked to rehearse a poem silently than in one allowed to speak it out loud! (James (1950)[Bib](#)) That is because

there is *active inhibition* involved. We may similarly expect fully vocalised counting to be less arousing to the brain.

I suspect that the only reason one does not come across this idea in the standard texts is that **in the absence of a clear and systematic way of thinking about what we are doing** induction processes are hit upon more or less at random and then copied and repeated by others. We have hit on the idea by the simple process of asking what our exact goal is and then asking how we may be sure that the goal has been achieved.

Visualisation

There are very few inductions without a passage that runs, "Now I would like you to picture yourself.....(e.g. on a hot, sunny beach)..."

The sunny beach is very popular, but other locations may be suggested, such as the deeply carpeted staircase leading downwards, the peaceful cottage with its log fire and so on. The impression given by the books in which these can be found is that the ones printed are particularly efficacious, and can be used in principle for everyone.

THAT IS WRONG.

The indelible memory which imprinted this fact on my mind was of the time when I was using the carpeted staircase induction, only to find that my Client went into a panic! When I stopped to find out why, I discovered that she was claustrophobic. And you can be sure that there are some people who hate lying out in hot sun, or loathe the solitude of a peaceful cottage, and so on.

The moral is that it is wise never to use a visualisation script without checking first with the Subject that it is acceptable. Better still is to ask the Subject to choose a suitable theme, perhaps from a short list.

Let us, again, begin by asking what is the *purpose* of the visualisation? The goals can be varied. At its simplest we may just be trying to find out how readily this pictorial imagination can be activated and in what ways. A related goal is to find out the extent to which visualisation is absorbing, i.e. eliminates other mental processes. A second class of goals can be to arouse certain responses to the visualisation, such as feelings of relaxation or peace.

Now in many inductions quite a few of these goals are all bundled together, and typically no effort is made to discover if any of them have been achieved! The beginner may be assured that the result will be to "induce a light trance", or, at other times, to "deepen a trance", but he or she is given very little way of checking if this is true or not.

Let us see if we can improve on this by proceeding systematically. Some ideas on these lines have arisen in the previous chapter. Another possible approach, given in more detail, is the following.

Start by discovering how readily the Subject can picture something familiar.

"With open eyes I want you to think of a familiar place, person or thing. When you have thought of one, let me know."

When something has been chosen, questions can be asked to establish such things as the clarity of the image, whether colours can be seen, and whether movement can be pictured. These characteristics are functions of different neurological structures in the visual cortex, and so we are actually examining the ease with which these different structures can be activated. Just as there are some people who seem to dream mainly in black and white, so there are people who cannot visualise easily in colour. And I know a photographer who can visualise clearly, but only in still pictures - never in moving ones. Whether his training had led to this characteristic, or whether the characteristic had led him to his profession, I do not know.

As a second step we may then ask the Subject what is the effect of doing the same thing with closed eyes. We may expect it to make the pictures clearer, but the difference is often less than you might expect.

Then we may go on to cover a broader range of subjects. "Now perhaps you would like to let your mind wander to some other place, some other time. It may be indoors or out, castle or cottage, beach or mountain-top. It can be anywhere you want. You can be doing anything you like." After a minute or two of this we may ask, "Now, have you thought of somewhere?" and detailed questions can be asked to establish the details of the setting: in this way we may test its vividness.

Finally we may ask how absorbed the Subject was in the pictures. "Did you notice anything in *this* room while you were doing the picturing?" is a general question which can be asked. You may have moved something, and perhaps tapped gently but invisibly during a part of the visualisation in order to have something to check the answers to this question against. It is also useful to ask, "What were you thinking while picturing?" to establish the extent to which visualisation reduces internal verbalisation.

One great value of the above systematic testing is that it teaches that in many cases what you might have imagined to be a phenomenon induced only by your great skill in using a powerful induction, is something that a particular person does regularly and easily. I recall, for example, one man with an enormously vivid imagination which was capable of placing him at any point inside or outside of the room at will - you may think of it as like a waking out-of-the-body experience.

More generally it can teach how very, very different people are in the way their minds function, and consequently how different your approach is going to have to be in order to achieve useful changes in the different minds.

Having run through the above processes, and IF visualisation is strong, possible further goals are to discover the ease with which the visualisations can evoke other senses, and, perhaps more importantly,

feelings.

Thus, for example, if the Subject happens to have chosen a camp-fire scene, it is possible to ask about the sound of the crackling of the fire, or the warmth of the flames on the face, or the smell of the wood-smoke, or the taste of coffee drunk in the great outdoors, or the comfort or discomfort of the place where the Subject is sitting, and finally the feelings - of happiness or adventure - which go with the picture. In this way, which of course seems very natural and pleasant to the Subject, it is possible to discover how readily the image can also activate other internal systems: sound, heat, smell, taste, touch and finally emotions.

If visualisation is NOT strong, it is still possible to run through a similar process, but replacing words like "see" or "picture" with "think", so that we might say, "I am going to want you to *think* of a familiar situation and then *tell* me about it." There are people - poets can be examples - for whom a word is worth a thousand pictures. In this way it is possible to discover which of the above systems is easily activated by words, and to avoid irritating those Subjects who, in fact, find it very hard to picture things, by talking as if they can do so easily.

Let us next ask the question, "What differences are there likely to be between a Subject who has been run through a typical 'relaxing on the beach' induction, and one who has talked about the scene of choice in the above way?"

In both cases we can presume that attention has become focused on internal systems. In both cases we can presume that this has resulted in a reduction of attention to the external environment, but only in the latter are we likely to be certain. In both cases it is presumed that distracting internal verbalisation has been reduced, but in the former we might be quite wrong, while in the latter, because external vocalisation has been encouraged to remain active, we can be much more certain. In both cases it is presumed that the Subject is enjoying feelings of relaxation, but this might be totally wrong in the former case in which the Hypnotist has chosen a scene that *he* finds relaxing. In both cases it is presumed that rapport has been achieved, but in the former (IF it has been accomplished) it is by making the Subject's thoughts keep in step with those of the Hypnotist, where in the latter it has been by means of the Hypnotist pacing the thoughts, sensations and feelings of the Subject.

In brief, then, the approach suggested above will not only achieve all the goals that a good induction is presumed, without proof, to achieve, but will do so more effectively, as well as being enormously more informative.

It is hard to see why vocalisation is encouraged so little in "inductions". Perhaps it is simply a left-over aspect of the traditional, authoritarian approach. It is a commonplace of counselling that talking is, in itself, a relaxing and a helpful process for most people. We should expect that the process of talking about what is happening as the session progresses should also be relaxing, as well as enhancing confidence and rapport.

Hand Levitation

A common "induction" uses hand levitation. The basic process is one in which the Hypnotist does all the talking. The Subject may be invited to imagine a lighter-than-air balloon tied to one finger of one hand. Suggestions are made that this also be felt, and that it will gently pull that finger up into the air. Once that is started, the other fingers and finally the whole hand and arm can be involved in the movement, until it rises to the face. At that point the Subject is usually told to relax completely and "go into a deep trance". The whole process may take some ten minutes.

Let us ask what the purpose of this is. The overt goal is to induce a non-voluntary movement of the hand and arm. So at the simplest we are trying to establish the possibility and ease of the process:

Verbal direction > /{involuntary system} > /{arm muscles},

where we are being vague about exactly what involuntary system is mediating the muscular response.

Possible secondary goals are to reduce most other mental activity as a result of focusing on the movement; to impress the Subject with the power of the Hypnotist; and to test how easy it is to induce analgesia. This third point arises because in order for the rising of the arm to feel involuntary, sensations of tiredness in the arm must be unavailable to consciousness. (Try lifting your arm consciously over a period of minutes and feel the ache.)

Note that although this process is normally presented as an "induction", there is *no discernible difference in the result* if the whole thing is presented on the lines of, "I would like to test a certain response," followed by the request to visualise the balloon, etc. This underlines yet again the problem that supporters of "Hypnotic states" have in trying to establish any difference between such a hypothetical state and the result of such a straightforward process. The theoretical approach of this book avoids this completely.

Although there is no strong reason why the image of the balloon should not be used in the above, it is perhaps easier and more informative to be more flexible. Erickson (1981)[Bib](#) is known to have approached this phenomenon by asking the Subject to rest his or her hands lightly on the legs and then to look at and pay close attention to the fingers. He would then ask the Subject to look out for *any change* in any of them: of feeling, or warmth or position. When something was reported, he would then build on this to produce more change and then still more. (The feedback loop involved in this way will be emphasised later in the book.) The great advantage of this non-dogmatic style is that it allows question and answer in the process. As we have seen, a Hypnotist who asks questions of the Subject can gain a lot more information about exactly *which* processes are active than one who simply gives directions and hopes that the direction is being followed.

We might ask *why* a therapist would be interested in this Hypnotic phenomenon: why specify that particular goal? The most common reason is the following. In evolutionary terms the vocal system is a

newcomer when it comes to communication. Gestures and movements of various kinds have a much more ancient history. Now, as we shall discuss in more detail later, in certain people some mental systems can become detached from the vocal system. In some cases this means that the person is effectively not consciously aware of some process or processes in the brain. In others it is milder, and the person simply feels unable to speak about them. We probably all know men who seem to be "out of touch" with their own feelings, for example. And in cases of trauma, memories of the experience can be "repressed", i.e. not consciously recalled.

In cases of this kind, it may nevertheless be possible to establish a connection between that hidden subsystem of interest (H) and a muscular movement (M), which does NOT proceed via the verbal or conscious or even visual systems. If we can interpret the movement, then we have a channel of communication with that hidden system.

Now a common muscular process to be used for this signalling is the movement of a finger. Consequently IF a Hypnotherapist has, as a goal, the establishing of a connection with H, it can be a useful preliminary to test for finger levitation. The presumption is that if the process:

$V \rightarrow \{\text{involuntary system}\} \rightarrow M,$

i.e. a verbal instruction can lead indirectly to the motor activity without passing through the normal voluntary system of movement, then the process:

$H \rightarrow \{\text{involuntary system}\} \rightarrow M,$

i.e. an activation of the motor process by the hidden system, also bypassing the normal voluntary system, is also easily possible.

Logically, the one need not imply the other, because V is quite distinct from H, but they do have in common the bypassing of the voluntary system, and so the test is some kind of pointer and also a preparation.

Incidentally the process of using a muscular system for communication in this way is commonly called Ideo-Motor-Signalling (IMS). More on this is described in Chapter 19 on indirect questions.

We see again the importance of thinking clearly about goals here. The simplistic Hypnotherapist may use a hand levitation as part of every induction he does, for no other reason than that he has always used it. A more systematic Hypnotherapist will activate that particular system of response only when it lies on the path of his projected therapy.

But notice then that, with the particular goal of communication with H in mind, the systematic Hypnotherapist is likely to proceed yet more precisely as follows.

Suppose that H has to do with a hidden fear, and we want to find out more about it, via a non-verbal channel of information. We could proceed on the following lines.

"When people start to feel frightened they usually have characteristic ways of responding. Some will cry, others will clench their fists, others may start to tap their feet as if getting ready to run away, others may feel a need to turn their heads away, others may frown: there is no *one* way. Now I want you to think of something that you find a bit frightening and then notice which parts of your body respond."

Of course the first response may be something that cannot be easily seen, like a flutter in the stomach: in which case the Hypnotherapist can accept that one, but ask also for another, which involves visible movement.

When a movement has been chosen, then we have found a muscular system which is readily activated by the emotional process of fear. It is therefore one of the most promising candidates for a channel of communication. It could be possible to waste large amounts of time trying to use finger movement in an individual whose natural response to fear is to "freeze" all the major muscles, while at the same time the eyebrow muscles might be tightening up very readily in response to that same fear! Once a channel has been obtained it can be used more and more freely, perhaps in the way outlined below.

"I am just going to talk about some things that people can be frightened of. I do not want you to feel any fear, and should you start to get uncomfortable, I want you to ask me to stop. While I talk your eyebrow muscles (*if these are the channel discovered*) will be telling me how you feel, without you having to think about it at all." The Hypnotherapist can then gradually talk around possible areas of fear, simply noting when the non-verbal response gets stronger, in a simple game of Hunt the Thimble. The closer he gets to talking about things that really arouse fear (whether consciously or not), the more the muscles signal that he is getting "warmer".

In this section we have looked at a few items from inductions, and expanded on the principles involved at great length. The intention has been to show how the systems approach to our subject leads to a far clearer idea of the goals of such processes, and how it generates an ability to reach specified goals more quickly, more surely and more confidently. There has, of course, been no attempt to analyse all possible inductions. On the contrary it should be apparent that in the spirit of this approach **the same "induction" will never be used twice**: the precise approach depends so much on the response of the Client that it must be different for each person.

It should, however, now be possible for the reader to look at ANY "induction" process and start to analyse it in a similar way. The key questions are the following:-

1. What processes of which systems are involved?
2. What are the possible goals of this "induction" in terms of those processes?

3. How could each goal be achieved more simply and directly?
4. How can it be verified that each goal has actually been achieved?

This last question is of great and general importance, I believe. The great advances in knowledge in recent centuries have come about as a result of demanding that statements be verifiable NOT simply by a reference to an "Authority", but by reference to fact. The motto of the Royal Society of London is *Nullius in verba*, part of a Latin quotation which may be freely translated as, "We do not take anybody's word for it." Just because someone has said, "This process leads to a deep Hypnotic trance," it does not mean that it will work for you or with every Subject, or indeed at all, as it stands! It may well be, for example, that the person who wrote those words was using some very important, but not verbal, process as part of his induction, of which you are unaware.

To proceed blindly, with no certainty that the changes which are happening are what you think is happening, is foolishness. Verification is the cornerstone of science and of sure progress in all things. A bricklayer does not lay the next layer of bricks without checking that the previous layer is correctly placed.

I hope that any student of Hypnosis will go away and test what I have said by trying out, with the above questions in mind, many components of many "inductions" many times on a variety of people, and in that way build up a very good foundation of understanding of how each part works. This approach of mastering the component part of a skill is fundamental to most expertise.

CONCLUSION

"Inductions" as viewed from the systems viewpoint are more precise and more flexible and more accurate than the traditional "scripted" approach.

They can be more precise because they are built around a firm structure of detailed goals in terms of specified changes to specified systems.

They are more flexible because the approach lends itself to modifying and tailoring the processes to the personality of each individual Subject.

Finally they are more accurate in that the systems approach encourages continual verification that all is going as it is supposed to: which allows corrections and adjustments to be made as necessary.

Conclusion of Part A

BY THIS STAGE it is expected that the newcomer to the field will have picked up a reasonable overview of Hypnosis.

In addition it is hoped that all readers will have become familiar with the systems perspective.

PART B

Introduction to Part B

THE NEXT AND CENTRAL part of the book takes the ideas which have been presented in Part A and develops them in the context of Hypnotherapy. This is, in brief, a three-stage process of finding out what problem a Client has, planning how to solve the problem and finally making the changes necessary to achieve this goal.

In the course of doing this the virtues of the organised "Morganic" approach to thinking about what we are doing will become yet more apparent, and will reveal not only the dynamic basis of many problems, but also give more insight into the way in which many Hypnotic processes work.

The ideas which are presented here do not exist, to the best of my knowledge, in any other book on the subject. The whole question of diagnosis in Hypnotherapy and deciding on the best approach is NOT one which seems to have received a great deal of attention in the literature. Gibson & Heap (1991) [Bib](#) exemplifies the best current thinking on Hypnosis in therapy, and is required reading for anyone training in Hypnotherapy. But it retains, as an unspoken assumption, the common idea that problems should be classified in the medical manner by symptom. Although they observe that different approaches will be made to different patients with similar symptoms, they give little in the way of guidance as to why one should use one approach rather than another. The book also avoids giving any categorical definition of Hypnosis, while leaning (p.1) to the idea of a "state of Hypnosis".

By contrast this present book is evolving a robust and extensive theoretical view of the subject. This view in turn provides an approach to diagnosis which is both more informative, involving as it does an analysis of the *dynamics* of the problem, and also far better at prescribing what should be done.

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Principles of Hypnosis:

CHAPTER 10

The Process of Hypnotherapy - Stage 1:

Elements of Diagnosis in Hypnotherapy

PART B

This central part of the book takes a very close look at the process of Hypnotherapy, in more or less the order that it arises in real life, starting with the initial diagnosis. In doing this the value of the systems approach and the notation we have outlined in Part A become more apparent and develop real strength, throwing further light on how a variety of Hypnotic phenomena are produced.

This chapter starts to look at the process of diagnosis by looking at the presented symptom. It then describes the first step in a process of diagnosis which involves looking at precursors and resultants of the presented symptom. A precursor is a system, a change in the activity of which produces the symptom. A resultant is a system whose activity changes as a direct result of the symptom. In this way we build up a clear picture of the dynamics of the problem. The typical picture is a chain of systems each affecting the next, with the problem symptom somewhere in the middle. A situation of considerable importance arises if the chain forms a loop, colloquially termed a vicious circle.

NOW THAT WE have established some of the principles of Hypnosis it is time to look at the specific field of Hypnotherapy, which is our goal. We will discover that forming a clearer idea of what we need to achieve in therapy will help to clarify the kind of Hypnotic processes we need to use. We have already seen a little of this at the end of the last chapter, where we have chosen to modify an item from a standard Hypnotic "induction" with an eye on its therapeutic purpose.

The key word in the chapter title is "diagnosis": the "determination of the nature of a problem". It may be

thought that this is not a matter that needs discussion. Panic attacks are easily diagnosed by their symptoms, sleeplessness is simply an inability to get to sleep, a headache is a headache: where is the problem?

We may begin to understand why this is not sufficient by considering the advice that appears in many people's writings: "You should not simply treat the symptoms." What does this mean? It means that it has often been found that a headache, let us say, is simply a sign of some deeper problem which, like an iceberg, is 90% concealed from sight. If you remove the symptom then all that happens is that some other symptom will arise in its place. In practice then, Hypnotherapists will generally look deeper than the presented symptom before doing anything.

However the *way* in which this should be done is nowhere explicitly given in any detail. (Though this, I repeat, is not to say that it is not done by practising therapists. It has not been written much of because of the absence of a theoretical framework within which to do so.) The following should begin to make the whole matter of systematic analysis of problems in the context of Hypnotherapy much more understandable, accessible and effective.

The starting point of all Hypnotherapy is a Client saying, "I have a problem." And the goal of therapy is that same Client being able to say honestly and happily, "I no longer have that problem." (It is to be understood that this is not achieved by means of brushing the problem under the carpet and that it is not achieved at the expense of introducing a new and perhaps worse problem.)

Between those two statements lies a **process of change**. It is a process which is facilitated by the therapist. In order to do this with maximum effectiveness the therapist must first understand the nature of the problem and then help to make appropriate changes.

This chapter is devoted to answering the question, "**How does the Hypnotherapist begin to understand the nature of the problem?**"

Notice that problem-solving happens in many professional contexts - medicine, engineering, business consultancy and so on - and in each there is going to be an initial phase in which the professional is asking questions in order to grasp the nature of the problem. The actual questions asked will vary from speciality to speciality, but the answers received will gradually characterise the problem more and more precisely. It is important to notice that to a large extent the questions are determined by the kind of tools which the professional has. A doctor, for example, has a limited number of medicines and procedures at her disposal: a diagnostic session is therefore going to be biased towards simply determining which is the most appropriate one.

Since the tools of the Hypnotherapist deal, as we have seen, with altering the functioning of a very wide variety of internal systems in a naturalistic manner, it follows that during the diagnostic phase ***the questions will be aimed at finding out which systems are involved and what functional processes involving them need to be changed.***

The emphasised words are of central importance, and are not to be passed over lightly. Notice how this definition of the diagnostic process is rooted directly in our basic concept of Hypnosis as a manipulation of the processes which various subsystems undergo. Notice how clear the goal of diagnosis is. Notice that the goal is to get a real idea not merely of a static symptom, but of the dynamics of the whole process of which the symptom is merely a part. Diagnosis in Hypnotherapy is *finding out which systems are involved and what functional process or processes involving them need to be changed*.

The bare bones of this process of diagnosis can be represented by a series of questions, the key ones of which will now be described.

Q. "What is the problem?"

Q. What process C is the central one for the Client? What system does it involve?

In asking verbally the question in bold type, we are aiming to get information which answers the question in italic type.

As examples we may find answers such as, "I blush," the central system in which is the capillaries of the face, and the troubling process is a dilation. If the answer is "I panic," then the central system can be thought of as part of the limbic system in the brain, and the central process that of arousing systems in the body which would be active in a "flight or fight" situation.

Of course the particular process which is the symptom does not arise in isolation, so the next couple of questions explore the preceding and resulting events.

Q. "What is happening just before the problem starts?"

Q. What system P (for precursor) activates C?, or in shorthand

P? > C. [For precise meaning of symbols go to [Symbols](#)]

In practice this question stands for a whole series of questions, since many Clients have never thought their problem through in this way. "I blush in front of people" may be what is believed to be the truth, but in fact it may be that blushing only happens in front of members of the opposite sex who are found attractive, or with people who are felt to be in authority, or in conditions where guilt is felt and so on, or it may be only when the sufferer has thought to himself, "Oh dear, I hope I do not blush here!" In these cases the answers to our technical questions would be, respectively, an arousal of a sexual or inferiority or guilt or an internal verbalisation system. In the case of smoking the answers may turn out to be, "My mouth feels very dry", "I get a tickle at the back of the throat", "It is like a voice saying, `Have one'", in which cases the precursors seem to involve the salivary glands, the sensory system and the internal verbalisation system respectively.

Of course in many cases there will be *several* answers to this question. The immediate precursors to smoking may well be boredom *or* stress *or* a cup of coffee, for example.

In the above, the answers to the question have mainly related to *internal* systems. It must not be supposed that this is the only class of possible answers. The answers given may relate to external precursors which may involve people or things - "When the boss shouts at me", "When the chlorine in the swimming-pool gets up my nose". Of course we may work from such answers to discover what system in the Client is responding to such external stimuli, but it is important for us to bear in mind the possibility that the best way to tackle the problem may be a purely practical one: to change jobs or wear a nose-clip.

When we have a clear idea of immediate causes of the problem symptom we should also find out what happens as a result of it.

Q. And what happens afterwards?

Q. What systems R (for resultant) does the process C affect in turn? Or in shorthand,

C > R?

Although it is obvious that the precursor of the symptom is important, it may not be quite so obvious why the resultant is, so here are two primary reasons.

There are times when the result of C is a reward of some kind: heroin can lead to an ecstatic high, or at least to the relief of the craving; a headache may lead to a day off work or at least some loving attention; obsessive cleaning late at night may result in avoiding unwanted sex and so on. It is an elementary principle of psychology that when an activity is rewarded the behaviour tends to be reinforced, i.e. the whole pattern is more likely to be repeated.

In other circumstances the result may not be a reward, but can still have the result of reinforcing the pattern. For example, a common result of stammering is an increased conviction that stammering is inevitable. This conviction feeds back into the next social occasion and increases the chances of stammering happening again.

As a result of a first-order application of our first two questions, we should know P^1 and R_1 , such that:

$P^1 > C > R_1$,

but there will often be a value in asking the same questions repeatedly to discover earlier precursors and later resultants, until we have a single causal chain describing a long process of which the symptom is only a part:

... > P3 > P2 > P1 > C > R1 > R2 > R3 > ...

In practice we may well discover a number of such processes. There are many roads that pass through Rome, there are many sentences which contain the word "love", there are many activities which involve an increase in heart rate, and there will in general be many processes of which the symptom is part.

Typically, in order to determine the patterns above, the Client is referring to memories of occasions when the problematic central symptom C arose. Indeed it is often necessary to listen to accounts of a number of different episodes in order to distinguish factors which are an essential part of the problematic processes and those which are incidental. Useful questions to ask in order to clarify the nature of the key processes are:

Q. And when else has CS happened?

Q. What did the different occasions have in common?

Q. Can you recall the first time CS happened?

In many cases, of course, the first time is of great importance as it set the pattern of the process which has been followed with only small variation ever since.

At times the first occurrence has been consciously forgotten, and then a very careful analysis of the current process will often enable one to determine what the original experience is likely to have been. Let us suppose that as a result of questioning it is found that the central symptom in a man is that of a panic attack; that a common factor in triggering off the attack is the sight of a bearded man; and that a common effect of the panic is a gagging reaction and some nausea; and that this has been current since the age of three. Then one possible explanation is that as a child the Client was forced to perform fellatio on a bearded man at that very early age. This provides a hypothesis which can be explored by means of further questions: **it is very risky to suppose that the assumption is true without rather more evidence than the above.** If four or five other aspects of the problem also fall into place when this hypothesis is adopted then its likelihood is increased.

But it is important to note that the appropriate attitude to take to such an hypothesis is to look for evidence that it may be *wrong*, rather than confirmatory evidence that it is *right*. Thus evidence that the man's fantasies and sex life are perfectly normal would cast doubt on the theory, for example. If we were to discover that the man *also* has the same panic reactions in hospitals, and further questioning revealed that he had been in hospital when he was two with a throat problem, then we have a second hypothesis, which is that the phobia was initiated by a bearded doctor examining his throat too roughly. If, alternatively, we found that the panics could also arise at times when the Client is sitting at a table on a formal occasion, the roots may have to do with his father (we would have to check if he wore a beard at the time) *forcing* him to eat at an early age.

Hypnotic techniques could then be used to provide further evidence in ways that will be described later. In some cases it is useful to regress the Client to the time of the original experience and to allow it to be relived and the associated feelings to be expressed. Such an expression of emotion is termed *abreaction*. However, it is worth realising that in many cases symptoms reduce or disappear purely as a result of the *understanding* which can be achieved by means of the above analysis, which has more of the flavour of Sherlock Holmes than Sigmund Freud.

In dealing with such phenomena it is important to be careful about the language we use. It is easy and common to say that a problem was "caused by" an early trauma. But this sense of cause is not the same as that implied by the use of "d" which is that of a direct or immediate cause. In fact we should analyse such situations in the following way.

Trauma > {Memory trace at a non-conscious level}.

Current stimulus > /{Memory Trace} > /{Associated responses}.

This is not to split hairs. The above analysis can be of central importance since if, using Hypnotic techniques, we *alter the memory trace in certain key ways*, we can dramatically improve the response to current stimuli. Put more bluntly, people are affected NOT by the past but by what they remember (consciously or subliminally) of the past. We cannot change the past, but we can change memories.

Returning now to the above line of questioning, we have seen that it results in a linked chain of processes, with precursors leading to the symptom which in turn has its resultants. Now consider how this chain could end.

We have the following alternatives. A chain may have open ends lying either inside or outside the person, or the chain may close and form a loop. An example of a chain which starts outside a person is one in which the initial process is that of being shouted at. The process will end outside the person if it leads to hitting or vomiting. It will end inside the person if the last clear resultant is something like a headache or muscle tensions. The chain may start inside a person if, for example, the first clear precursor is a recurrent thought of self-hatred, or some recurrent feeling or physical symptom.

The distinctions above become of value when we come to the next stage in our work, which is changing the situation. It is a commonplace that a ventilated emotion tends to dissipate harmlessly, i.e. an external end to the chain is less of a problem to the individual than an internal end. And the approach to solving a problem will generally be quite different according to whether the primary cause is some quite definite factor in the external environment or some internal process.

The third alternative, which is that the chain may close to form a loop, is of enormous importance. Such loops are very, very common. In colloquial language they are called vicious circles and are often recognised as such by the Client.

Let us look at some simple examples. A man has a slight tendency to blush. But he is embarrassed about blushing. The embarrassment results in more intense blushing. We have a vicious circle, which in a short form can be expressed as:

$\text{Embarrassment} > \text{Blushing} > \text{Embarrassment}$,

or $\text{Blushing} > \text{Embarrassment} > \text{Blushing}$.

It does not matter which item we start with when we are defining loops: a loop has no beginning and has no end.

Other examples arise in many contexts: sleeplessness can lead to an anxiety (about lack of sleep) which in turn leads to sleeplessness; a sickness at the thought of food can lead to a fear of starving to death which can lead to an increased feeling of sickness; the pain of muscle tension can lead to mental worry which can lead to yet further muscular tension; an asthmatic attack may both be caused by anxiety and provoke anxiety, in which case a vicious circle can exist; acid production in the stomach can both be prompted by stress and (because of its discomfort) cause stress; perhaps simplest of all we have the fact that the feeling of fear can itself be fearful, though a more careful analysis of this will usually show that there are two parts to the system - the emotion of fear and the mental process which says, "This feeling is dangerous".

The general pattern that runs through the above and many other complaints that a Hypnotherapist will see is that of:

$\text{Fear/anxiety} > \text{Symptom} > \text{Fear/anxiety}$.

Many things can be both a cause and a result of fear, and hence create vicious circles. The consequences of a feeling of fear are many - we have already met them in the "fight or flight" responses. Typically the heart rate increases, breathing becomes faster and shallower, blood is diverted to brain and muscles and away from intestines and skin (though the face is a common exception to this), muscles tense, there may be a tendency to evacuate stomach and bowels, there is sweating, speech tends to be inhibited, the mind races and so on. The exact pattern varies from individual to individual, but if any of these effects is regarded as itself being dangerous or a problem then the above vicious circle becomes established.

A very important part of the diagnostic process is to establish whether or not there is such a vicious circle, which we will later describe as an internal increasing positive feedback loop.

Such vicious circles can exist not just in the individual human being but in other organic systems too. For example, if we find that a problem chain is ending in another person - a spouse, for example - then by changing focus we may consider our primary system to be the couple, which has two clearly defined subsystems - the partners - which we may label A and B. The action of crying by A may lead to violence in B which leads to an increase of crying in A: a vicious circle.

This example is quite important because it reminds us that we should generally not stop our analysis at the boundaries of the individual. Very many problems have to do with the individual's reactions to and actions on others.

One of the beauties of the current systems approach is that we can use precisely the same language and shorthand and diagnostic approach in dealing with processes within the individual, *and* processes within the family which involve the individual *and* processes within the society which involve the individual.

We may find for example that the presented problem of a headache is part of the following loop:

$$\{ \text{The boss's anger} \} > \{ \text{resentment in man} \} > \{ \text{headache} \} > \{ \text{job performance} \} > \{ \text{boss's anger} \}.$$

In such a case we have a vicious circle where the most potentially useful system to change has little to do with the system where the symptom appears. Instead we should be focusing on the sufferer's methods of dealing with authority and anger from others. If the man can stand up for himself - be more assertive without being aggressive - then the repeated doses of resentment will be avoided and the whole vicious circle will wind down.

Or we might have a typical situation in which the presented symptom is what the sufferer may call paranoia - the feeling that people are thinking in an unpleasant way about him. (This is not the strict clinical definition.) But as a result of that feeling he may start to scowl at people, to skulk into rooms and perhaps to mutter under his breath, as a result of which people *will*, indeed, start thinking unpleasant thoughts about him: a vicious circle is established.

In such a case the Hypnotherapist might choose to work on the *thoughts* about other people or the *feelings* of paranoia or on the *behaviour* which is maintaining the circle.

The question of how to choose the most appropriate point to start to change a circle will be left until another chapter.

I hope it is clear that the diagnostic procedure outlined above goes a long way to avoid the criticism, "You are only treating symptoms." In fact, the criticism might with more justice be aimed at large areas of contemporary medicine, particularly when it comes to treating the vast range of anxieties, panics, depressions, etc. which are becoming an increasing proportion of the doctor's case-load as the specifically organic illnesses are being controlled more and more. The diagnostic process in Hypnotherapy is detailed and should in principle reveal *all* factors involved with a presented symptom, and will therefore *never* be dealing with it in isolation as the doctor all too commonly is.

The above process of establishing the causal chains - the dynamic patterns - involving the presented symptom is clear, though of course the results can be very different in different cases. I would suggest

that diagnosis is not complete until the picture that emerges from such an analysis is complete and satisfactory: that it accounts for all the known facts.

But what if this does not happen? What if no chain arises? What if we cannot find any causes? Then, I suggest, we have *prima facie* evidence that the problem does not lie in our field, but in that of someone else. We are then in a similar situation to the doctor who, having applied all his tests (which are simply a technical form of asking questions), cannot find a cause for the ailment. He is then likely to think of the problem as being psychological. If we can find no clear cause-and-effect chains then we should equally be thinking, "This is physical," and sending the patient back for another opinion. (In the UK people normally take problems first to their General Practitioner and only later to a Hypnotherapist, because the former consultation is free.)

We might also consider referring the Client to another specialist. For example, although *in principle* we should be able by means of our diagnostic scheme to discover if there is a dietary cause for a problem, it is outside our expertise and so it is unlikely that we will know the precise questions to ask in order to establish the dietary cause. Equally although we should in principle be able to decide if the cause is an allergy, or perhaps some poison in the environment, it will depend on asking the right *detailed* questions, and the right questions will again be best left to specialists.

I hope that these few remarks will go a little way to explain why it is not necessary for an experienced and intelligent Hypnotherapist also to have a full training in medicine any more than it is necessary for a General Practitioner to have a full training in Psychotherapy. (Though I would strongly recommend that each of these specialists should acquire a basic, sound and relevant familiarity with the other field.) Each has a collection of diagnostic questions designed to establish the causes of a given complaint which is treatable by his or her methods. Each, with practice, learns to recognise when the answers do not add up to something that is capable of being treated by the means to hand. Each then learns to pass the patient on to someone who might have a better chance. Of course each may make mistakes, but I hope that these paragraphs may at the very least moderate the view that a Hypnotherapist commonly attempts to "suggest away" any symptom with no regard for possible physical or psychological causes, and hence makes things worse. This is far from the truth. This is not to say that "help" cannot be misguided: we only have to consider the consequences of Thalidomide or of the indiscriminate use of the Benzodiazepines (Diazepam, Valium, etc.) in the sixties to see that mankind may easily take what appears to be a step to improve things and succeed only in creating greater problems. But it should be clear that the systematic approach to Hypnotherapeutic interventions presented explicitly here leads to a high level of awareness of possible problems and to a minimising of any dangers of an ill-considered intervention.

SUMMARY

The first stage of diagnosis is to establish the existing dynamic patterns. Generally this will mean discovering chains of precursors and resultants of the central, presented problem.

One very common and important pattern that can emerge from this analysis is that of a vicious circle (an

increasing positive feedback loop). At times these circles involve larger systems such as family or society.

In considering those chains which do not form circles (open chains) it is useful to note if their ends lie within or outside the individual.

The diagnostic process ensures that the symptom will NOT be seen in isolation.

The failure of the diagnostic procedure to reveal a dynamic cause for the complaint suggests strongly that the Client should be sent to other specialists for their opinion.

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Principles of Hypnosis:

CHAPTER 11

Feedback Loops - an Introduction

The notion of a vicious circle is part of a more general set of ideas which deal with what are known as feedback loops. These are of enormous importance in organic systems, and this chapter outlines their principles. We distinguish positive feedback loops from negative feedback loops, and increasing from decreasing feedback loops. Any of these can at times create the problem we are supposed to be resolving, or prevent a change we want to make, or, on the other hand, be the means by which we are removing a problem or ensuring that the changes we make are permanent.

IN THE LAST CHAPTER we met the notion of a vicious circle. This chapter will deal with various forms of loop, of which the vicious circle is only one example.

In this chapter P1, P2, etc. are all labels for processes undergone by certain systems which will not be explicitly mentioned.

A **loop** is a compound process with N identifiable subprocesses P1, P2, ... PN, which will be represented in the general form:

$IP1 > IP2 > IP3 > \dots > IPN > IP1.$

[For meaning of symbols see [Symbols](#).]

Loops can be discovered by starting with any process and then, by finding precursors and resultants, creating a chain until the process at the beginning and the process at the end are the same.

Notice that the change in activity of each component process of the loop may be an increase or a decrease. We will therefore end up with a loop having one of the following four forms:

1) $/P > \dots > /P$

2) $\backslash P > \dots > \backslash P$

3) $/P > \dots > \backslash P$

4) $\backslash P > \dots > /P$

1) When an increase in the activity of P leads via a chain of other processes to a further increase in the activity of P, we will call the compound process **an increasing positive feedback loop**.

2) But when a decrease in activity of P leads to a further decrease, we will call the loop a **decreasing positive feedback loop**.

3) and 4), in which an increase in activity leads to a decrease or vice versa, will be called **one-sided negative feedback loops**. The form 3) tends to prevent the activity of P getting too great, and form 4) acts to prevent it getting too small. A **two-sided negative feedback loop** is one in which *both* of 3) and 4) hold:

$/P > \dots > \backslash P > \dots > /P$.

Notice that positive and negative have no emotional overtones. P may be a favourable process, which creates happiness, or an unfavourable one that leads to misery. But we would still see it as a positive loop if a change leads on to the same kind of change, and as a negative loop if a change in it leads to a change of the opposite sign.

The science which deals with such feedback loops is Cybernetics, the foundations of which were laid by Norbert Wiener and others in the 1940s (Weiner (1948a,b)[Bib](#)). Another phrase which is used for the science is that of Control Theory.

At the present stage of the science of Hypnotherapy we are dealing with these processes in a *qualitative* way, but should we ever get to a stage of research in which a *quantitative* description of " $IA > IB$ " can be given, then we will have access to a great deal of established mathematical theory which will integrate our science with many other related ones.

Examples of Feedback Loops

1) We have seen a number of examples of increasing positive feedback loops in the last chapter. Such loops are one of the important causes of problems. But here we will consider their application in the simple Hypnotic phenomenon of hand levitation which we have already met briefly when looking at "inductions".

Practising Hypnotherapists will be aware that when they begin to suggest that a finger will rise into the air, nothing happens. Several minutes and many suggestions may pass before there is the slightest movement. During that process the Client will typically be thinking, "Nothing is going to happen," and there is a lot of doubt. But once there has been the slightest movement, which we may label /F (an

increase in the activity of the finger muscles), it leads to a decrease in the doubting mental processes (Δ). The positive suggestions of the Hypnotherapist therefore gain ground ($/P$), and these in turn lead to a greater movement of the finger ($/F$). Hence we have the increasing positive feedback loop:

$$/F > \Delta > /P > /F.$$

In practice we find that an initial movement soon becomes much bigger and it can take as little time to get the entire hand and arm levitated up to the face as it took to get a single finger to move a fraction in the first place.

It can at times be useful to give Clients a "picture" of feedback loops, to help them to understand things. The following is one picture.

"I wonder if you have ever been in a hall with a Public Address System which has started to give off that high-pitched whistle? You know what is happening, of course. The microphone is designed to pick up sound. It passes the sound to an amplifier, which makes it louder. It is then passed on to the loudspeakers which spread the sound into the hall.

"Now if the loudspeaker is too close to, or is facing, the microphone, we have trouble. The trouble is that the microphone then picks up the sound from the speakers. This is then amplified further so that very quickly the mike is picking up a louder sound. This is amplified in turn, making the speakers still louder. The whole thing quickly gets out of hand until it reaches the limits of the system, and you get the terrible whistle.

"Now in *you* we might see the symptom as being the sound from the speakers. You noticing the symptom is like the mike picking up the sound. You worrying about the symptom is like the amplifier making things worse, because in you the worry is in fact directly causing the symptom.

"The problem can easily be solved by turning the speakers away from the mike, or putting them further away (helping you to take less notice of the symptom). It is also helped by turning down the amplification (reducing your feelings of anxiety)."

Other examples of increasing positive feedback loops arise in many places. A good learning process, for example, is often characterised by the following loop:

$$/{\text{skill}}\} > /{\text{satisfaction}}\} > /{\text{practice}}\} > /{\text{skill}}\}.$$

In other words, if a person gets satisfaction from the exercise of a skill, it will motivate actions which will lead to a further increase in the skill.

Most GROWTH phenomena in a biological setting involve increasing positive feedback loops. Thus the growth of a bacterial infection is described by the simplest of all loops:

$\text{bacteria} > \text{bacteria}$,

i.e. if, in a given environment, the activity of the bacteria increases - basically as a result of the bacteria multiplying - then the increase will in a short time result in a still further increase, as the increased numbers also multiply. Such a process of growth tends to increase very rapidly (technically the growth is exponential) until it reaches a size in which other factors become important. These will typically act to limit the growth in a way which can often be recognised as a negative feedback loop.

2) **Decreasing** positive feedback loops are often of importance when we come to discuss the resolution of a problem. They may arise naturally and can lead to a spontaneous solution to that problem.

As a simple example, suppose that a person has a phobia about something that has been growing worse for years under the influence of an increasing positive feedback loop. The more fear (F) is *felt* on meeting the object that triggers the phobia, the more that object is *thought* of as fearful (T), but the more it is thought of in that way, the more terrifying it will be felt to be. ($F > T > F$)

Now suppose that some progress can be made *by any means whatever* - tablets, Hypnosis, acupuncture, advice... - in reducing either the feeling of fear or the thought that the object is terrifying. We may generally expect that a reduction in the fear will lead to a reduction in the thought that the object is fearful, and that a reduction in that thought will tend to reduce the actual fear next time. **IF** that is in fact the case we have a decreasing positive feedback loop:

$F > T > F$.

The activity of each process thus gradually decreases until they both drop to zero (an activity cannot be negative). In other words if we can once get a noticeable improvement, things will then continue to get better under their own momentum.

A Hypnotherapist is in an excellent position to make the initial improvement because he is in a position to make improvements in both component processes of the loop. He may reduce the emotion or the thought or both, and often in a very specific way.

By contrast the medical approach to such phobias is the rather general one of supplying the sufferer with some form of drug which induces a generally more relaxed state. This may reduce the feeling of fear, and the decreasing positive feedback loop may then work as above. However, the very thought, "It is so bad that I had better take my pill," tends to increase rather than decrease the perception of the object as a fearful thing, and after a while the activity of pill-taking can become involved in the whole process.

Initially we may have $\text{Pills} > \text{Fear} > \text{Worrying thoughts} > F$, which leads to the initial decrease. But we also have the secondary effect $\text{Pills} > \text{Worrying thoughts}$ which typically becomes more and more important as the initial levels of fear drop a little. In practice then it is quite

common for the general level of activity of both fear and perception of fear to drop the first few times a pill is taken and then to start to pick up again under the influence of $\text{Pills} > \text{Worrying thoughts}$. But the old increasing feedback loop is still there waiting to take effect, so that the increase in the thought of "This is fearful/bad" will again lead to an increase in the fear felt. Typically when this starts to take hold again, the sufferer acts in one of two ways. One way is to say, "These pills do not work - I will give them up." The problem then quickly returns to its previous level, or even a bit more because, "It *must* be bad if the pills can't help." The alternative is to increase the dose. But all too often this simply leads to the same process as before: an initial improvement followed by a subsequent rebound.

This example illustrates the care one needs to take in analysing the nature of the feedback loops involved in a problem.

Some other examples of decreasing positive feedback loops are as follows. A person might, quite naturally, grow out of a habit of nail-biting as a result of the loop $\text{biting} > \text{satisfaction} > \text{biting}$, which will lead to the nail-biting activity dropping to zero. There is a good chance that when a Hypnotherapist is asked to eliminate any activity, then a decreasing positive feedback loop for the symptom will be instituted.

As another example, which illustrates that decreasing positive loops can also cause problems, consider a poor student who has become trapped in the loop $\text{studying} > \text{confidence in ability} > \text{study}$, which can cycle until he or she gives up studying altogether and loses all confidence in his or her ability in that area.

This example underlines the fact that whether a positive feedback loop is increasing or decreasing is not the most important thing. Indeed a positive loop can be increasing for one system involved and decreasing for another, e.g.:

$$A > B > A$$

is increasing for A but decreasing for B, so we should properly always use phrases like ".. is an increasing positive feedback loop *for* A".

The ultimate reason for the distinction between increasing and decreasing as applied to loops is that the activity of a system cannot drop below zero: there is therefore a strict limit to how far down the activity can go. On the other hand there is no such strict limit on how *high* the activity can go: it may be limited by resources, but that limit is often flexible and changeable. In principle the number of individuals in a species (e.g. of domestic chickens) can be indefinitely large. On the other hand there is a definite and final lower level: which the dodo has attained.

This remark is often very relevant to feedback loops involving organic systems, and distinguishes them from feedback loops which often arise in inorganic systems, in which variables are more commonly capable of taking negative as well as positive values. The other difference is that in inorganic systems the

effect of a reduction in the activity of a system is generally equal and opposite to the effect of an equal and opposite increase. We have noted that in organic systems there is generally an asymmetry between the two cases.

3) **Negative** feedback loops are of great importance in all biological systems. It is such loops that provide **stability**. They are how **homeostasis** - the preservation of relatively constant internal conditions in a changing environment - is achieved.

The word stability can be used in a static or dynamic sense. The static sense of stability is represented by the picture of a milk-bottle standing either on its base or on its top. It is not moving in either case - it is stable - but is more easily disturbed in the latter case: it is less stable on its top. Dynamic stability is more like the stability of a cyclist. She is constantly moving, constantly correcting for slight wobbles on one side or the other. (Look at tyre marks in snow: they are never straight; the track of the front wheel is always crossing to and fro across the track of the back wheel.) The cyclist is never still but will never fall off. In many ways she is *more* stable than the milk-bottle, because she has more power to correct for any disturbance.

For all of us even the process of standing involves negative feedback loops. If we lean forward a little this activates a sense of imbalance via the mechanism in the inner ears, which in turn activates the appropriate muscles at the legs, feet and elsewhere to create a backward movement. It will often happen that this results in overshooting the mark. We then start to sense a backward lean, which activates an opposing set of muscles and starts a forward movement. Simultaneously the system of balance is monitoring and correcting for sideways movements in a similar way. The net result is a dynamic stability.

The maintenance of body temperature involves similar loops. If the temperature increases, it activates such systems as increased sweating, whereas if it drops, it can activate an increase in metabolic rate and shivering, which tend to increase the temperature again. Shorthand for two of these processes is:

$$/Temperature > / \{Sweating\} > \backslash Temperature$$

$$\backslash Temperature > / \{Shivering\} > / Temperature.$$

Notice again the way in which increases and decreases in temperature activate *different* systems: this is quite common in biological systems. We will commonly see asymmetrical double-sided processes like:

$$/P > IA > \backslash P > IB > /P,$$

where A and B are different processes or even processes of different systems.

In fact the entire internal economy of the body depends crucially on such loops at all levels to maintain and sustain life. The relative constancy of blood-sugar levels, of oxygen levels, of white cell levels, of fat

levels, together with our ability to execute any action, say any word or concentrate on any thought depend on the existence of negative feedback loops which will prevent any great departure from the required level or process.

Feedback loops exist at other levels also. If you watch two people in conversation you will observe negative feedback loops regulating their physical distance apart. If this distance gets a little small, one or other will initiate movement in order to increase it. But if the gap gets too large there will be a movement to close it. The result is a fluctuating distance about some average value.

More generally the stability of a family or relationship will generally be maintained by means of such feedback loops, so that in any problem which features relationships it is important to look out for relevant loops.

In the market-place the price of goods is kept relatively fixed by means of negative feedback loops. A simplistic example of this is as follows. If the price rises, demand drops ($P > D$). If the price drops, demand rises ($P < D$). But a drop in demand will commonly induce the seller to reduce prices ($D > P$) in order to increase sales and so to maintain profits, while an increase in demand will encourage him to increase prices ($D < P$) in order to benefit from it. We therefore have a double-sided negative feedback loop:

$$P > D > P > D > P$$

which tends to keep the price within bounds.

Against this background we will now look at the specific ways in which negative feedback loops are of importance in Hypnotherapy.

The first and *important* point is that IF a problem has not disappeared spontaneously after a period of time THEN **there is a very high chance of it being maintained by some negative feedback loop**, which may be internal or external.

As an example consider the dynamics of the following alcoholic problem. As a result, it turned out, of childhood sexual abuse a woman hated sex when she got married. She could only tolerate it if she was drunk. After a while it followed that IF she were to stop or even reduce drinking, her husband would perceive her as being in a "worse" state and consciously or unconsciously encourage her to drink again. ($\{ \text{Drinking} \} > \{ \text{Sexual activity} \} > \{ \text{Husband's discontent} \} > \{ \text{Drinking} \}$.)

As another and classic example from the annals of Hypnosis we may consider the famous case of Mesmer's treatment of the young woman Maria Theresa Paradies, who had been blind from an early age. She was also a gifted pianist and musician. There are various accounts of this case in circulation, but the main features are the following. Mesmer had some good initial success. But then, to his amazement, the parents objected very strongly and removed her from treatment. Then:

"The logic is that Paradies [the father] began to anticipate serious embarrassment if Maria Theresa was saved from blindness. Her music already suffered from the improvement of her eyes. Partial sight made her nervous at the piano; nervousness made her hit the wrong keys, and the deterioration of her playing made her more nervous. It was a vicious circle from which she could not hope to escape except after long, arduous experience - if then. Meanwhile she would cease to be the accomplished, petted star of the concert stage with a handsome income of her own. She might lose the pension granted by the empress [her godmother] in consideration of her blindness. She would then become a half-crippled burden on her parents." (Buranelli (1975)[Bib](#))

Clearly there were quite a few consequences of an improvement in sight which were unfavourable to Maria Theresa and her family. The natural result was to react against the improvement, and to return to the *status quo ante*. In short a negative feedback loop was revealed.

The outcome of the case was that her parents took her home from Mesmer's house where he had been treating her, and the condition of her eyes promptly deteriorated again. In outline the pattern was the one-sided negative feedback loop:

$\text{Sight} > \text{Playing} > \text{Parental fury} > \text{Sight}$.

However, this story has an ending which should be a caution to all therapists. Mesmer was furious that *his* cure should have been undermined. But what of Maria Theresa? How did her life proceed?

She went back to her concert life and was a great success in Paris and London. She was so good that Mozart wrote a composition especially for her, the Concerto in B Flat Major. In other words the lack of sight did not blight her life, and might indeed have made it in many ways more fulfilling. Music may well have been all the more beautiful as a result of there not being any visual distractions. She would have had servants to do all the boring, practical things in life. She had music and friends and fame. Was life so very bad? We should beware of thinking that the improvement of a particular symptom by *our* technique *must* be the best thing for the Client.

FOR THE CLIENT THE LIFE AS A WHOLE IS THE MOST IMPORTANT THING.

So if there is a negative feedback loop involving the symptom *we should consider what function it serves and whether it is of value to the Client*.

In fact the great blessing that Mesmer gave Maria Theresa was a relief from the other, truly agonising treatments which had caused her enormous pain. Before Mesmer went to work the family might have thought that it would be better to have a sighted daughter and so went on trying to bring about a cure. The effect of Mesmer's treatment would, no doubt, have been to make them realise that the regaining of her sight would *not* be the great blessing that they had imagined, so they dropped all other treatment as well.

The common existence of negative feedback loops in life is one of the things that makes the Hypnotherapist's task so much harder than that of the Hypnotist. It is one thing to make a change, even a dramatic change, in the functioning of some subsystem of a human mind or body. It is another to make it stick: to ensure that it will survive the pressures that so commonly exist to make things return to the way they were before. It is easy enough to plant a rose in a desert: keeping it alive is another matter.

So we have noticed that when a problem has remained in existence for some time, there is a very good chance that it is being maintained by a negative feedback loop which will tend to return things to the status quo, after an intervention by the Hypnotherapist. But a good Hypnotherapist will not only recognise and deal with this, but also realise that if he or she is to institute a new practice or habit, then the simultaneous introduction of a negative feedback loop to stabilise the change is often very necessary.

Thus it is very little use making a suggestion for increased motivation (M), for example, and expecting it to remain in force indefinitely. True, it might well have an effect for a while, but what happens when the motivation tends to drop, as it will sooner or later? It might be more lucrative to have the Client return for a "booster", but is it the best professional practice? It would be better to work on establishing a loop so that $M \rightarrow \dots \rightarrow M$; i.e. the very fact of the motivation dropping should trigger off some other system which will lead to renewed motivation.

As an example, it is common for a drop in motivation to lead to an increase in guilt, which leads to self-blame, a drop in morale and yet further loss of motivation ($M \rightarrow \dots M$), a decreasing positive feedback loop. In fact the lack of motivation may, on analysis, have been found to be a simple result of trying to do too much all at once. If we then institute the rule that a drop in motivation MUST be responded to by spending some time in a recreational way, then in due course, as the systems which have become exhausted are refreshed, motivation will rise again. That is to say, we have instituted a negative feedback loop $M \rightarrow \{\text{recreation}\} \rightarrow M$, to replace, if we have done things well, the old decreasing positive feedback loop $M \rightarrow \{\text{guilt}\} \rightarrow M$.

So here we have an example of a beneficial negative feedback loop, to emphasise the fact that the words positive and negative are not the same as beneficial and harmful.

Let us look at another example of the usefulness of looking for a negative feedback loop to maintain a change, this time when the primary system is a couple. Let us suppose that they are arguing; they have been to counselling; they have taken the good advice on board; they argue less frequently; so they get on better; so they need to argue less. In short the intervention has started off a beneficial decreasing positive feedback loop for the quarrelling.

Whether this has a good chance of *surviving* will depend on whether the counselling has also managed to establish a negative feedback loop to cope with any future *increase* in quarrelling, such as might be triggered off by job problems, in-law problems, etc. The question is, "How will the couple react to an increase in quarrelling?" If no attention has been paid to this problem, then a small increase is all too likely to escalate as before to the point where counselling is again sought. If the counselling had been

good enough, it should have instituted an automatic process which would have limited the quarrelling. As a very simple avenue, possible to the Hypnotherapist, a post-hypnotic suggestion might be used to ensure that on the cue of a quarrel one of the partners will behave in a new way, which might be as simple as to go for a walk, and thereby defuse the situation before emotions get out of hand. Erickson is reported to have got one couple to stand in the bath to have their quarrels! A common result of quarrelling in the nude might perhaps be predicted.

SUMMARY

We have learned to recognise different kinds of feedback loops which arise within the framework of complex biological systems. They are intrinsically neither good nor bad.

Increasing positive feedback loops are typically involved when we see growth. At times we may be working to prevent such loops, if they are detrimental; at other times to encourage them, if they are beneficial.

Decreasing positive feedback loops are characteristically involved in the elimination of the activity of some system. Again we may at times be trying to establish such loops or to eliminate them.

Negative feedback loops are characteristically involved in maintaining things the way they are. (But a double-sided negative feedback loop may lead to instability, as is shown in Chapter 25.) Again we may be eliminating or instituting such loops.

THE NATURAL FUNCTIONING OF THE MIND AND BODY IS MAINTAINED BY NEGATIVE FEEDBACK LOOPS. The same is also true for social groupings and most dynamically stable organic systems.

It is central to successful Hypnotherapy to recognise the overwhelming prevalence and importance of these classes of loops in determining the way in which we work. It is even more important when we come to try to make effective and long-lasting changes.

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Principles of Hypnosis:

CHAPTER 12

The Process of Hypnotherapy - Stage 2:

Consequences of Symptom Reduction

The next step in diagnosis involves looking at the question of what would happen if the problem symptom were to be removed. The importance of this comes from the observation that the problem may well only remain in existence because of a negative feedback loop which ensures that any reduction in the problem leads to consequences which start it up again. It is essential in successful therapy that such situations be recognised.

IN CHAPTER 10 we considered the first step in the process of analysing the problem in terms of the various processes involved. The consequence of looking for precursors and resultants by means of various questions then led to one or more causal chains involving the problem symptom. A particularly important form of such a chain was then called a vicious circle, but now that we have analysed loops in more detail it will be called a positive feedback loop.

We may note that in some cases the above diagnostic process is, in itself, therapeutic. Three reasons for this are as follows. First, it provides the client with an opportunity to talk about the problem to a sympathetic person. Now whether it is an instinct, or a pattern from childhood, it is certainly the case that for many people (though not, of course, all) the following process is deeply ingrained: /Distress > /Talk > \Distress. [For meaning of symbols see [Symbols](#).] In fact studies have shown that there is no measurable difference in the improvement of patients who have been through a process of psychoanalysis and comparable patients who have simply talked to a sympathetic listener (Shapiro & Shapiro (1982)[Bib](#)).

A second reason is that the very questions asked in Stage 1 will have forced the client to think more clearly about the problem, and in many cases this will in itself make it seem less intractable.

The third reason is that the process of diagnosis will often provide an answer to the question, "Why? - Why is this happening?" For many people a greater part of the distress which arises when something feels wrong results from not knowing the answer to this question. In such people there exists an internal process of the following form: /{Discomfort} > /{Search for cause}. Now if no cause can be found the search continues, and continues and continues, often turning up wilder and wilder ideas as to what can be

wrong, and creating increasing levels of unease. Such people have often been helped enormously in a medical context by a doctor who will simply give a name to what is wrong: "You are simply suffering from Interrogitis." "Thank you, Doctor. You have set my mind at rest - I thought it was far worse." The point is that even if the name is meaningless, this pseudo-answer can be enough to stop an endless search which was in itself a prime cause of distress.

People who *understand* what is happening are generally able to cope far better than those who don't. This even applies in situations like operations, in which the patient has no control over the situation. Studies have shown that those who are told what is going to happen seem to feel less pain post-operatively, need less medication and on average leave hospital three days earlier! (Egbert et al. (1964)[Bib](#))

However, in general we will *not* find that the process of obtaining a clear picture of the dynamics of the problem will in itself solve the problem. We must next focus on the question of the removal of the symptom. But it is a cardinal rule of good therapy that **symptoms must not be treated in isolation**. This is easy to say, but you will seek in vain if you seek any other book which will explain exactly how this rule can be carried out. This is not to say that good modern therapists DO treat symptoms in isolation, simply that the *absence of a good theoretical foundation for Hypnosis* has made it impossible for their practice to be codified. We have already done a lot of the work of seeing a symptom in context by establishing the chains which feature an *increase* in the activity of the symptom. But, as we started to see in the previous chapter, it can be as important, if not more so, to examine chains which involve a *decrease* in the activity of the symptomatic system.

This chapter then will focus on the question, "What will happen if a symptom is reduced?"

Notice that this is NOT a question that comes all that naturally to the mind. If we have a "problem" we do not naturally look beyond its removal. It takes quite a lot of mental discipline to think, "What would happen if these headaches went?" because they seem so obviously a problem. It does not naturally occur to us to think that their removal might lead to worse things. But our notation and approach automatically train us to think in this new way.

Some of the relevant questions to the Client which can be used are the following:

Q. Let us imagine that the central problem C were to go away: what else would change?

Q. \C >?

Q. In particular can you think of anything which would be likely to make it get worse again?

Q. Is there a negative feedback loop (\C >... > /C) maintaining the problem?

As was mentioned in the last chapter, there will very often be such a loop involved and, if there is, it is very important indeed to discover what it is, because such a loop will tend to act to prevent any change.

In the case of Miss Paradies, the fact that her professional career was in several ways *harm*ed by having sight was something that Mesmer had not anticipated and led to a negative feedback loop.

Another useful question in the hunt for the negative feedback loops is:

Q. Can you think of any small benefits that C leads to?

The point here is that the Client will have labelled C as a "problem", but has failed to realise that a consequence of C may actually be of some benefit. Such a benefit will reinforce the process C, which will be more likely to happen again: i.e. a negative feedback loop will exist.

Suppose, for example, that a person is doing something from a sense of duty - visiting in-laws, having sex, going to work, etc. Suppose also that there is some "problem" - migraines, nausea, quarrels, etc. - which has as a natural consequence the avoidance of the duty. Then, although the Client will almost certainly NOT have made the connection at a conscious level, there is a very good chance that the benefit gained from the "problem" process is at least partly responsible for maintaining it in existence.

In such a case it will probably not be enough simply to work on reducing the activity of the central process, as it will lead to an increase in the unpleasant duties, which will simply tend to reactivate the old pattern again:

\C > /Duties > /C.

Although the questions above are simple in principle, it must not be supposed that the process of finding the answers to them is necessarily a quick one. It will often be necessary to activate the Client's imagination in quite some detail and for some time in order to get full answers to them. There is a natural human tendency to pay more attention to things that are wrong than to things that are right. There is a natural human tendency to suppose that somehow the removal of a perceived problem will lead, as in the fairy stories, to, "... and they lived happily ever after." It is seldom *that* simple.

In some cases the only way of discovering the consequences of a reduction in the problem will be to go ahead and start to reduce it, and see what happens. The fact that we have thought about the questions above prepares us for the possibility that after a period of improvement there may well be a relapse, which will not therefore take us by surprise, as Mesmer was taken by surprise by the case of Maria Theresa. Instead we will welcome it as possibly providing a fuller answer to why the problem continues to exist. This reason can then be tackled.

As another example, a Client may be suffering from a lack of self-confidence. In theory she and her family want this to improve. But when the change actually begins to take place and they realise that as a consequence of her increased confidence she will say "No" to them some of the time, they may well start to resent it and act in such a way that they demoralise her again.

The pattern is simply:

$\{ \text{Self-confidence} \} > \{ \text{Compliance} \} > \{ \text{Family discontent} \} > \{ \text{Family annoyance} \} > \{ \text{Self-confidence} \},$

i.e. a negative feedback loop.

If such a loop exists (and the above pattern is very common) the Hypnotherapist will *have* to take account of it and modify the approach accordingly. An obvious step which can be taken is to restrict rather clearly the particular actions of a more confident Client to those which meet with approval, at first. In this way we can create a more firm basis for later change.

Notice the contrast between the above approach and that of the naïve Hypnotherapist who might simply suggest, with all the power which suggestions can have in certain Clients, "You will become super-confident. You will be totally confident. Nothing will get you down." The very generality of this is such that the Client is left to his or her own devices when it comes to expressing this confidence. There is little guarantee that others will like what happens for long. It is almost certain that *someone* will resent it and act against it. Since this new-found confidence has no real roots in behaviour or experience it will quickly wither in the blazing heat of someone's reactive anger, and the whole thing will die, leaving the Client more demoralised than before. "It is easy to plant a rose in the desert: keeping it alive is another matter."

Indeed even as I am writing this, there is an episode on the television series *Neighbours* in which a young man, Brett, has gone to a Hypnotherapist for help with his lack of confidence with girls. He has been given the phrase, "I can do anything!" which has given him a great *feeling* of confidence. But he has been given no detailed directions on *how* he should attract the girl of his choice, Debbie, and has gone for a "super-cool" approach - leather jacket, sunglasses, cigarettes and showing off on his bike - which is not only totally alien to his personality, but a total put-off to Debbie also. When he falls off the bike in an ignominious heap, we see at the same time the inevitable collapse of such an ill-considered application of Hypnotic suggestion!

When we have answered the question $C > ?$, i.e. what happens *later on* in the chain if we reduce the activity of C, we also need to look at the *earlier* processes as well, to see what their effect is if C is removed. The point here is that it is an everyday observation that if the habitual consequence of some feeling or action is thwarted, then some other consequence may follow instead. For example, in animals and mankind we see *displacement activities*. There may be a desire to attack which is thwarted by fear, so the energy which is ready to go into the attack is displaced into some other channel. The animal may paw the ground and a man may thump the desk.

In general terms we need to know what the precursor will lead to if its effect on the central process is blocked. If the precursor of smoking is a feeling of anger, what will the anger lead to if smoking is prevented? Violence? Family rows? Overeating? It is important to have some idea of this, for it is very

bad therapy if the result of removing the original problem is an even worse one.

In order to clarify this we need to ask questions like the following.

Q. What other things does it (the precursor) lead you to do/feel/feel like doing?

Q. What has it at times led to in the past?

Q. P1 >? What other resultants of the precursor P1 exist?

Remember that there are generally many complex processes which can involve a particular subprocess. We have already sought to find all the process chains which contain the central process C. Now we are looking for all the chains leading on from P1. We may end up with several. Suppose that we have as a precursor of C an increased feeling of anger A, then we may discover the following resultants of mA:

/A > /C >... ;

/A > /{Shouting} >...;

/A > /{Squash playing} >...;

/A > /{Stomach Acid} >...;

/A > /{Desire to sell (in a salesman)} >...

If these are the primary ones then we can be pretty sure that if the connection /A > /C is somehow removed, then one or more of the other four processes will happen. One of these has no redeeming features as it can lead to ulcers rather directly. The shouting may or may not be advantageous: we would have to follow the chain a bit further to discover the consequences. If it were to be properly orchestrated it might be neutral or even advantageous. The other two should lead to a healthier body and a healthier bank balance respectively. The job of the Hypnotherapist is then to ensure that simultaneously with removing the effect of >A on C, one of the two (or three) *favourable* connections is selectively enhanced, so that the overall result is beneficial to the Client. If the removal of C leads to an unfavourable resultant of A, then this will act to increase the motivation to return to C again. Thus many people have returned to smoking because the simple elimination of smoking from the chain:

/ {Anger} > / {Smoking}

has led to the alternative process:

/ {Anger} > / {Distress of spouse} > / {Spouse insisting that smoking be renewed} > / {Smoking}.

This is another example of the homeostatic properties of negative feedback loops.

For another example suppose that the presented central symptom S is over-eating. In response to the questions answering ? > /C let us suppose that we find that there are many causes as follows:

/ {family rows} > /C

/ {boredom} > /C

/ {feeling unloved} < /C

/ {worry about ailing parents} > /C.

In a case like this there will probably be still more such chains leading to overeating, but we will take just these four for simplicity. It should be clear that we have a complicated case on our hands, because we need to know the answer to mP1d ? for *each* of the four precursors above. What will our Client do after a family row if she does not eat? What will she do if she is bored? What will she do when feeling unloved? What will she do when she thinks about her parents? If we *did* use a Hypnotic technique simply to block the over-eating, then we might find her going into a deep depression, having an affair, taking to drink, gambling or even developing an illness herself.

In such a case then it will be worth synchronising a slow change in the eating pattern with other changes designed to improve each of the above chains. If we were to find that the family rows were rooted in financial worries, then it might be worth putting effort into giving her the confidence to get a job. This would have as side-effects a reduction in boredom and a greater feeling of being appreciated (if not loved). We might also find that channelling some of the desire to eat into the pattern of seeing the parents and cooking them a very nice meal in which she would join, would both help her to feel that she was doing something for them and reduce any secret worry-binges. We might suggest that joining some club in which she would find herself appreciated - ideally something active as well - would simultaneously make her feel less unloved and help to lose weight. Although it may take time to work through all these possibilities, it is time well spent *because the result is permanent beneficial change*.

As an analogy imagine that we are in control of a water system of streams and rivers. To solve a flooding problem downstream we may try damming a river. But this will generally have effects upstream as well. What is going to happen to the waters running down to the dam? They have to flow *somewhere*.

If the engineer does not plan a safe path for them, then they will either build up until they could even destroy the dam, or find their own path, which could easily be just as disastrous. (Of course engineers are never as stupid as that.) But in the same way if *we* ignore precursors in making changes to the primary system, we may enjoy a temporary success but then find the whole work completely destroyed by the power of those precursors either forcing the original symptom to return for lack of other outlet, or forcing

another outlet which may well be far worse than the original symptom. Our careful analysis of the problem is a very necessary way to avoid such problems.

Perhaps at this stage some readers are thinking that this all seems rather complicated. They might then remember the analogy of the problem of changing an ecosystem. If you start to mess around with one species then it has effects on a large number of others, both up and down the food chain, and therefore indirectly on most of the other species involved. We no longer live in times when it is acceptable to say, "You have a problem with species C? Fine. We will simply exterminate it by means of chemical X or prey species Y." This has led too often to worse problems. An ecologist has to propose a detailed and convincing case for the proposed change, and this involves FIRST analysing the existing food chains upwards and downwards in a great deal of detail.

In the same way we should analyse the existing causal chains involved in the various mental, emotional, practical and social processes which are connected to the problem, directly or indirectly, if we hope to make an "ecologically sound" organic change for the better.

In fact the systematic foundation which we have established has made it quite easy to work our way around even very complicated problems without getting lost. Let us summarise in our shorthand the questions asked so far to emphasise this point.

It really amounts to the repeated asking of the simple questions, $IX > ?$ and $? > IX$, i.e. "What resultants are there of a change in the activity of process X?" and "What are the precursors of a change in the activity of process X?"

Step 1 was based on establishing the causal chains involving an increased activity of the central process C, by asking the two questions:

$? > /C > ?$,

which led, by repetition, to a collection of chains involving /C, each of the form:

$\dots > IP3 > IP2 > IP1 > IC > IR1 > IR2 > IR3 > \dots$

Of particular importance was the discovery of feedback loops involving C.

Step 2, which we have met in this chapter, was based on two questions which illuminate what would happen if we succeeded in reducing the activity of process C:

$\backslash C > ?$,

which will tell us what the resultant will be if we succeed in reducing the activity of C; and:

IP1 >?,

which will tell us what the resultant of P1 is likely to be if the activity of C is reduced. The first of these will very often lead to the discovery of a negative feedback loop for C, which is very important in maintaining a problem, or causing a relapse, depending on how you look at it. The second is rather more likely to reveal alternative problems which could arise if C were eliminated.

The only other question which focuses directly on the central process C which we can ask within our formal structure is:

? > \C,

i.e. what immediate precursors to a decrease in the activity of C can we find?

This question is, of course, very important. It brings us to the key issue in treatment which is the question, "**HOW are we to remove the problem?**" We will treat this in the next chapter.

But before we finish this chapter it will be noticed that although the dynamic structures revealed by the systematic analysis on the above lines are, in this book, primarily applied to the systems of importance in Hypnotherapy, they are **of much wider applicability**. We have already noted that sound ecology goes through the same process. If S is some species of interest, then sound ecology involves finding all the factors that are involved in either increasing or decreasing the numbers (and hence activity) of that species. The analysis again involves a repeated asking of what causes or results from a change in the activity of a given species or (more generally) from a change in the non-organic environment.

The same process could, and should, be used by a businessman who wants to make changes in the functioning of a company, to ensure that the change is advantageous and efficient. There *may* be (I am not an expert in the field) Management Consultants who step into a business, make a few dramatic changes which produce immediate positive results and then leave, without thinking through any negative feedback loops involved. We may then find a year or so later that things are worse than before.

As an imaginary example: suppose that the expert brings the company into profit by cutting costs in a way that involves a great loss of personnel. In six months he brings it back into profit. But a natural consequence is that morale will drop and uncertainty rise in the remaining workforce. Even if it is the case that only the less productive personnel were sacked, there will be a tendency for the remaining, better people to look for other jobs. Within twelve months this could come about: quality will drop; a little later this will result in a drop in sales. The collapse of the emaciated company is only too likely: and all because the probable consequences were not thought out. The better approach would have been to anticipate this, and work hard to ensure the continuing morale of the people remaining.

Notice that although the disastrous final consequence was a result of the consultant's poor analysis, superficially it looks as if the consultant did well, and that it was his absence that led to the poor results!

Poor Psychotherapy can look the same.

We have already noted examples of this in family therapy, which further underlines the fact that the theoretical approach in this book can be applied to all organic systems, not simply the human mind, which is our primary concern in this book.

SUMMARY

In this chapter we have examined the important therapeutic principle that a symptom should not be treated in isolation and spelled out HOW this can be done in a systematic way by thinking through the consequences of reducing a symptom. It is important to note that this involves looking not only for any direct consequence of a symptom reduction, but also for the indirect consequence of what the precursor leads on to if not to the symptom.

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Principles of Hypnosis:

CHAPTER 13

Making Changes in Hypnosis

*As a preliminary to deciding what to do to change things for the better this **very important chapter** builds on the analysis of cybernetic processes to emphasise a general and very central technique of Hypnotherapy. We start from the general principle that amplification is involved and the observation that organic systems are typically provided with a multitude of increasing positive feedback loops which act precisely like amplifiers. Many Hypnotic phenomena are shown to centre around the principle of deliberately creating and activating such loops. As a secondary but still important principle we note that in many other cases a pre-existent loop of this nature is present but is held in check by the activity of another system. In such cases it is enough to inactivate the controlling system in order to tap into the activating power of the loop. But even then the inactivation is likely to be achievable by means of establishing a positive feedback loop.*

THE PREVIOUS CHAPTER led us up to the point in the therapeutic process at which we have a particular change in mind. It is now necessary to spend a little time looking in more detail at some rather important principles underlying the creation of change in the fields of Hypnosis and Hypnotherapy.

In previous chapters we have touched on the importance of positive feedback loops in Hypnotherapy in creating problems and of negative feedback loops which prevent the problems from disappearing. In this chapter we will be looking at the other side of the coin: we are looking at the ways in which these feedback loops and their manipulation is **CENTRAL TO UNDERSTANDING HOW VERY MANY HYPNOTIC TECHNIQUES WORK.**

It is worth remembering that our primary tool is sound waves of minimal energy. (The power involved in ordinary conversation is around 10 microwatts, i.e. one *millionth* of the power of a *ten*-watt bulb. Most of that acoustic energy goes into imperceptibly heating up the room, and only a very small fraction will hit an ear-drum. An ear can in fact respond to about one *million millionth* of the acoustic power of typical conversation: one *million million millionth* of the power of a ten-watt bulb! Remember that when anyone says of a remark, "How illuminating!") Somehow we have to use this minute amount of energy to create large-scale changes in the functioning of a human being.

This can only be done in one way: by amplification. Consequently we are, in the field of Hypnosis, dealing constantly and at many levels with **the problem of amplifying changes.**

We will see in this chapter that the primary mechanism for amplification is the *creation of a positive feedback loop*. Closely related to this is the *removal of a negative feedback* mechanism that is limiting an existing positive feedback loop.

Let us start by emphasising the extent to which we can power a change by introducing increasing positive feedback loops.

The atom bomb works because the greater the number of neutrons flying about in a lump of uranium, the greater the number of uranium atoms which disintegrate as a result of a collision with a neutron. But the greater the number of disintegrations, the greater the number of neutrons flying about, since each of these uranium atoms (of the rare 235-isotope variety) releases several neutrons as it decays. In shorthand:

$\text{neutrons} > \text{splitting of uranium atoms} > \text{neutrons}$.

[For meaning of symbols see [Symbols](#).]

This simple process forms a powerful increasing feedback loop which leads to the well-known mushroom cloud, provided only that the lump of uranium is not so small that too many of the neutrons escape from it before they get a chance to hit an atom.

Anyone familiar with the workings of a laser (Light *Amplification* by Stimulated Emission of Radiation) will realise that there is a similar process at work there. Without explaining the terms in detail: the greater the number of photons of light in the laser, the greater the number of excited atoms which are stimulated into emitting further photons, which in turn leads to the stimulation of yet more atoms until nearly all of the atoms have decayed from their initial excited state, and all the photons emerge in step. In shorthand this is:

$\text{photons} > \text{emissions} > \text{photons}$.

In common parlance we may call such increasing positive feedback loops the "bandwagon effect": the more people who get on the bandwagon, the more other people are drawn to get on, and so on.

It is sometimes also called the "snowball effect": you picture a large snowball rolling down a snowy hill, growing larger and larger as it collects the snow it passes over. The bigger it gets the more snow it collects, which makes it still bigger, and so on. (People tend to use "vicious circle" when they do not like the result and "bandwagon effect" when they do: but both are positive feedback loops, and may be either increasing or decreasing in terms of activity.)

The bandwagon or snowball effect can be seen at all levels of the universe. We have seen it in lasers and atom bombs. We may also see it in the condensation of intragalactic dust to form stars: the more dust collects into one place, the greater its gravitational force to attract more dust, which increases the

combined mass, making it possible to attract more dust, and so on.

In economics the more successful a product is, the cheaper the unit cost, which makes it possible to advertise more widely and sell at a lower price and attract more customers, which allows a further reduction of the unit cost and so on until the market saturates. We have the increasing positive feedback loop for sales:

$$/\{\text{Sales}\} > \backslash\{\text{Cost}\} > /\{\text{Sales}\}.$$

Once you see the pattern, it becomes visible all around you at all levels.

In our field we have already seen increasing positive feedback loops being involved in the creation of problems such as blushing:

$$/\{\text{expectation of blushing}\} > /\{\text{blushing}\} > /\{\text{expectation}\}.$$

Now we are going to emphasise the fact that the active creation and utilisation of such loops in order to amplify change is one of the primary techniques of Hypnosis and Hypnotherapy.

An example that has been cited already is the simple Hypnotic phenomenon of hand levitation. From the moment that there is the slightest movement in the hand, the feedback is clear: the perception of movement leads to an increase in the expectation of movement, which in turn leads to more movement:

$$/\{\text{movement}\} > /\{\text{expectation}\} > /\{\text{movement}\}.$$

In a similar way a slight sleepiness in the Subject can be amplified by the Hypnotist who creates a loop:

$$\backslash\{\text{arousal}\} > /\{\text{thought, "I am sleepy"}\} > \backslash\{\text{arousal}\}$$

which, as long as it is maintained, will lead to decreasing arousal or increasing sleepiness. I have written this in terms of arousal rather than sleepiness firstly because it is closer to our principles of working as closely as possible with the notions of activation. The second reason for this example is to demonstrate a *decreasing* positive feedback loop, to revise the fact that it is the adjective *positive* which is the key one when we are trying to amplify a change. The primary difference between a *decreasing* and an *increasing* positive loop for a given system is merely that in the former the change is limited by the fact that the activity of the system cannot be less than zero. In the latter case any limits will be imposed by other considerations, such as the effects of other systems.

An "induction" routine will often contain repetitions, such as, "Your legs will feel heavier and heavier heavier and heavier ... heavier and heavier", to be followed a few minutes later by, "Your legs are now still heavier ... heavier and heavier." Here again we have a procedure which has been found

empirically to be effective in producing the required effect, but the mechanism passes without explicit comment in most books. This is not to say that practitioners are not aware of what they are doing: it is more that there is no established theoretical framework in which to express it. With the language and notation we have developed we can throw into high relief the fact that the repetition is part of the process of establishing a feedback loop. The first mention of heaviness will establish an *expectation* of heaviness; after a while a slight heaviness will normally be *perceived*; once this happens, it will increase the *expectation*, which will in turn increase the *perception*. The task of the Hypnotist is simply to draw attention repeatedly to these two systems while they build each other up systematically.

If you were to turn back to look at the list of characteristic Hypnotic phenomena in Chapter 2, you would find many simple phenomena that can be produced in a great number of people **with no other "induction" than the establishment of a direct feedback loop between the phenomenon and the expectation of the phenomenon.**

It is really a very worthwhile practice for anyone training in Hypnosis to attempt to create these phenomena with *no* preamble or induction by simply establishing positive feedback loops in a fully alert and conscious individual. Such groundwork gives an excellent insight into what a great part of our subject is about.

As another example, the question, "I wonder if there is a small grain of sand in your shoe at this moment?" establishes a mild expectation that there might be. This tends to amplify the response of any nerves in the sole of the foot. If we keep on asking the question there will generally come a time when one small group of nerves happen to fire more than average. This will reinforce the expectation that there might be something there. This leads in turn to a greater amplification of the messages from those nerves, relative to the others, in an attempt to find out if there really is a grain there. But this makes it seem as if there *is* something there, and so the expectation is amplified still further. Within a few minutes this feedback loop will increase to the point where there is a clearly "hallucinated" grain in the shoe. It is perhaps even easier to create an itch in the nose in a similar way.

We may note *en passant* that the above process is very similar to that which is current in the hypochondriac, whereby the expectation of a symptom leads to small signs of the symptom, which build up the expectation and so on.

The common form of loop which we are meeting here is the simple:

$\{ \text{expectation} \} > \{ \text{perception} \} > \{ \text{expectation} \}.$

Note that the idea that *belief* is an important factor in Hypnosis is common. What this normally fails to take into account is the fact that a belief which is not accompanied by some evidence confirming the belief will tend to wither away: only those which seem to be confirmed by experience are retained and strengthened. In shorthand we have:

$/\{confirmation\} > /\{belief\},$

$\backslash\{confirmation\} > \backslash\{belief\}.$

It is mainly when we have a situation in which a belief produces its own confirmation that a positive feedback loop is established which leads to a deeply entrenched belief. We have the phrase, "a self-fulfilling prophecy" to describe such beliefs. Once they are fairly established they become unshakeable.

So, to put things in another way, ANY of the simple phenomena we have listed may be produced with absolutely nothing in the way of "induction" other than creating a self-fulfilling prophecy by the fixing of attention on an appropriate loop involving the phenomenon and the expectation of the phenomenon for long enough for the loop to become established.

In cases where they cannot be established, the most likely cause is one of the following. a) The attention of the person has wandered. b) The person has been able actively to entertain the belief that nothing will happen; when nothing happens, that belief becomes stronger; this ensures that the phenomenon is less likely to happen and we have a positive feedback loop - but of the opposite kind to that desired. c) There is simply not enough amplification as we go around the loop to produce a significant effect.

We have already seen that the traditional tests of "Hypnotic responsiveness" are far better understood as a way of testing how easily one system may activate another. But it is very often the case that one system will not naturally activate another enough for our purposes, so that the effect has to be amplified. In this chapter we see HOW a typical Hypnotic procedure of creating a positive feedback loop is used to *amplify* a small effect into a large one to create the dramatic effects we associate with our field.

In the chapter on tests, feedback loops were not emphasised, because at that stage in Part A such things had not been described. It should now be possible to understand why a professional Hypnotist or Hypnotherapist may get far more dramatic effects than are readily achieved in a laboratory test under "standard" conditions. The former can tune a feedback loop far more accurately to the individual Subject. The latter, who is using the same tape-recorded approach for each potential Subject, will be less likely to activate the strongest form of feedback loop in each.

It should also be clear now that the simple idea that it is straightforward to establish how easily one system acts on another was a little naïve. We can now distinguish the ease with which one system can activate another directly from the ease with which it can do it when an increasing positive feedback loop has been called into play.

In an abstract form we now distinguish between the case in which we are merely examining, for two systems A and B, the strength of:

$/A > /B$

and the case in which B also acts on A and so we are examining:

$$/A > /B > /A.$$

Even if at times it may be hard in practice to distinguish between the two, it is important to bear the distinction in mind.

In the practical context of Hypnotherapy the advantage of thinking about and working towards the creation of increasing positive feedback loops to amplify our efforts leads to a great increase in efficiency. IT IS EQUIVALENT TO THE DIFFERENCE BETWEEN USING POWER TOOLS (WHICH AMPLIFY EFFORT) AND HAND TOOLS.

You may now be beginning to understand why the Hypnotherapist has more power to change a person than other therapists. **It is through having learned skills which can now be more clearly seen as highly rational, scientific and practical: skills in using the intrinsic systems of mind and body to create positive feedback loops to power change.**

Next we will take a look at the other side of amplification: the elimination of negative feedback elements which prevent a positive feedback loop from taking off. In a nuclear reactor an explosion is prevented by the introduction of rods of a moderating material which absorbs neutrons. If there is the slightest danger of over-heating, these rods are pushed in a little further to absorb some of the extra neutrons and the reactor is dampened down a bit. We have the negative feedback loop:

$$/{\text{neutrons}}\} > /{\text{moderator}}\} > \backslash{\text{neutrons}}\}.$$

The brain relies very heavily on the use of such negative feedback loops to inhibit activity. The action of an enormous number of the neurons in our brains is to *inhibit* the action of the thousands of neurons that they are in contact with. If it were not for this fact, every neuron in the brain would soon be firing in an orgy of unco-ordinated activity as a chain reaction of mutual excitation took place. There would be massive hallucinations of all kinds: visual and sensory, ecstatic or agonising; frenetic activity of the muscles, and so on. I suppose that to experience such a thing would be not unlike feeling an atom bomb exploding in the brain.

Most of the peripheral nerves of our bodies are continuously sending messages inwards towards the brain. But most of them fail to activate any conscious response most of the time. Somewhere along the line they pass through a subsystem which at that time prevents the message from being passed on.

An exactly analogous process is visible in human organisations. At any given time many customers may be complaining about a product to salespersons. In many cases the complaint is actively prevented from going further. In the rarer case it gets passed on to a manager, where it may again end. If it happens to be a particularly serious complaint it may get up to the Managing Director's Assistant, or even, but only very rarely indeed, to the Managing Director. At each level we are seeing an *active* process of preventing

the message getting any further. This is, in fact, necessary to the good organisation, since if the MD had to handle every complaint in person he or she would have no time for anything else.

In the task of picking up a pencil, the action is a result of the amplification of the minute amounts of energy involved in thinking of the task into the much larger amounts involved in contracting the muscles of the fingers. But there has also to be a continuous process of monitoring the contraction and limiting or controlling it to make it a useful one.

These simple examples illustrate the principles which run through the organisation of our whole bodies and nervous systems. On the one hand we need processes of amplification, and on the other hand we have to be able to prevent them getting out of hand. The eye can multiply the effect of a few photons of light falling onto a few cells in the retina until a very large proportion of the entire cortex is activated. (Suppose that you are lost at sea in a small boat and have just seen the merest flicker of light from a lighthouse.) But on the other hand we need to be able to control these amplification processes or they will get out of hand. If *every* few photons were enough to trigger off activity in the entire cortex it would be totally overwhelming.

The important ideas that we want to emerge from these examples are first the general one, of the complex and extensive network of amplification and control systems which is involved in all our thoughts and actions, which is the essence of cybernetics. The second, and specific, idea is that amplification can be achieved not merely by creating some form of increasing positive feedback loops but also by *reducing* the activity of a process which is limiting the action of an already existing amplifying loop.

As some further simple examples of this consider first a simplistic picture of rabbit numbers in the wild, which are limited by the number of predators in a negative feedback loop of the form:

$$/\{\text{rabbits}\} > /\{\text{predators}\} > \backslash\{\text{rabbits}\}.$$

We can therefore increase or "amplify" the rabbits by eliminating the predators, since (at least when there is enough food) the system of rabbits is naturally self-amplifying:

$$/\{\text{rabbits}\} > /\{\text{rabbits}\}.$$

In society, criminal activity is limited by police activity. The elimination of police activity would lead to an increase in criminal activity.

In some marriages many kinds of activity in the wife are limited by the husband. If the husband dies we may see a dramatic increase in his widow's activity in those ways, once she has passed through a period of grieving.

In many adults an inclination to playing the fool is usually limited by social convention acting through

higher brain centres. If we incapacitate those centres with drink, or eliminate the normal social conventions by calling the situation a "fun party" or a "hypnotic show", then we can quite easily see a dramatic increase in the playful activity.

I hope that these examples are enough to illustrate the principle: IF we have a system A whose activity is being limited by the activity of a second system B, THEN a reduction in the activity of B will lead to an increase in the activity of A. This is obvious when you start to think about it.

We may now look back at the idea presented in Part A, which was that a general feature of many Hypnotic procedures is the gradual reduction of the activity of most systems, with the exception of the one or two of interest. We presumed there, on grounds of common sense, that this reduction in the activity of the majority would tend to increase the activity of those few left active.

Now we can see a little more of the reason behind this. The general reduction of activity will almost certainly blanket off all those systems which acted in such a way as to inhibit or moderate the activity of our key systems of interest. These are left free then to act to their fullest extent.

There is a good chance that by eliminating all other species of animals but one herbivorous species in an ecosystem, we will find that this one, with no predators and competition left, will start growing exponentially.

There is a good reason to suppose that if we send on holiday all other departments in a factory, *especially the quality inspectors*, then we will be able quite easily to get an increased output from a remaining production department.

There is a good reason to suppose that if we can switch off most mental functions, including those which resist suggestion and monitor behaviour (self-consciousness), then we might easily induce a totally uninhibited (in most senses) activity from the Subject - as can happen in stage Hypnosis.

In brief, we can now see more clearly the rationale of another of the characteristic procedures of Hypnotherapy which distinguishes it from other therapies: the inactivating of the majority of internal systems. The reason is that this can be expected to remove the effect of systems which are acting to limit change, and hence allow required changes to take place under the influence of a positive feedback loop.

We are now in a position also to see why this may not always work. We might, by this global switching off, also switch off systems which *activate* the one of interest: the Subject is then too sleepy to respond at all. (The workforce may simply down tools and play cards.) Or systems which are vitally involved in the proper action of a key system may be switched off and the result can be dangerous. (The absence of safety personnel may quickly lead to dangerous practices and an accident.)

The moral of this is that whereas it may at times be helpful to follow the practice common in contemporary Hypnotherapy of aiming (it would seem) at rather generally low levels of activation other

than in the key system, the more accurate analysis and approach recommended here is far safer and more effective. If we have done our diagnostic analysis fully and properly we start, ideally, with an awareness of the part played by all related systems. Some may increase and others decrease the key activity. And we should be aware of the consequences of changing any of them, and in this way know just which ones it is useful and advisable to work with.

Finally we will look at an application of the principles of this chapter which is very important in the context of Hypnosis, since it deals with those areas we may call rapport and suggestibility.

In most people an early tendency to trust others is gradually limited by the creation of a *learned* ability to doubt. In the child the tendency is for every idea presented to be accepted, provided only that it can be grasped. Notice the incongruity of the following dialogue.

Mother: "Look at that nice doggy. See, it is white."

Child: "No, Mummy. You are not necessarily right. We have no evidence to establish whether it is nice or not, and it may be black or brown as well as white: we know only that it is white on *this* side!"

Such replies can *only* come at a later stage in life, after the child has learned to analyse, criticise and doubt. These are *active* processes that some people learn and develop more than others. Notice also that we generally learn them more in some areas than others. The philosopher, who may be ruthlessly analytical of his colleagues' statements, may be like a babe in arms in the hands of a car salesman.

If we let A be the process of Accepting an idea, and R denote the learned system of Resistance to accepting a new idea, which is a mixture of doubt and self-assertion and self-protection, then it is the nature of the relationship that the greater the resistance, the less the acceptance:

$$/R > \backslash A.$$

The Hypnotist will therefore often be trying to reduce the inhibiting effect of the resistance - the critical, analytical reactions - in order to increase the acceptance of his or her suggestions.

How does he do this? Typically by means of a feedback loop! We thus see the two themes of this chapter brought together in the one example. On the one hand we plan to activate a useful system - that of Acceptance - by means of decreasing another system which is holding it in check - Resistance. On the other hand we will see that this is typically not achieved in one step, but as a result of a feedback loop:

$$\backslash R > /A > \backslash R$$

which is a positive feedback loop which is increasing for A and decreasing for R.

This abstract formula had better be illustrated by an example. Generally the persuasive speaker,

Hypnotist or not, will use the procedure of starting with an idea for which there will be automatic acceptance, such as, "Now, I think you will agree with me when I say that you seem a very sensible person?" The acceptance of this statement will reduce the resistance a little. Why? Because we cannot *always* have R active. We have learned that if we trust a person - which amounts to discovering that what he says is in agreement with our ideas - then we gain by reducing our resistance to other ideas. As a rule of thumb we therefore start with a fairly high resistance and lower it on every example of agreement and raise it on every example of disagreement.

Because the resistance is reduced, the next suggestion will then be accepted a little more readily. It might be, "But as a sensible person you will know that some people suffer from closed minds like tortoises?" This can also be accepted easily, which will in turn reduce the resistance. This can then be followed up with a more direct action to reduce the resistance still further, such as, "But I am sure that you are not like them. *You* will certainly recognise the importance of having an *open mind*." Again, with the reduced resistance, this can be accepted, and the way is becoming open to stronger and more questionable statements, such as, "Now, I have your best interests at heart, and when I say that *this* car is going to transform your life, I know that you will not be like one of those tortoises and dismiss it out of hand, but will really examine the advantages." And so on.

The above is clearly a manipulative process: it is not being recommended! It is mainly mentioned to illustrate the fact that the nature of the process is a feedback loop. Creating rapport is a process. It takes time. And it involves the amplification of small changes.

These facts are also true for the Hypnotist's task of developing rapport. As an example consider the following process which might be used on stage. "You probably wonder if you will be hypnotised tonight?" This will usually get a "Yes" response. (The good Hypnotist, like the good salesman, will be looking for responses - a "Yes" or a nod of the head - to verify that there has been acceptance at each stage.)

"So do most people. Now, are you prepared to co-operate with me to see if we can find out?" (This is an easy statement to accept, so resistance drops a bit, reducing in turn its inhibiting effect on acceptance.)

"Now just face the audience. That's fine." Here we have an example of a trivial request to which the potential Subject cannot object, but the acting out of it means that the idea of moving has been accepted, and the Hypnotist is a small step further on. I have seen cases in which the Hypnotist does a lot of little adjustments in this spirit: "No, if you could just move along a bit. No, back a bit. That's fine. Now give a big smile to anyone you know in the audience." And so on.

The accepting of these seemingly trivial suggestions generally reduces the resistance to all other suggestions, whether of actions or ideas. It is really quite immaterial what the suggestions are: the important thing is that they are accepted, so that the loop is travelled a few more times. It is then correspondingly quicker to get another loop started, such as the loop involving the expectation of eye closure and the acting out of it. But the achievement of the eye closure loop will further act through the

Resistance-Acceptance loop to reduce the resistance still further, and so on.

This underlines the dynamic and loop-like nature of what is involved in quite a central aspect of stage Hypnosis. At least one professional Hypnotist is explicitly aware of this fact (McKenna (1993)[Bib](#), p. 28), though he gives only a little detail of HOW it is done.

In Hypnotherapy the way in which resistance is reduced is generally different. In part, I suspect that this may be due to a difference in the personalities of those who choose to work on stage and those who work in therapy. The latter are going to be primarily carers, which tends to correlate with a rather low level of authoritativeness and a comparatively low-key personality. The former have to be quite extrovert and tend to like to dominate a situation, so that an authoritative style is rather congenial to them.

In any case the Hypnotherapist, who will still be operating (typically with great sincerity) the loop:

$R > A > R$,

will tend to do it in a slower and more relaxed manner. She will establish an atmosphere of trust by empathising with feelings and agreeing with statements. Responses such as, "I know how bad you must be feeling", "It must be terrible for you", and so on are quite as good at reducing resistance as the methods we have seen above, and far more appropriate to the therapeutic environment.

I find a not uncommon pattern in therapy is for the Client to come with what seems to be a small problem. I then deal with that as well as I can. Then, seemingly out of the blue, a totally new problem is presented, which is often far larger. We might start with nail-biting, and end up with childhood sexual abuse, for example. The process is clear: the client is simply testing me on the first item. If he or she is satisfied at that level that I make sense, can be trusted, etc., then it seems possible to proceed to a larger and more sensitive matter. This approach is totally understandable. It is what I would do myself. It is an example of the above positive feedback loop.

The above loop process of reducing the inhibiting effect of resistance may be called achieving rapport, however it is established. In general, note that the process is very much richer and more complex than has been indicated above, for the potential Subject or Client will be responding not only to what is *said*, but to a great variety of other things such as the tone of voice, the nature of the eye contact, smiles or their absence, bodily gestures and so on. Something of this complexity has been hinted at in the chapter on Inductions. Consequently resistance will generally only reduce if ALL the signs are in agreement with the expectations of the person. A look in the Hypnotist's eyes which is interpreted as being shifty, or a note in the voice which seems to indicate insecurity or hostility are quite as able to increase resistance - reduce rapport - as a statement which is thought to be false. People tend to be very sensitive to insincerity and any lack of consistency in the messages they perceive.

It is for this reason that I would not recommend a conscious *striving* for rapport in Hypnotherapy. It is one thing to recognise the nature of what is happening, and thereby to recognise where you may be going

wrong. It is another to be forever operating a system mechanically; by rote; following rules.

In the end it seems to me that the only rule is that the Hypnotherapist should be honest and sincere. If you do not sincerely wish for the well-being of the Client, then the chance of any success is greatly reduced because something of this will show up in the way you speak or act, and in most cases it will simply induce resistance to anything else you say or do. To attempt to bluster through a feeling of having slipped up, for example, will be disastrous.

Sincerity and honesty are the central virtues needed in order to build up rapport. If you have these then your body language will be consistent with your speech and your intentions. If, on the other hand, you are trying to follow the handbook, *Ten Gold-Plated Techniques for Creating Instant Rapport*, by I. McConn, the chance of there arising a discord between some of these aspects of yourself is great, and the chance of a good and lasting rapport with all Clients is low.

The moment a discord is sensed, the resistance R to accepting what you say will rise quite dramatically, breaking the loop. This will tend to result in a denial (D) of your next statement. If you press the point, the resistance will rise still further and we are well on the way to establishing the loop:

$/R > /D > /R,$

which is the dynamical form of a quarrel!

It is because of this that there can be as many styles of Hypnotherapy as there are styles of people. Extroverts and introverts will tend to have opposite styles, for example. But each is acceptable, as long as it is consistent:

This above all: to thine own self be true,

And it must follow, as the night the day,

Thou canst not then be false to any man.

- *Shakespeare, Hamlet I. iii. 75.*

So we have seen in this centrally important example that in order to increase acceptance we have had to work to reduce the activity of the system of resistance, and have done so via a suitable direct loop.

Let us look at a few other examples of this same pattern in the field of Hypnosis.

In many people there is a natural tendency to daydream - to visualise freely - from time to time. In such people this process is actively suppressed by the need to pay attention to things or people in the

surroundings. If we therefore act to reduce the system of active attention to surroundings in such people, the daydream will naturally emerge.

In anyone who has had a busy and rather stressful day, there are definite messages of fatigue being sent from the body to the brain, but these are typically being actively ignored (as we have seen messages to the Managing Director being ignored: "Don't bother me now. I'm busy!"). We may readily "induce" a feeling of tiredness in such a person by simply *reducing* the activity of these suppression systems. The words, "Now, just listen to what your body is telling you," may be enough to do this.

In problems in which some memory is *actively* prevented from coming clearly back to mind by some defensive system because it was so painful (see later chapter on dissociation), then the inactivation of the repressing system will lead to the activation of the memory. This should not, of course, be done without experience of how to handle the resulting expressed feelings.

These few examples are representative of very many more in which we amplify by removing the effect of a controlling system. But notice that although it is easy to say, "remove the effect of a controlling system", that is itself a change that is unlikely to come about by simple *diktat*. Normally we will need to establish a positive feedback loop to turn a slight reduction of the controlling effect into a larger one, as we have seen in the case of rapport.

We may now put the message of this chapter another way. The image of Hypnosis which has the Hypnotist giving a single order which is obeyed gives a misleading impression. The essence of so many Hypnotic practices is that, far from being as simple as flicking a switch, **they involve complex dynamical processes which demand repetition for their effectiveness. They involve repetitive processes which build towards the desired outcome.**

A picture to have in mind is a child on a swing. She builds up height by means of many small synchronised extra pushes. Before she has the knack of it she cannot get anywhere.

A business grows, **not** all in one bound, but by a steady round of increasing sales and feedback in a particular market.

Products are NOT usually designed perfect. There is a loop in which a change is evaluated, then improved and then evaluated again. It was how the Wright brothers learned to fly. It can be how a car is rocked out of the mud, slowly building up momentum. Repetition. Repetition. Repetition. Repetition in order to establish loops which will build up a significant change. Repetition (with slight variation) in order to establish positive feedback is central to Hypnotic phenomena, as it is to so many organic processes. Repetition in this book is by design: a significant change of mind generally requires repetition.

SUMMARY

It is not generally going to be the case that simply suggesting a change will produce it, nor that reducing

the activity of all other systems will automatically increase that of the one of our choice. We have now added to these simple ideas the more powerful one that the body and brain are full of systems that can be turned into increasing positive feedback - amplifying - loops which can enhance the activity of any particular system very powerfully indeed.

In the fields of both Hypnosis and Hypnotherapy the use of powerful positive feedback loops is a central and distinguishing feature.

We have also noted that in some cases there will exist natural processes of amplification that are held in check by a negative feedback process. In such cases it is indeed the case that a reduction of the activity of the one process will lead to an increase in activity of the other.

These two principles have been illustrated in the key matter of creating rapport.

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Principles of Hypnosis:

CHAPTER 14

The Process of Hypnotherapy - Stage 3:

Planning a Change

In this chapter attention is focused on the process of deciding a strategy in Hypnotherapy for reducing the problem symptom. There is no one way of tackling a given symptom, or helping a given person. But there is a strategy which has a good chance of producing a short list of the most effective and efficient ways.

BY THE TIME we have completed the first two steps of diagnosis we should have a clear idea of the dynamics of the problem: we should know what systems are involved. Some of these are important when the central system becomes active; some of them are important when it is reduced in activity (and may act via a negative feedback loop to increase it again.) With all this information in mind we are in a position to begin to consider the strategy of how things are going to be changed for the better.

The claim of Hypnotherapy is that it IS possible for the therapist to intervene and to change things for the better. It is a well established fact that Hypnotic techniques CAN change things. We have just seen in the previous chapter HOW many of these changes are effected.

In this chapter the focus is more on the question of what *exactly* we should be aiming to change. The simplest approach is to find an answer to the question:

? > \C,

i.e. is there a system which has as a direct result a reduction in the problem process?

The simplest answer to this is, "If we activate a system of belief in the Client that the symptom will disappear, then it will!" This is the hope and belief of many who come to a Hypnotherapist for help. And in many cases this will work.

A case in which it *should* always work is one in which our earlier steps have revealed that the only chain

involving C is C itself and the thought (T), "C will happen to me", and has the form:

$$/T > /C > /T,$$

i.e. a simple increasing positive feedback loop in which the more the Client thinks that a problem will arise the more it happens, and the more it happens the more he or she is convinced it will happen again.

If, in such a case, we can replace T by the thought $T_1 = \{ \text{"C is going to stop happening"} \}$, then we will institute the loop:

$$/T_1 > /C > /T_1,$$

which is a positive feedback loop which is increasing for T_1 , which therefore gets more and more ingrained, and decreasing for C which therefore gets less and less active until it disappears.

An example of the above loop might be provided by a case of stammering in which the belief, "I stammer" leads to stammering which reinforces the belief. In that case a Hypnotherapist could have a dramatic success if the old idea could be replaced by the new one, "I do not stammer". In practice, it would not be best to start with that suggestion for the following reason. There is a high chance that the old pattern will NOT be totally eliminated immediately, so that although the Client would be free from stammering for a few days, a stammer might start a little later. But if this were to happen it would immediately tend to replace the new thought by, "I am stammering again," and we are back into the old loop. It is therefore better practice to suggest a thought on the lines, "I am stammering less and less". This will establish a loop in which the less the stammering, the stronger the conviction that it is improving, which will feed back into reduced stammering, and so on. Then, at a second stage, the thought, "I do not stammer" can be introduced.

This example reinforces the idea we have observed, which is that Hypnosis is so very often about *amplifying* small changes into larger ones by means of a positive feedback loop. Here we are amplifying a small improvement into a greater one.

The recognition of the fact that what a person repeatedly thinks or believes can have the most profound effect on the whole of the mind and personality and feelings and body is one of the traditional cornerstones of Hypnotherapy. The emphasis on this fact is one of the features that contributes to distinguishing it from related disciplines. The trouble is that if this idea is made the *sole defining* characteristic of Hypnotherapy it can lead to the excessively simplistic view of things which amounts to the idea that Hypnotherapy consists solely of "placing the person in a trance", and then suggesting that the problem will disappear. Practising Hypnotherapists will have discovered that things are not always *that* easy, without perhaps being always clear about why it sometimes works and sometimes does not.

We have seen that such an approach *will* almost certainly work if there is only a simple feedback loop of the above form involved in maintaining the problem, and if the suggestion is appropriately worded. But it

will often *not* (except perhaps for a short time) if the situation is more complicated.

Notice that the way in which we have diagnosed cases should make it clear when such complications exist and therefore when direct suggestion of the above form is almost certainly NOT the only treatment needed. We will have analysed all the causal chains involving C. In many cases these will be open-ended (e.g. blushing may be a direct result of "friends" making fun of the blusher in a deliberate attempt to arouse it) or involve other factors such as deep emotional responses. In such cases there is no guarantee that the simplistic approach is going to work and the exact way to tackle the problem is going to be less obvious and direct.

The central question for the Hypnotherapist in these more general problems is, "*Where* is the intervention going to be focused?". At times this may still be on the central system C, but it will often be on related systems.

As a simple example, Erickson is on record as having treated insomnia NOT by focusing on sleep at all, nor on the belief that, "I suffer from insomnia," but by putting his effort into establishing a new pattern of behaviour, which is that if sleep does not come then the sufferer should get up and polish floors for hours (Gordon & Myers-Anderson (1981) [Bib](#) pp. 149-150). Let us see how this works.

A typical insomnia problem involves an increasing positive feedback loop:

$$/{\text{Arousal}}\} > /{\text{Anxiety}}\} > /{\text{Arousal}}\}.$$

In the simplest terms, Erickson has focused on the result of an increase in arousal and instituted:

$$/{\text{Arousal}}\} > /{\text{Polishing}}\} > \backslash{\text{Arousal}}\}.$$

He relies on the empirical fact that spending hours polishing in the middle of the night is in fact physically tiring, to produce the resulting lowering of the level of arousal. In this way he breaks the original positive feedback loop and creates a negative one. After this is repeated for a few nights, arousal will lead simply to the thought that polishing is on the agenda, which is such a tiring thought that arousal will drop until sleep supersedes: the "problem" is then over.

Another example, from my casebook, involved blushing. The basic process was the typical one for blushing: an increasing positive feedback loop of the following form:

$$/{\text{Feeling of embarrassment}}\} > /{\text{Blushing}}\} > /{\text{Embarrassment}}\}.$$

This stops being a positive feedback loop if we create a different resultant of the increase in blushing. In this case, which involved a man who had recently been promoted and so felt rather insecure in his new position, it was suggested that he feel and express anger as a result of the onset of blushing. He was to raise his voice and perhaps thump on the desk. It was explained that *any redness would then simply be*

interpreted by others as a sign of anger. This would make him feel less embarrassed. He was quite happy to do this. We then had the new process:

$\text{\{Embarrassment\}} > \text{\{Blushing\}} > \text{\{Anger\}} > \text{\{Embarrassment\}} > \text{\{Blushing\}}.$

This constitutes a negative feedback loop for the blushing and embarrassment. Once he had repeated this process a few times in real life he had no further problem. People responded quite well to his anger by backing off a bit and this gave him enhanced confidence in his new position, and so he seldom felt embarrassed at all, and if he ever did then he knew how to cope with it.

In choosing anger as a suitable resultant we may be guided by the notion that in the male at least, blushing can often be the result of suppressed anger. I have known a number of cases in which a young man had once freely expressed his anger, and went red in the face while doing so. Then, for one reason or another, he started to suppress the anger. Then the same redness remained, but now the associated feelings were of humiliation or embarrassment. In such cases the above intervention simply restores an earlier pattern of behaviour, but in a controlled way.

Although the point will not always be laboured, such a change should NOT of course be implemented without *checking the consequences of the change* in the way in which we have checked for the result of reducing the central symptom in Chapter 12. An increase in the expression of anger will affect people close to the Client. We would have to ensure that they will not react so strongly that the anger is again inhibited, i.e. that there is not a negative feedback loop for the anger of the form:

$\text{\{Anger\}} > \text{\{Reaction\}} > \text{\{Anger\}} > \text{\{Embarrassment\}}.$

We should also ensure that the expression of anger is kept within bounds, which is why a banging on the desk and raising the voice are *specifically* suggested. A general suggestion - "You will express your anger" - might lead to actions for assault!

In the above examples then, the focus of the intervention has NOT been on the presented symptom, but on other aspects of the loop involved.

Notice that no claim is being made that those are the ONLY ways of tackling the above problems. The problem of insomnia may be tackled in many ways. A common one is to give the sufferer a suitable tape which, typically, activates a non-rational part of the mind. This might be a generic, "Imagine yourself on a desert island" script or a more specific, "You like walking. You are now going to imagine yourself on an old familiar walk, and follow it every foot of the way..."

In this way we plan to *inactivate* the system of verbal thought which is so often involved in keeping the person awake, and instead to *activate* the daydreaming system, which at night can change so readily into normal dreams and hence sleep.

Note that the choice between the two approaches - the polishing or the tape -can be made on the basis of deciding whether the arousal has more to do with an active mind or an active body. If the arousal is more in the muscles, then Erickson's approach is likely to be better. If it is more in the (verbal) mind, then the tape may be the better choice. This illustrates the way in which a clarity of analysis of the systems involved in a problem leads to a clarity of understanding of the best approach to resolving a problem.

Blushing may likewise be tackled in many other ways. Simple suggestions that, "You will grow out of it" may be enough in a given case, particularly if the cause is a simple loop of the kind met at the start of this chapter.

Again the choice of the better technique will depend on our underlying analysis of the systems involved. If we have analysed a suppressed anger then the first method has clear advantages. If we have discovered an immature self-image - that criticism activates a childlike response - then the second can be recommended. Again notice that **the approach is not determined by the SYMPTOM, but by the TOTAL PROCESS.**

The difference between the skilled workman and the novice is often not that one can and the other cannot do the job, but rather in the quality and efficiency that the former brings to the job. A bookcase can be made in many ways, including holding it together by knocking nails in with a screwdriver. A Client's problem may be cured by many Hypnotic techniques, some of which are equally bizarre and liable to produce a result that could collapse in a short time. However, a professional Hypnotherapist should be constantly striving to achieve the best, smoothest and most efficient results.

In order to do this we study very carefully the person we are dealing with as well as the particular problem. In earlier chapters we have described a systematic way of approaching the analysis of the problem. Some examples of interventions have now been given. We now move on to see how we can proceed in a systematic way to plan possible changes, with a view to choosing and implementing the best.

The central difference between this process and the diagnostic process is that it is synthetic rather than analytic - it involves divergent rather than convergent thought, or lateral as opposed to linear thought. There is no ONE way, as we have seen above. Consequently there is no precise linear description of a process which is guaranteed to determine the best method of change for a given therapist and Client.

However, we can lay down some general principles to guide the creation of therapeutic interventions which will bring us as close as possible to such a description. The process is not, however, linear, but a loop. (They are everywhere!)

Step 1. Focus on a particular part (P) of one of the causal chains involving C. (This may be a named subprocess, or the link between two named subprocesses.)

Step 2. Think of a number of interventions (I) which can affect P in such a way as to lead to a reduction

in the activity of C. (The more the better.) *This step is the creative one.*

Step 3. Of each intervention ask, "How easy is this likely to be with this Client?"

Step 4. Of each intervention ask, "Does there exist a negative feedback loop which will act to eradicate the effect of this intervention?"

Step 5. Of each intervention ask, "Will the change that this intervention introduces create new problems?"

Step 6. Return to Step 1 and consider intervening at another point until all possible points of intervention on each chain have been examined.

As a result of going through the above process the Hypnotherapist should end up with a short list of possible interventions which will have the desired result of achieving a permanent improvement in the central process C, with no harmful side-effects, and which are (comparatively) easy to implement. It then remains simply to choose the better ones and to start making the changes.

That makes it sound very easy. Sometimes it is!

It does, however, leave open the question, "How on earth can one think of interventions out of the blue?" There are various answers to this. The first answer is that they are seldom created "out of the blue". A practising Hypnotherapist will have acquired an extensive list of possible ones from his or her training, reading and experience. An excellent source-book of Erickson's interventions (which tend to be more innovative than most) is O'Hanlon & Hexum (1990) [Bib](#), but other books, journals, seminars and discussions with other practitioners can give the Hypnotherapist a familiarity with a wide range of approaches. With this background a "new" intervention is seldom more than a modification of an existing one.

The second answer is that the intervention may be "revealed" by the process of listening intelligently to the Client during a certain amount of open-ended discussion. If, as an example, it is found that a woman has trouble stopping herself eating the snack foods that all children love, while being quite firm with her own son in those matters, then it does not take too much lateral thinking to think of instituting the following resultant of eating such food: "You must be fair. Every time you indulge the little-girl-in-you with ice-cream, etc. *you must give your son exactly the same.*" Notice that, as in the above examples, we are not seeking directly to change her eating habits, which were the central symptom, but rather introducing a change in the resultant. Since she has in fact tried very hard to reduce the eating directly *with no success at all*, we may presume that a direct attack will not be too successful. On the other hand this indirect approach, which still allows her to eat as much as she likes, will soon lead to the amounts being moderated by her motherly concern that it is not going to be good for her boy.

Equally, if while we were thinking about the precursor, we discovered that she mainly ate in that way at

times when she felt alone in the evening because her husband spent all his time renovating cars, and we *also* discovered that she quite liked working on machines herself, then the following thought is obvious: "What if she were to be able to join him in the garage in some way at any time she felt that urge to nibble?" In just such a case things got a lot better when the husband bought an old car for *her* to renovate with him.

Notice how unique such a prescription must be! There can be very, very few women for whom an eating problem can be solved by their husband buying them a wreck to renovate! Yet, in this one case, it was a strategy which will improve the marriage, reduce her weight and improve her confidence (when she is able to drive her own car around), and all without further dependence on "therapy"! That is elegant. It is specific.

The ancient story of the Procrustean Bed comes to mind. Procrustes offered hospitality to passing strangers in the only house on a road through a wild land. But his standards of hospitality were demanding indeed. He only had one bed, but he was determined that every traveller should have a bed which fitted him perfectly. The solution? If the traveller was too short, Procrustes would stretch him on a rack until he was long enough. If he was too short, Procrustes would lop off whatever overlapped the ends.

Some therapies have a limited number of resources and have therefore to fit the patient to the remedies, rather than fitting the remedies to the patient. In reality many a General Practitioner, through no fault of his or her own, is limited to prescribing one of a limited number of drugs to deal with a very wide number of cases where there is no clear organic malfunction but some disturbance of emotional balance, or sleep, or digestive processes, and so on.

Systematic Hypnotherapy, far from being a non-scientific option, is in many ways a *more* scientific one than is open to the GP. It is aware of the complexity of the dynamical systems with which it deals. It diagnoses not in terms of simplistic, static, symptomatic categories but in terms of the precise dynamic processes involved, which may include external as well as internal systems. It has a great flexibility and there are an enormous variety of changes it may institute, so that over the range of problems to which it is best suited, it is in a far better position to fit the bed to the patient rather than the patient to the bed.

Now it may be thought that the types of interventions mentioned above, e.g. getting a woman to feed her son the same treats as she feeds herself, or getting her to work with her husband, are not *Hypnotic*. But notice that these, also, are changes in *thoughts and/or habits*. And it is NOT always the case that habits or thoughts can be changed simply as a result of saying that they could be. We will often have to bring to bear the full power of suggestion, amplified in the ways we have outlined, to start and maintain such a change in thought or habit. In this way, an actual session will often proceed in what looks a fairly normal way, with relaxation, visualisation, etc., but with the goal of changing one of the new, indirect processes rather than by a direct attack on the central or presented problem. Nevertheless such a method can often be a lot faster and more efficient than the direct attack because of its intelligent use of the real dynamics of the person's personality.

When it comes to implementing the above central process of determining the possible approaches to change, remember that, as in diagnosis, it is NOT being suggested that the Client be asked questions in a systems-oriented language. It is both common sense and courteous to talk in a language familiar to the Client, and the answers to the questions involved will normally be obtained as a result of informal conversation.

Thus we will *not* normally ask,

Q. How easy do you think it will be to change X?

But we might say something on the lines of,

A Client with a similar problem found it very helpful to do Y,

and then simply note the response from the Client. Clients will typically relate such a remark to themselves appropriately.

Equally we will certainly not ask,

Q. Does there exist a negative feedback loop involving I?

But we might conversationally say,

Of course, I have known cases in which a change in has led to an improvement in but unfortunately this led to happening and this in turn started the problem up again.

The exact details would be provided from some known case which had points of similarity with the case in hand.

This will get the Client thinking on such lines and if there are any such consequences which they can envisage, then they can easily be prompted to speak of them. There is a fair chance that in this way any obvious feedback loops will be detected.

Or we might ask,

Q. I wonder if you could spend a few minutes visualising in detail what would happen if we could arrange for to happen? Do you think it would improve matters?

This question is rather more likely to answer the question of whether making the change could lead to new problems. But this question and the last could yield information both on the existence of negative feedback loops and on the existence of other problems if a change were to be implemented.

There are many other questions and approaches which can speed up the search for the most efficient points of intervention. For example we have:

Q. Have there ever been times when the problem has got a bit better? If so, what seemed to do the trick?

Q. What do *you* feel would help to remove the problem?

These will often give a lot of insight into a possible solution. Suppose, for example, that a woman has got slimmer each time she had a boyfriend. If the nominal problem is "weight" then it would seem that a promising line is to find out why she does not now have a boyfriend, and perhaps overcome that. There might, for example, have been a disastrous relationship breakdown which has led to a reluctance to try again. If this obstacle can be removed then she could again find a boyfriend and the weight would then reduce of its own accord. On the other hand there may be a feedback loop in such cases, which may be the main reason she does not have a boyfriend:

$\text{Weight} > \text{Confidence} > \text{Going out} > \text{Male company} > \text{Weight}$.

In that case we may have to work on several factors at the same time: some confidence boosting, some encouragement to go out to a suitable place, some seeking male company, and some weight reduction.

The second question is valuable because the Client is seldom stupid or ignorant, and will have thought hard about the problem. The fruits of this thought are valuable, even if not perfectly correct. If the presented problem is panic attacks, and the Client thinks that it has to do with an assault eleven years ago, then he is probably right. I once had a Client with a strange skin condition - a redness on one side of the face - that a Harley Street consultant had given various names to, but been unable to stop. She herself connected it to a statement that her sister had made to her as she was sitting in front of the fire: "If you sit as close as that your face will stay red." Working on the assumption that the Client was right led to a removal of the problem.

It can also be useful to ask,

Q. What is it that you would like me to do?

This *might* get an answer like, "Swing a pendulum in front of my eyes, send me to sleep and I will wake up without the problem." Such an answer is not to be ignored: it is either going to have to be integrated into the procedure which is used or a very good explanation of why it is not will have to be provided. Otherwise there is going to be a strong reaction in the Client of the form, "*This* is not what I expected. It will not work!" which is going to make everything much harder. If, in such a case, there is an obvious reluctance to change the preconception then it would be advisable to use a pendulum to begin with and in time to send the Client to sleep. Notice that paradoxically this means a real sleep, from which there is a

strong sense of awakening, since this is what is expected, despite the fact that the Client will have seen Hypnotic Subjects on stage and screen changing from a sleep-like appearance to a wakeful appearance with no sign of thinking that they have been asleep! Of course there will almost certainly be other and more useful interventions made as well: a simple piece of practical advice may be the most important thing done in the session!

Of course if we held a traditional, simplistic idea of Hypnosis then it could be objected that a piece of advice has nothing to do with Hypnosis. But within the present theoretical framework the central theme is the changing of key mental processes. If a new thought process can be accepted without doubt then it is irrelevant whether this was achieved as a result of a complex ritual or a simple totally convincing statement.

At other times the answers to the last question can clarify the goal. It may be that a person suffering from a chronic pain, which seems at first to be the central problem, does NOT expect it to be removed, but rather hopes to be able to sleep soundly in spite of it, or to be able to be less frightened of it, or simply to reduce it to manageable proportions. In such cases the focus of intervention is likely to be different according to the different goal.

There is no end to the questions that *might* help to throw up the piece of information needed to help to decide on a smooth and efficient intervention. I suppose that it is experience that gives the practitioner more and more of the ability to hit on the right questions earlier in a session as the years pass. Many of these are asked directly, but there are also many indirect ways of finding out the answers to questions. This last point is covered in the chapter on Indirect Questions in Part C.

In this chapter the process of planning the best way to intervene has been outlined. Deeper understanding is, I think, only possible as a result of the reader attempting the analysis in particular cases. This is easy for those already in practice, who have ample opportunity and should find it stimulating and easy, since it should simply involve tightening up in a clear and precise way what they are already doing. To trainees it should be the basis of training exercises: without which it will remain rather abstract. To the intelligent reader it should give a good understanding of the *kind* of thought processes involved. This last class of reader, who is unlikely to apply any of this work in Hypnotherapy, might nevertheless find that further insight can be obtained by trying to apply this method of thinking to analyse any problem found in daily life which involves others. For remember that the approach is general enough to be applicable to *any* organic system, which includes your family, or social or work group.

SUMMARY

Hypnotherapy deals not only with processes of change, but with practices which are themselves processes. An important such process is planning an intervention. This process has been outlined in a simple way which can be summarised as follows.

For *all* possible points of intervention in the relevant causal chains, ask the following questions:

&127;How can it be changed?

- How easy is the change?
- Will it result in a relapse because of negative feedback?
- Will it result in any other problems?

This mental process will lead in time to a collection of the better ways of intervening, which will form the basis of treatment.

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Principles of Hypnosis:

CHAPTER 15

Therapeutic Interventions and Reinforcing Changes

In the context of Hypnotherapy it is important to ensure that changes to the Client are reinforced by factors in the environment. This amounts to ensuring that there will be an increasing positive feedback loop to make the change grow in strength. This is contrasted with a form of therapy in which any new behaviour is reinforced only by the therapist, which can result in undue dependence. The principle is that "Life must provide the reinforcer".

NOW THAT we have covered in outline the first two stages of therapy - Diagnosis and Planning - and we have also learned more about some of the powerful ways in which Hypnosis acts to institute change, we are ready to move on to the third stage, which is the therapeutic intervention itself.

It should be clear now that there are going to be as many different results of the first two stages as there are Clients. That is why it is important to emphasise PRINCIPLES, rather than simple rules-of-thumb. It would be impossible to list all the conceivable different combinations of causes and symptoms and interacting factors which could arise. But, as we have seen, it IS possible to outline *principles of approach* which can enable us to form a very clear picture of the dynamics of each particular case.

In many instances, I find, there is really very little work involved in the intervention at all, by the time the really hard work of understanding the dynamics of the problem and of possible interventions has been done. Because the optimum point of change has already been determined there is no waste of effort such as can happen when the therapy is directed in the wrong way.

It will often happen, for example, that the processes of diagnosis and planning a change will come up with some simple suggestion that the Client accepts enthusiastically and has no problem in implementing. In such a case the session looks from the outside as if it is simply counselling or possibly a form of mild psychotherapy.

In rather more instances it may still be the case that the Client happily accepts an idea at a superficial level, but that more time will have to pass before it is naturally woven fully into the fabric of life. In such a case the use of Hypnotic techniques can accelerate this process. Practising therapists will know how to do this in detail. An example of such a technique is sometimes called "future pacing". In this the Client is taken through a typical process, such as is indicated in the earlier chapters in this book, with a view to

inactivating distracting mental and physical processes and activating feelings of confidence and the detailed visualisation of situations in the future in which the desired change or changes will be naturally incorporated into life. (But notice that we may well have already done a little mild "future pacing" as a part of the process of checking out the change for any problems which might arise as a result. In such cases there may be little need to do more, if the Client has a naturally strong involvement with what he or she is imagining.)

In other cases, in which an emotional change is involved, it may well be that the questions and answers involved in the diagnostic and planning stages will themselves begin to activate emotional systems, such as suppressed grief. In that case, also, it may be that little extra work is needed, and the session may again look like a session of psychotherapy.

But there are advantages in again handling things more precisely by means of techniques which fall within the field of Hypnotherapy. There is, for example, another well-known technique for dealing with traumatic material which goes like this. The trauma may have been induced by, for example, a severe accident, or sudden bereavement, or an assault. (It is not ALL sexual problems.) The memory of the incident is cut off from consciousness by an automatic mechanism which is there to prevent excessive distress.

Now the beauty of the typical Hypnotic approach is that it is possible FIRST to activate a very strong feeling of calm detachment, and THEN to activate the imagination in a detached way such as to show the events in question on a TV screen, or as happening to a third party. In that way the *information* about what happened is absorbed consciously without great distress. Once that has happened, and the fact that the event *can* be thought of *without* overwhelming distress has been discovered, the whole thing becomes far less of a problem. Typically it will then be possible later to allow a certain amount of controlled crying or other natural expression of feeling to become activated until the whole matter is cleared up.

The dynamics of such processes can be characterised in terms of a subliminal memory, consciousness, the emotional system and a mechanism which can inhibit the connection between the memory and the conscious mind.

In shorthand then we have the pattern:

$$\{ \{ \text{memory} \} > \{ \text{consciousness} \} \} > \{ \text{emotion} \} > \{ \text{inhibition} \} >$$
$$\{ \{ \text{memory} \} > \{ \text{consciousness} \} \}.$$

That is, we have a strong negative feedback loop which prevents the process of conscious recall of the memory, since whenever this process starts it activates a strong emotion, which in turn activates the inhibitory process which stops the recall continuing.

If we look at ways of changing this loop, in the way suggested in the chapter on planning, then the above

method, which is to work on the system {emotion} and prevent its activation, is an obvious way of preventing the loop operating. We might have considered trying to prevent the activation of the system {inhibition}, but this would, in itself, lead only to a sudden recall which would lead to violent emotion. This would be dramatic and might make the therapist feel pleased at obtaining an "abreaction". However it is not to be recommended, as it does nothing to ensure that the remembered material is in any sense come to terms with. It is quite possible that the experience will simply confirm the feeling that the memory is NOT to be approached, since it is so distressing, and the inhibitory mechanism will grow stronger after a while, and be reinforced by a fear of therapy, so that nothing will have been gained.

Similarly to work directly on the element { {/memory} > /{consciousness}} in the loop and to attempt to enhance it directly by forcing the memory through to conscious recall could lead to an excessive expression of emotion which will potentially lead to the same problem. That is why the normal approach is the one suggested above: working first to moderate the emotional response.

The above examples bring our attention to that part of our subject which may be called detailed technique. Every trade or profession has its particular techniques, which its members pick up with experience, reading and contact with others in the same field. We have here seen "future pacing" and the use of an imaginary TV screen to convey information from one subsystem of the mind to another without evoking strong emotion. But there are countless more.

It is not the purpose or intention of this book to list all such detailed techniques. Remember that this is not a training manual. Neither am I introducing any "Holy Grail" type innovation in technique. All I am attempting is to make clear the principles involved in what we are doing, in order that we may think more clearly about it and do it better.

I am therefore going to take as read (in other books) all such detailed techniques which can be used to implement changes in the field of Hypnotherapy and focus attention on one principle of overwhelming importance. The fact that there is little conscious awareness of this principle makes it all the more important.

This principle that should be emphasised as being central to effecting effortless interventions is the value of establishing **positive feedback loops** to power the change. We have seen such loops being used in inducing simple Hypnotic phenomena. We will now be looking at their typical forms in therapy.

Let us begin by looking at an elementary example. It is a fact that many people pay disproportionately greater attention to things that are getting worse, and too little to things that are getting better. Consequently, even if their mood is lifting as a result of some form of therapy, they scarcely notice it, but notice instead only the times when there is no improvement. This naturally limits any improvement and will usually occasion a relapse.

One possible Hypnotic intervention is to remedy this by changing the balance and instituting the habit of consciously noticing any improvement. But an awareness of improvement will generally lead to an actual

lifting of mood, which will again be noted and thus a positive feedback loop is instituted.

If we let M be the actual mood, and A an awareness of an improvement in mood, then we will have instituted the increasing positive feedback loop:

$/A > /M > /A > /M > \dots$

Consequently if we can only change the balance of paying attention from "worse" to "better", there can be steady improvement in all things. And things will go on getting better and better, without our needing to intervene in detail in all ways.

This principle was involved in the success earlier this century of Émile Coué, who went around the world promoting his ideas on the value of positive thought: ideas which he encapsulated in the saying, "Every day and in every way, I am getting better and better and better." He encouraged people to repeat this saying over and over again until it became a part of their philosophy of life.

In many people it had a lot of success. The expectation of improvement will often lead to actual improvement. The fact that this idea has NOT transformed the world shows that things are not quite as simple as that. In particular, I wonder if you can spot the inevitable negative feedback loop which will act on the practitioner of Couéism? Let us suppose that it works to begin with, and the use of the maxim leads to improvement. That will, of course, encourage the person to continue, and so improvement will increase. But continuous growth is simply not possible for anything or anybody. Sooner or later the growth will slow or stop. There will be problems that resist the maxim, such as toothache, or a wife leaving to marry a man who is less self-confident but needs her more as a result (in fact more like the man she married before Coué took a hand!). In any case there will come a time when a man relying entirely on the maxim will find that it no longer has any effect. If anything, since things are deteriorating, it will seem that repeating the maxim leads to the deterioration. He will lose faith in it. He will stop using it.

A not dissimilar loop lies behind those frequent small advertisements: *FOR SALE - Exercise bike, hardly used*. For the first few days after an exercise bike has been bought we have:

$/\{\text{exercise}\} > /\{\text{feeling of well-being}\} > /\{\text{exercise}\}.$

But soon the exercise has been increased to a level where fatigue sets in and we have:

$/\{\text{exercise}\} > /\{\text{fatigue}\} > \backslash\{\text{feeling of well-being}\}.$

The common immediate reaction is to increase the exercise in the hope of reinstating the original loop and so increasing the well-being again, but now, of course, it simply leads to more fatigue and so to still less well-being, so within a short time the whole thing is given up in disgust.

By contrast to Couéism the introduction of the principle of simply *altering the balance* between the amount of attention paid to improvement as opposed to deterioration, or to good as opposed to bad, has much more chance of instituting a slow but steady positive feedback loop which can lead to continuing improvements in different areas. It does NOT depend on continual improvement for its maintenance. It expects *some* setbacks, but notices improvements more.

If you want a phrase to encapsulate the change we want, it can be found far back in time, before Coué. It is the simple, "Count your blessings."

I would suggest, tentatively, that the happy people I know tend to adopt this attitude, while the unhappy ones do not. What does your experience suggest?

Another example of the use of increasing positive feedback loops lies in teaching. As my father, a teacher, first told me, "The important thing is to set tests in which they do well from the beginning. This leads to confidence and self-esteem. That in turn leads to better performance in the next test, which can therefore be a little harder." This is an increasing positive feedback loop. The corresponding decreasing positive loop would set in if the tests were too hard: confidence would drop; performance would drop further, even on the same difficulty of test, and things would steadily deteriorate.

The important psychological concept in this context is that of *reinforcement*. If a rat in a common experiment in a psychologist's laboratory performs some required action, such as pressing a lever, it finds that it gets a small amount of food. The food increases the possibility of its again pressing the lever. The food is called a *positive reinforcer* of the action. If, on the other hand, every time the rat goes into a certain area of its cage it gets an electrical shock, then the frequency with which it will go there is reduced. An electrical shock is termed a *negative reinforcer* for that activity.

In shorthand we may summarise these in the following way. Let A be some process of some system in the rat. (In experiments this will usually result in some clearly visible action such as pressing a lever, or moving towards or away from something.) Then if we let PR denote a system in the rat that responds to a Positive Reinforcer (e.g. the digestive system) and NR denote a system which responds to a Negative Reinforcer (e.g. the pain system), then we have in shorthand:

either $/A > /PR$ or $/A > /NR$

(courtesy of the experimental psychologist), while:

$/PR > /A$ and $NR > \backslash A$

because of processes which have evolved in animals which ensure that it repeats actions which lead to food etc. while reducing those that lead to pain etc.

We therefore find an increasing *positive* feedback loop for A when there is *positive* reinforcement:

$/A > /PR > /A,$

but a *negative* feedback loop when there is *negative* reinforcement:

$/A > /NR > \backslash A.$

For a typical student, doing well in tests is in itself a positive reinforcer to study in that subject. Conversely doing badly is a negative reinforcer.

As a general rule someone who habitually notices *only* when things are getting worse is getting *only* negative reinforcers. This is likely to end up with depression and total inertia. In order to improve the condition of such a person we will have somehow to introduce the habit of noticing improvements in order to get some positive feedback when things get better, which will then enable the changes leading to those improvements to be reinforced.

These examples illustrate the important principle that **in establishing a change for the better in a therapeutic context we need to institute increasing positive feedback loops** just as surely as we have used them in inducing simple Hypnotic phenomena. If we fail to incorporate positive reinforcing factors, then any change is all too likely to lapse. If we *have* introduced them, then any small change in the right direction will continue to grow stronger.

There is a very important distinction to make here. In an Hypnotic process the Hypnotist is in a position to provide reinforcers. In the context of establishing feedback to maintain a therapeutic change it is *life* which has to provide the reinforcers. Within a session a Hypnotist may say things like, "Very good. You are doing well." But any therapy is only successful when the Client no longer needs such affirmations because *life* is saying, "You are doing well," and reinforcing the changes made.

To this end we will be on the look-out for positive reinforcers which life can offer the individual Client. Of course such reinforcers vary from person to person. One useful question to ask in the search for positive reinforcers is the following.

Q. Can you tell me what things in life give you greatest satisfaction / pleasure / happiness?

If, as a random example, someone gets a great satisfaction out of tidiness, then to tie in the prospective change to an increase in tidiness gives it a positive reinforcer which will in turn create an increasing positive feedback loop. Thus we might help such a woman with certain emotional problems NOT by talking about *control* which is a rather more masculine concept, but by thinking in terms of how to keep her feelings, like her hair and dress, *tidy*. (This would also imply *attractive*.) Then, any step in the direction of dealing more effectively with her feelings would get the lovely positive feelings which go with *tidiness*. This would then be a positive reinforcer for the changes being introduced.

Quite a lot of Milton H. Erickson's successes are based on finding a small but very effective intervention that leads, in time, to the elimination of the problem. The frustrating thing, I found, is that while I admired Erickson's approach, he never wrote anything which enabled me to determine HOW he arrived at a particular choice of intervention, or HOW he knew it was going to work. Consequently I might find myself applying one of his techniques in what *seemed* a similar case, but to no avail! I realise now that I was mistakenly looking for a similarity in *symptoms* where I should have been looking for a similarity in *dynamics*. Now that I focus on the dynamics more than the symptoms, in the way which is described in this book, I find that his work makes much more sense and it is easier to begin to emulate him in effectiveness.

Another question which can be useful in the hunt for reinforcers is:

Q. What, to your mind, would be the greatest benefit of this change?

Suppose, as a rather obvious example, that the Client wants to lose weight, then it can be very important to know how the benefit will be most appreciated. Is it in being able to buy smarter clothes? Is it in feeling fitter? Is it in looking slimmer? Is it in feeling more sexually attractive? And, if so, for whom? Is it in simply seeing a different number on the scales when weighed?

In these different cases we might well be able to use some aspect of the desired result as a reinforcer of a useful change. In the first example we might institute the habit of window shopping for an ideal wardrobe, with an eye to looking for items which can be bought and worn at steps along the way to the ideal weight. In some cases it is then hardly necessary to specify exactly the changes in lifestyle which are necessary to achieve the change, any more than it is necessary in biofeedback training to specify *how* the blood pressure etc. is to be controlled. The feedback in either case can be enough to reinforce any improvement, provided it is quick and clear enough. In the present case every small reduction in weight leads to the reinforcer of a new article of clothing, which leads to continuing the actions which led to the weight loss, which leads to more clothes, and so on.

In the second case, where the desire is to feel fitter, we might link any eating to some exercise, as when Erickson got a woman to run around the house after every slice of toast. In this way we are more likely to produce real fitness which will reinforce the improvement.

If the goal is to feel more sexually attractive in general, then we might focus on the question of how to *eat* in a sexy way. The Client might be directed to watch films, paying special attention to *how* actresses eat so as to increase their attractiveness, and then to imitate them.

Notice that we will then have broken the identification of eating as being somehow connected with being NOT sexually attractive, and instead connected it to BEING sexually attractive. There will therefore be a reward of the desired kind every time she eats in the new way. Since, in practice, this new way will not be gluttonous, we will have the foundations of a useful positive feedback loop.

If there is a compulsive need to see a change on the scales we might manage something on the following lines. The scales had better be accurate. This means finding one of those precise ones which measure to the nearest ounce. Suppose that there is one in town in a pharmacy. We would then work to establish the rule that the person must WALK to the shop each time, and make a note of his or her weight to the nearest ounce. If luck is on our side this could mean a twenty-minute walk every day at least. This will tend inevitably to reduce weight; the resultant loss will act to reinforce the habit of walking; and we have a nice gentle positive feedback loop:

$\text{walking} > \text{weight} > \text{walking}$.

These examples should be enough to show how the discovery of a potential reinforcer can suggest ideas for the establishment of a suitable positive feedback loop which will lead to the desired result. Another way of looking at this is to note that a search for positive reinforcers can throw up ideas for potential changes at the crucial, creative Step 2 of the process of determining possible changes.

The advantage of using weight loss as an example is that it should be obvious it is a *process* which *takes time*. This is really the characteristic of all Hypnosis and Hypnotherapy, which is unfortunately masked by the tendency of the Stage Hypnotist to present Hypnosis as having to do with instantaneous changes of state. This leads people to suppose that it is possible instantaneously to have excellent memory or unshakeable confidence or what have you.

Let us take another characteristic problem for which a feedback loop is useful: phobias. One of the standard psychological methods of overcoming a phobia is that of progressive de-sensitisation. Let us see how this works with an example. Suppose that the fear of water is so great that it is impossible to learn how to swim, because even going to the pool arouses anxiety. The solution to the problem involves first sitting on the edge of the pool until the anxiety subsides. **Then feeling pleased with this progress.** Then standing in very shallow water until the fresh anxiety subsides. **Then feeling pleased with this progress.** Then sitting in very shallow water until the fresh anxiety subsides. **Then feeling pleased with this progress.** Then walking in up to the knees until the fresh anxiety subsides. **Then feeling pleased with this progress.** And so on.

Each fresh stage arouses some anxiety, of course, but it is impossible to maintain that anxiety forever, and so, provided that there is no impatience and no pressing on too fast, each level of anxiety *must* fade away.

The abstract pattern describing this process is:

$(\text{depth of water}) > \text{anxiety} > \text{slow perception that there is no danger} > \text{anxiety} > \text{pleasure in progress} > (\text{depth})$.

The feeling of success is *very important*, since this is the *positive* reinforcer which makes the loop a *positive* one. If this is not instituted, the sufferer is inclined to be forever thinking, "I *am* stupid! Fancy

being scared of the water, at *my* age!" So that instead of being pleased at being able to sit in the water without anxiety, he or she is feeling bad because no one else has to do that. They therefore provide themselves with a *negative* reinforcer, and so enter a negative loop which soon discourages them from continuing.

I have known cases of individuals who have been "treated" for their phobias by psychologists who seem to have learned the process of progressive desensitisation by rote, with no understanding of the nature of the loop they are supposed to be instituting. They have neglected the central importance of the reinforcer, with the result that each step has been taken with increasing reluctance, and the "cure" failed.

A similar method may be used to eliminate a phobia in the context of Hypnotherapy. The main difference is that the Client is usually taken through the stages by means of an enhanced visualisation rather than in reality. This has the advantage that there is little problem of self-consciousness - as there often is at the real pool. Various Hypnotic techniques can also be used to instill confidence and, which is often of great importance, to deal with memories of some early disaster which may have initiated the phobia. But it remains of importance to ensure that each small improvement results in great satisfaction when the Subject tries things out in real life. Remember: Life must provide the Reinforcer. Consequently we need to ensure that satisfaction will be felt with each step of progress.

After these examples it should be possible to see the principle involved fairly clearly. The good Hypnotherapist will always be trying to arrange that any change made in the consulting room will be *amplified* or *reinforced* by the Client's environment: "Life must provide the Reinforcer."

This attention to environment is what is sometimes denoted by the adjective "holistic", but it should be realised that the customary antithesis between "holistic" and "analytic" does not hold in the context of the present theory of Hypnotherapy, which clearly incorporates a great deal of analysis of the systems involved, but does not limit itself to *internal* systems, but rather includes *external* ones in the environment as well. Consequently it may also be termed "holistic".

This attention to arranging for reinforcement by the environment highlights a certain important ethical and professional point. We have noted that many elementary Hypnotic phenomena are evoked by means of reinforcement by the Hypnotist. If things go beyond that, and deeper and more personal changes are reinforced by the personality of the Hypnotherapist, then we have danger of the Client becoming almost addicted to the Hypnotherapist. If the *only* place the changes are reinforced are in the Hypnotherapist's office, then the Client becomes subtly conditioned to return again and again.

One advantage of the "Morganic" approach is that it forces us to consider relevant external systems, and the ways in which they affect the problem. We are forced to ask what the resultants of changes are. We are forced to look for negative feedback from the environment which could actively eliminate an improvement; we are forced to look for aspects of the environment which will provide positive feedback to change. We cannot restrict ourselves to the cosy little world of { ITherapist > IClient > ITherapist }.

For an equivalent analogy consider again the management consultant who restricts himself to analysing the behaviour of a business *with no reference to the market in which it operates!* Any businessman should see how futile this can be. An organisational structure which works excellently in one market such as insurance, would be of doubtful value in the world of entertainment or a high-tech, high-innovation field like computers. Moreover any change which does not result in a positive reinforcer - increased profits - from the market is going to be thrown out quickly. Organisational changes which lead to increased profits will, however, generally get reinforced with no further work by the consultant.

Now it might be objected that the Hypnotherapist cannot control the Client's daily environment. And in the simplest sense this is, of course, true: the Hypnotherapist does not leave the consulting-room. However, when you start to think about it, it IS possible to alter the Client's effective environment, as a result of changing the Client's behaviour.

Suppose, for example, that there is a young man who is miserable because he does not have a girlfriend, and would like the confidence to get one. It might be very clear that since he spends all his spare time at home or with an elderly uncle there is no chance, even if he *were* more confident, of meeting someone. In this case we might simply look to give him enough confidence to take him to a place where he will inevitably meet suitable girls. This changes his effective environment. With only a little luck, nature will then take its course and he will need no more "therapy".

In many cases it is possible also to change the behaviour of people around the Client by means of changing the behaviour of the Client in their presence. As a very simple example, suppose that someone complains that everybody at work hates him, and it also turns out that he has a habit of scowling all the time. If we can get the scowl removed - perhaps on the pretext that it indicates tension and we will remove the tension - then, human nature being what it is, those around him will perceive him as a much more pleasant individual. They will therefore start to act in a more pleasant way. This will encourage him to smile more and scowl less. This will make him seem more likeable. And the loop will continue to power the change.

There may be some readers who, at this stage, will be objecting that some problems are deeper than this. Indeed they can be. It might well be the case that in the last example the scowling is a result of some deep emotional wound which will need some examination. But remember that within this systematic approach we do not attempt even to change a scowl without running through the diagnostic process described in chapters above: looking into the question of the systems with which it is involved; what arouses it; what are the associated feelings; what were its origins; what would be the consequences of change. In fact, therefore, the scowl may be the very door that we need in order to enter the area of the deeper problem. On the other hand, it may just be a habit of no great significance other than that it has become involved in an external loop in which the more he scowls the less people like him, and so the more he scowls. If it is the latter it should be comparatively easy to change it. If it proves to be very hard, then we may well suspect that there is more to it, and a careful analysis should reveal what that more is.

When we start we do not know how much of the problem process is internal and how much is external.

The diagnostic process is general enough to provide the answers to this, as we follow up the causal chains involved. If the chain is purely internal then, as in the chapter on the use of positive feedback loops in Hypnosis, we will be looking to internal positive loops to power the change. In order to achieve this end we may well be enhancing changes via a positive feedback loop involving Client and therapist. If, on the other hand, the world external to the Client is playing an important part in the problem then we may well need to change *that*. This we can do indirectly, using changes in the Client's behaviour to produce the required changes. This will in turn involve us in making certain internal changes, and we are back to powering these changes with positive feedback loops. And these may start with a process like a typical induction.

Turning again to our Consultant analogy: he or she must first determine the large-scale changes that need to be made, looking, as the Hypnotherapist does, for ones that are relatively easy, will be viable, and will not be harmful. Such changes will generally be made with the external environment in mind. Then he or she will have to get down to the nitty-gritty of making the specific internal changes which may be necessary in, say, the accounts department. It is at this stage that he or she *seems* to be working hardest: that is the point where people *see* the changes. But in fact the most important work is his or her understanding of the larger scale: an understanding which is invisible. It is also the understanding which is hardest to teach - and the understanding which pays best.

Most books on Hypnosis teach the simple techniques for making local changes. We have seen that many are no more than establishing simple feedback loops involving the change and the expectation of the change. They are easy to learn. Most students can pick them up within weeks. But that is not Hypnotherapy. In much of this book, by contrast, the higher-order skills of changing a person as a whole, with a clear understanding of the interactions of the individual with his or her environment, have been emphasised. Nevertheless when the skilled Hypnotherapist gets down to work, the first *visible* sign of work may well be the same early familiar steps of many an "Hypnotic induction": "Now, I would like you to sit comfortably and fix your eyes..."

SUMMARY

When we come to making a change it may be very simple, and involve only an internal adjustment. In that case the change can be powered by internal positive feedback loops. Some examples have been given of such loops in the context of therapy.

We have noticed the importance in this context of looking for *positive reinforcers*.

More generally in Hypnotherapy, however, we are making changes which affect and are affected by the Client's environment. It is very important then to ensure that any changes are reinforced by the environment outside the consulting-room. In other words we look to create positive feedback loops involving the Client's environment to support and enhance the change.

It is important to notice that it *is* possible to change the Client's environment via changes in the Client's

behaviour. At its simplest, this might mean simply introducing the habit of going to new places, wearing new clothes or treating people differently so that they in return behave differently.

SUMMARY OF PART B

IN PART B we have seen the simple notions of systems and their activities and interactions, which we started with in Part A, develop into very powerful tools of thought for understanding much that happens in the fields of Hypnosis and Hypnotherapy.

The whole area of diagnosis has been transformed from something that was at best a listing of symptoms into a clear and logical procedure for defining the nature of the dynamics of the systems involved. (And organic systems are nothing if not dynamic.)

The feedback loops which have emerged naturally from the same approach have been seen to be not only fundamental to the functioning of most organic systems, but also central to the nature of very many of the most common Hypnotic procedures.

Positive feedback loops have been seen to be *responsible for* very many of the common problems presented to the Hypnotherapist, but also to provide one of the more powerful tools for making changes to *eliminate* problems.

Negative feedback loops have been seen to be essential for the *preservation of valuable processes* in organic systems; but equally they can be responsible at times for *maintaining a disadvantageous* one.

We have seen that the process of diagnosis leads on naturally to a systematic way of generating changes, and a way of thinking systematically about those changes to ensure both that they are permanent and that they do not cause further problems.

Furthermore it should be clear that the principles developed ensure that we neglect neither any important internal aspects of the problem, nor any important external aspects. There is built into the thinking an automatic "analytic" element, and an equally automatic "holistic" element.

It is hoped that practising Hypnotherapists will see how this way of thinking makes explicit and rigorous what most of us have been doing for years.

It is hoped that the non-specialist will understand in a deeper way what Hypnotherapy is all about: that it is NOT the domain of charlatans and showmen; NOT simply a matter of waving a watch, sending someone to sleep and having them wake up "cured"; NOT totally dependent on a belief that it will work. It is, rather, at root a very practical, logical and scientific approach to changing (for the better) the functioning of a wide range of mental, emotional and habitual systems in the human being.

It should also be clear that the same approach and principles can have application in broader fields such

as families or organisations, or indeed medicine. The use of a diagnostic procedure based on the dynamics of the systems involved rather than static symptom clusters would seem to be an advance in many other fields.

Cautions

- 1) Throughout this book there are many examples which are chosen for their illustrative value: they are therefore simple. In real life things are generally complicated. This means that we may end up with *many* causal chains and *many* loops, which may link together in very much more complex ways than have been indicated here. Note also that even in the simpler cases it can often take many sessions to make useful, permanent changes.
- 2) Be aware of the fact that a particular causal connection between systems may well hold only under particular conditions. For illustration, whereas blowing on a small fire can easily put it out, blowing on a large one can fan the flames. Forcing oneself to go into mildly fearful situations can reduce the anxiety felt. Forcing oneself into highly fearful situations on the other hand can produce a very strong phobia.
- 3) Do not imagine that the principles alone make an expert. Training and experience are essential, as in other professions.
- 4) No matter how well someone understands the *theory* presented above, it will be of limited use unless it is combined with a good share of humanity: an ability to understand and empathise with our fellows from all backgrounds and of all temperaments.
- 5) Do not imagine that I will be applying the formalism in a rigid way in the course of a session, though I may subsequently write down the dynamic structure as part of the case notes. Just as a composer hears music in his head and only subsequently puts it on paper, so I grasp the dynamics in my head in a rather abstract way, and only later consign it to paper.
- 6) It is not being suggested that the theoretical framework developed here is *complete*. I think that there is still a lot of work to be done to tighten up the exact notions used (though a step towards a tightening of the definition of activity is given in Part C), and in the recognition of significant dynamic patterns and of the functioning of the many systems with which Hypnotherapy is involved. In the above only the simplest patterns have been described. It is being claimed only that the framework provides a relatively rigid foundation on which such further work can proceed.

PART C

IN THIS PART of the book the chapters deal with a variety of different themes which are largely disconnected from each other, though all relate to the theory developed in Parts A and B. They may be read in any order, or skipped.

The first three of these can be broadly seen as expanding on important aspects of Hypnotherapy.

The next three are there to relate the "Morganic" approach to Hypnotherapy to important associated fields, namely experimental work, family therapy and other forms of psychotherapy.

The final four chapters take a more detailed look at some very important theoretical concepts and constructs.

A summary of each is available at the front of the book in the list of contents and, in a different form, at the end of each chapter.

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Principles of Hypnosis:

CHAPTER 16

Dynamic Rebound and Paired Systems

PART C

In this third part of the book each chapter is relatively independent. Each takes up one particular aspect of our subject and looks at it from the perspective of the principles that have been developed.

In this chapter we focus on a particular and very important principle of organic systems. This is the fact that to maintain homeostasis - a reasonable equilibrium - there evolve pairs of systems which act in opposite directions to maintain any important parameter within range. If one increases, then the other decreases. This is coupled to the principle that if we attempt to over-ride a system it will tend, over a few cycles, to strengthen. We may then often find that the most effective strategy in dealing with a problem is analogous to vaccination: we act in the short term to produce the very thing which we are trying to prevent in the long term, with the aim of strengthening a natural system which will produce the required change. The converse of this is that a direct attempt to change a system is more analogous to drug therapy: it can be very effective in the short term, but in the long term weakens a natural system which would do the same job, thus creating potential long-term problems.

THERE IS an old saying: "What goes up must come down."

Originally, I suppose, this was applied to anything thrown into the air. But here we want to focus attention on the fact that for any biological system any increase in activity cannot go on for ever: in time the activity level must come down.

This idea provides a starting point for our examination of the reason why, in Hypnotherapy, if we want to *decrease* the activity of a system, we may often succeed by first *increasing* it.

Here are some examples of the use of such a principle. It is not uncommon for someone to say, "I cannot relax. The more I try, the worse I become." The problem here is that the muscles are designed actively to contract when they receive a nervous impulse: $\text{nervous input} > \text{muscle activity}$. But there is no way

in which a direct nervous stimulus can reduce activity. Those people who can relax have learned the knack of stopping sending any messages *to* the muscles (via the efferent nerves), often by concentrating instead on messages coming *from* the body (via the afferent nerves).

People who are *trying* to relax, but can't, are acting as if the way to relax is to find the right way of *ordering* the muscles to relax. But this does not work. With such people it is particularly useful to get them to start by *tensing* all the large body muscles as much as possible. We might suggest raising the legs, holding the arms forward with tensed fists, tensing the abdomen, etc. They are then instructed to hold this for as long as possible. This greatly enhanced activity of the muscles soon uses up most of the available energy in the bloodstream which, combined with a build-up of lactic acid in the muscles, soon produces the familiar tiredness and ache.

When this tension is relaxed the muscles are then naturally in no condition to be activated by any nervous impulses, and so relax into a state of very low activity.

In shorthand we have:

$\text{/}\{\text{muscles}\} > \text{/}\{\text{sense of fatigue}\} > \backslash\{\text{muscles}\}$

I have known men who have got into a terrible state because they have been told by someone that they ought to relax more: they have then reduced the amount of sport they have been playing in an attempt to do so. This has only led to hours of increasing tension. When they are instead instructed to play sport again they find the natural consequence: they relax after the game completely and naturally.

We see in these examples the principle that in dealing with some organic systems the best approach to making a change in one direction is to *start a change in the opposite direction*.

As another example of this principle, there is a case of Erickson's in which he dealt with a grossly overweight woman by first *forcing her to put on more weight* (Rossi (1980) vol. IV, pp 182-185 [Bib](#)). The practical effect of this was that she subsequently lost weight quickly and easily.

A possible mechanism for this can be analysed as follows. There is some system in the body which is responsible for storing fat: let us call this {storing}. There is another system which deals with removing stored fat (remember the general principle that we expect two different systems which operate in opposite directions): let us call this {removing}. In line with our general principles of diagnosis we would like to know what leads to an activation of {storing}.

If we place the mechanism in the environment in which it evolved, which was one in which there were very few means of storing food safely for long periods, and one in which there might be years of plenty and then years of famine, the following dynamics would seem natural. Any sense of there being a shortage of food would activate {storage} in the same way that today any news that there might be a shortage of sugar on the supermarket shelves leads to housewives descending like locusts and packing

their larders with it. In the case of a sensed impending famine the early woman would simply find herself eating every scrap available and turning it into fat.

We therefore have the simple process:

$\text{/}\{\text{sense of shortage}\} > \text{/}\{\text{storing}\}.$

Note that although this is a plausible formula I am by no means saying that it **MUST** hold for everyone. If there is one certain thing that can be said about people it is that they work in different ways. What I **DO** say is that the question of whether or not the formula holds *for a particular person* is one which can be determined empirically. If an artificial sense of famine such as is produced by a strict diet leads to an activation of a pattern of compulsive eating and then rapid weight gain we have a strong reason to suppose that the initially plausible result above holds.

With this idea in mind we may see Erickson's strategy as being one of inactivating completely this particular coupling by presenting the woman's body with a world in which there is not only a surfeit of food but one in which it is being forced into her. With this $\{\text{storing}\}$ system inactivated it would then be easy to lose weight.

Incidentally the same method of placing this storage mechanism in the environment in which it evolved would suggest that it is rather more likely to happen in women, who have to carry food within their bodies for both themselves and a helpless baby, than for men, who would more helpfully respond to famine by working harder to glean food by hunting or going further afield - activities not generally helped by being heavier.

Here is another thought on the same lines. What made a woman look attractive a few million years ago? I suggest that it was being well-fed and plump: this would indicate health and being able to mother healthy children. (This remains true, I believe, in parts of the world where food is at a premium.) Therefore if a woman felt *unattractive* then we might well suppose that the primitive mechanism of attempting to pad herself out would be activated:

$\text{/}\{\text{sense of unattractiveness}\} > \text{/}\{\text{weight}\}$

A modern woman who has inherited this mechanism is therefore in a terrible position because, thanks to modern ideas, she thinks that weight is unattractive. We therefore have:

$\text{/}\{\text{weight}\} > \text{/}\{\text{sense of unattractiveness}\},$

which, coupled with the above primitive mechanism makes, of course, an increasing positive feedback loop for weight and unattractiveness - a loop which is a familiar one to millions of women.

If such a woman attempts to lose weight by dieting, but has also inherited the old storage pattern, then

she only succeeds in activating a very strong instinctive desire to binge and grow fat. This is a serious feedback loop:

$\text{weight} > \text{diet} > \text{sense of famine} > \text{storage} > \text{weight}$,

which underlies the principle, "Dieting makes you Fat" (Carnon & Einzig (1983)[Bib](#)). Since an increase in weight will sooner or later trigger another attempt at dieting, there is an increasing positive feedback loop.

For such people Hypnotherapy has to act to eliminate the increasing loops by deftly altering key factors. For example, a strong emphasis on enhancing the feeling of attractiveness will tend to weaken or incapacitate the loop involving it and weight. Erickson's over-eating strategy would work for many women, but it takes a lot of effort to get most women to accept this approach! But at the least we may note that it is an important part of any healthy eating pattern that there should not be any prolonged sense of being deprived of food.

This book does not provide a detailed account of dealing with such problems. In general there is no one way for every woman. As in the general principles of Hypnotherapy outlined in Part B, the best results are obtained by a careful analysis of how things work in each individual; the systems, internal and external, that are involved; and finally a proper handling of the various possible strategies for change and their outcome.

After the above examples and discussions, which give insight into how *when we are dealing with dynamic systems* the "obvious" change can be in exactly the wrong direction, we can come to a more general perspective on the strategy of creating change by pushing in the *opposite* direction.

We start with the general principle that, in order to maintain homeostasis, organic systems evolve pairs of subsystems which operate in contrary directions. (In many cases there are several systems which operate in each direction, but for simplicity we will consider two.) Let us just call a particular pair of systems which regulate some factor X, {up} and {down}. They might be systems for increasing and decreasing salt in the bloodstream, for raising and lowering an arm, for increasing or decreasing weight, for increasing or decreasing adrenaline production, etc. Remember that the systems {up} and {down} will generally have evolved millions if not billions of years ago in quite a different environment and in beings with little conscious control.

We then have the basic formulae: $X > \text{down}$ and $X > \text{up}$.

The third factor that we are going to take into account is the attempt consciously to control the system regulated by these twin mechanisms.

Now suppose that consciousness is always striving to alter X in one direction. Without loss of generality we may suppose that it is trying to move it down:

$\text{consciousness} > X$.

Inevitably this will bring it into conflict with up , which exists to safeguard the organism against values of X which are too low, and this in turn acts to increase X :

$X > \text{up} > X$.

But this increase, of course, completes an increasing loop for X . The increase will be consciously noticed and the process repeated again, and again:

$X > \text{consciousness} > X > \text{up} > X$.

Since it is a general principle of organic systems that the more often they are activated the stronger they become - think of muscles or of immunity to disease - the main effect of the above loop over a number of cycles is that up becomes *stronger*.

Meanwhile down can take it easy. *It* is never needed: consciousness has taken over its role. It is inactive. It may even start to atrophy.

One great virtue of getting the conscious mind to act in the *opposite* direction, and to force the value of X *up* for a while, is that it will then activate the lazy down system! Erickson's eating strategy did just this.

One of the big problems with people who suffer from panic attacks is that although there are natural systems which will prevent the associated symptoms from getting out of hand, they are often used so infrequently - the sufferer naturally tries to avoid panics at all costs - that they become weakened and less effective than they should be. A strategy of getting a Client to go out and "collect" mini-panics would be an example of a way of increasing the strength of the "down" system.

In our initial example on relaxation we activated a natural system which switches *down* muscular activity by first forcing *up* the activity until the down system - the system designed to protect against overwork - was activated.

Many problems which are brought to the Hypnotherapist are a result of one-sided efforts at control. And time and time again they have been helped by an approach which encourages the Client to spend some time activating the opposite mechanisms.

There are millions who have tried very, very hard to sleep, but have never tried to stay awake. Forcing oneself to stay awake and active is a good way of activating the natural mechanisms which reduce arousal and bring on sleep. There are men who have trouble urinating in public. They have pushed and pushed to no avail in an attempt to *start* but they have never practised *stopping*. When they *do* practise they are acting *against* the release system, which therefore gets a chance to grow stronger. There are

those who are very embarrassed by blushing. They try very hard to reduce it, but it only makes things worse. By actively trying to *increase* it, they tend to activate more often the systems which tend naturally to limit it: systems which can then operate more often and more easily.

Of course in all real cases the situation is quite complex and the suggestion to reverse the direction of conscious control has other definite useful effects in breaking psychological vicious circles as well.

However there remains an important principle of organic systems, which is that putting pressure on them will, if they do not collapse completely, make them stronger.

We have eliminated smallpox from the world. But most other infectious organisms are getting more and more immune to our best antibiotics: because medicine is always acting to reduce their activity, the long-term effect is to make them stronger.

In society it is so very often the case that attempts to oppress or suppress some section of society leads only to that section becoming stronger in the long run. There are exceptions, as with the diseases, but so many people fail to understand that directly attacking an organic system (without killing it) is most likely to make it stronger in the long run.

Anything that does not kill you outright makes you a little stronger.

- Piet Hein

The introduction of myxomatosis was very successful in reducing rabbit populations when first introduced. But now rabbits have become more immune and have developed different instincts so that they no longer return to the warren to die, which used to increase the chance of the other rabbits becoming infected. This disease is therefore no longer effective in controlling rabbits, and the populations are expanding again.

We may note in this context that one potential problem with many medical interventions is that they are always acting in a one-sided way. They act as adjuncts to the conscious mind's control. The effect will be to weaken whatever system there is in the body to produce the same effect as the drug. Injections of insulin, for example, will tend to decrease the body's own production of insulin. Consequently there must develop a greater and greater degree of dependence on the drug. This is not to say that in many cases the medical intervention is not the best thing to do - particularly in the short term. But it is to say that some practitioners should become more aware of the dynamic nature of the systems they are working with. If, for example, a tranquilliser of any kind is used artificially to reduce anxiety - and this can include nicotine - then inevitably it reduces the demands on the body's own systems which operate to reduce anxiety. These tend therefore to become less active and weaker. Consequently if the artificial tranquilliser is removed there is very little to stop the symptoms rising to high levels. The effect is generally to make the sufferer return again to the artificial help.

As a population, our muscles are much weaker than those of our grandfathers, because we use artificial legs so much: cars. Our natural legs have so much less exercise that they have naturally become weaker.

In general we see that if the function of a system is "assisted" by some other mechanism then there is a definite possibility that that system will weaken. Equally paradoxically, organic systems are often made stronger by being resisted, not assisted. Pruning may strengthen a rose.

The whole principle of vaccination rests on this basis. The vaccination does not directly help to kill off an infection. What it does is to activate and therefore strengthen the body's own immune system by "fighting" it. The vaccination is a mild attack on the body's health. The immune system reacts by growing more effective, and then remains so, often for life.

Notice that in this way it is the complete opposite to drug therapy. Vaccination, by attacking, strengthens a natural system. Drug therapy, by assisting, will tend to weaken a natural system.

But of course there are times, such as when a system has been naturally weakened, and needs a chance to recover, when temporary assistance is the correct treatment.

How do we decide which approach is the better? It is to be hoped that a careful systematic analysis combined with a sympathetic understanding of the Client will enable the right decision to be made. But the mere fact that the two possibilities are in mind should make us aware of the options, so that if the one approach is not going according to plan, then we are well advised to examine the alternative.

It is to be hoped that the need systematically to analyse the dynamics of a situation, as has been done in Part B, will also lead to an automatic awareness of opposing pairs of systems which exist. Recall that we start by asking $/S > ?$, which should reveal among any systems that are activated by an increase in S any which act to limit it. These will be {down} systems. But we also ask the question $\backslash S > ?$, which is to say that we ask what will be the consequence of a reduction in the symptom that is seen as a problem. This should reveal to us any {up} system that becomes active to prevent it changing downwards.

What this chapter adds is the habit of *automatically* looking for paired systems, which act in opposite directions to maintain the homeostasis which is so essential for the survival of an organism.

It also adds the simple but important idea that a change can as often be achieved by starting a change in the *opposite direction to the long-term goal*, with the object in view of activating or strengthening an opposing system which in time will be able to act in the intended direction.

Those readers who are familiar with Ericksonian terminology will find in the above an explanation of why the strategy of "paradoxical intervention" - telling the person to do the opposite of what he or she has been doing to try to get rid of the problem - can often be used to great effect.

A direct attempt to control the habit of thumb-sucking in one of Erickson's cases led only to the girl

doing it more and more. Erickson merely *imposed* a certain amount of concentrated thumb-sucking on her, to the point at which she started to feel a strong sense of resistance to the imposed chore (Haley (1973)). The activation of this inner sense was then enough to stop her.

A direct attempt by a parent to control the amount of sweets consumed by a child all too often leads only to a stronger desire for sweets and the habit of obtaining and eating them in secret. All the parent succeeds in activating is a stronger desire for sweets. If, on the other hand, the parent were to impose the consumption of *large* amounts of sweets as a *penalty* for not doing homework or something else, then there would soon be activated a very strong aversion to sweets.

So far we have seen a model of how control of a system may be increased by ensuring that both its {up} and {down} regulatory systems are regularly activated to strengthen them. This explains in a clear way why the strategy of paradoxical intervention works, and why *increasing* the activity that one wants *reduced* can be effective.

But there is another reason why paradoxical intervention may function, which is rather more dramatic, but less common.

We will present this first by means of a picture (which is not unlike what seems to have happened to certain early tribes of people). Suppose that some people move into virgin country, which is wooded. They find that they can cut and burn the trees and reveal fertile ground which can be cultivated. This provides enough food for the population to increase. The increased population can spread out and cut more trees, to provide more ground for cultivation. And this increasing positive feedback loop will continue until they run out of new land. What happens next? It is not simply that the population growth will stop, and the population level off: the population is almost bound to crash. The reason for this is that there is little warning of the impending danger: as long as there is land still available, the men will go right on exploiting it with increased vigour. If you accelerate towards a stone wall a crash is inevitable.

Businessmen may be aware of similar phenomena in more modern times. The Wall Street crash is an example of a system in which there was an increasing positive feedback loop in a system which was too young to have evolved any negative feedback loops to regulate its growth. When it reached a point where there were no new funds available to fuel the increase, the whole system crashed.

Let us look at this principle and see how it might, in theory, be used to control a predator population. The normal procedure is to work very hard to kill off the predators. But beyond a certain point this becomes very difficult. Not only do you reach a point of diminishing returns in that the smaller the number of predators, the more time and effort it takes to kill another, but also the predator tends to evolve more and more effective ways of surviving your attacks.

The opposite strategy, suggested by the above general characteristic of biological systems, is to feed the

predators. Let them be able to raise large litters. Help them all to survive the winter. Let their population grow exponentially until it is twenty or more times the number that the land can naturally support. Let them grow soft on good living, and lose some of their wariness.

THEN suddenly cut off the supplies at a time when natural food supplies are near a minimum. The large numbers of active predators will very quickly mop up these supplies and then be faced with starvation. There is a very good chance that the entire population will in this way be wiped out: and if you wanted to accelerate this, then there would be a very good chance of killing the last few due to their soft and weakened state.

In these examples, we see a pattern of a positive feedback loop creating exponential growth of a system. But in each case the systems came up against the fact that a resource can drop to zero, and that can happen with very little warning.

This, incidentally, is one reason why it can be of great importance to distinguish positive feedback loops which are increasing with respect to all their component systems, and positive feedback loops which are decreasing with respect to one or more of their systems. In all positive feedback loops we can expect a perturbation to change exponentially, but in the decreasing kind one of the systems can hit zero activity suddenly, and this creates a drastic change in what is happening, as we have seen.

From an ecological perspective, a stable ecosystem is one in which any species which could hit zero activity (extinction) has done so. The remaining species co-exist in patterns of negative feedback loops which ensure that in none does the activity reach zero: as any one approaches zero there must be something in its interactions with the remainder of the ecosystem which ensures that its activity rebounds upwards.

If some change is made to the ecosystem, whether at the environmental or biological level, there is no longer any guarantee that existing negative feedback loops will prevent a species hitting the irreversible zero. Extinctions become possible, or even highly probable.

How do these thoughts have any bearing on Hypnotherapy? Well, we change the ecosystem of someone's mind when we introduce new thoughts. If, in particular, we establish a positive feedback loop to make the problem system increase its activity at a fast rate, then we may find that rather than running up against a natural regulatory system of the kind we considered above, which has evolved to maintain homeostasis, we may have systems running in a totally new mental environment in which there are no such limits. In this case we may anticipate that the exponential growth will at some point cause some process in the chain or chains suddenly to hit zero activity due to depletion. This in turn will trigger off sudden shocks in the behaviour of others, and we have achieved a sudden change all around, not unlike the change in an economy when a business which has been growing fast and large suddenly collapses, creating shock waves all around.

This style of "therapy" reminds us of Mesmer's patients who were wound up into higher and higher states

of excitement until there was a dramatic "crisis" involving convulsions and a great display of emotion. Such phenomena were once associated with religious conversion, or we may think of initiation ceremonies, or of brainwashing.

I am not happy with such techniques in general because, although they can deliver change, I would have little confidence that it would necessarily be for the better. However this is not to say that they might not be used in a limited way to extinguish a limited and small system.

Some readers may have noticed the value of this aspect of the theory, however, in modelling a nervous breakdown. Typically in such cases there are one or more positive feedback loops which are running ever more strongly under difficult circumstances until one of the systems involved runs up against the brick wall of no further resources. Perhaps the body can give no more physical strength, perhaps the limits of production of certain neurotransmitters have been reached, perhaps the immune system can no longer function on the limited resources it has available to it. Whatever the reason, the sudden stop of any one system in a loop will create sudden changes in all related systems, and the whole complex pattern is likely for a while to stop dead, with all the accompanying symptoms of being totally unable to cope with demands, whether on physical strength, on decision making, or on the emotions.

Of course in time there will be a re-growth which, if well managed, can be much stronger and better than the growth that went before. The American Stock Exchange did not die out after the Great Crash, though it was in the doldrums for some time. It is now far stronger and far better regulated than it was then. An ecosystem which has crashed can also re-grow strongly and often with renewed vigour because a lot of dead wood can get cleared in a crash. In the long term a crash can be beneficial, but I would still rather not take the responsibility of initiating a massive crash, because of the enormously difficult task of predicting exactly what will grow again after it. It is true that you cannot make an omelette without breaking eggs, but then it is so very much easier to break eggs and NOT end up with an omelette.

SUMMARY

Organic systems tend to maintain homeostasis: a reasonable equilibrium in the face of changing conditions. To this end negative feedback loops evolve so that any departure of some key parameter from its typical value will be corrected by a pair (at least) of systems, one of which will act to increase it if it drops and the other to decrease it if it rises.

We therefore have a real possibility of reducing some symptom by acting in a way which initially seems to increase it, provided that this acts to activate the opposing system which will in time reduce it naturally. This is the principle used in vaccination.

We have seen also that repeated efforts directly to reduce a problem may well simply strengthen the system that is producing it, and weaken a system which would naturally reduce it. This will generally aggravate the problem over time. This is the danger inherent in prolonged drug therapy or of any artificial aids.

We have further indicated that under more extreme conditions the activity of a system may be eliminated by forcing it so strongly in the opposite direction that we over-expand it until the system "crashes". This is not recommended, except on a small scale, because of the unpredictability of the consequences. This pattern also provides a model for the process of a "nervous breakdown".

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Principles of Hypnosis:

CHAPTER 17

Complex Dissociated Systems

This chapter draws attention to the general point that in any complex system there are subsystems which may or may not affect each other. If two have no direct effect on each other they may be called totally dissociated. If the effect is only one way we may call it a partial dissociation. The dissociation may also be weak or strong - in the latter case there will be some third or higher system which acts so as to prevent the strongly dissociated systems from affecting each other. Examples are given of these phenomena and an interesting point is made regarding the difference in emphasis between Hypnotists, who tend to create dissociation, and Hypnotherapists, who tend to eliminate it.

IN PART A we discussed subsystems of the human being which can be identified by means of the associated structures, such as the auditory system, visual system, etc. However these are not the only systems that are involved in Hypnotherapy. There can also be complex systems which are not neatly identifiable in terms of one specific structure. We have already mentioned some of these without explicit comment, but will now pay more attention to them. A useful introduction to such systems is provided by the phenomenon which is known as dissociation.

We may take an example of this from Hilgard's work (Hilgard & Hilgard (1975)[Bib](#)). Hilgard is the primary proponent of the modern neo-dissociation theory of Hypnosis, which states that dissociation is the fundamental characteristic of all Hypnotic phenomena.

This example took place in a classroom environment in which the instructor was demonstrating a variety of Hypnotic phenomena, including deafness. One of the students who were participating in this demonstration was also blind, so that the phenomenon of induced deafness would be particularly dramatic for him, as it would leave him awareness of the world through his sense of touch only. He had been hypnotised previously. A standard induction was used, followed by the suggestion that after the instructor counted from one to three the student would become deaf and unable to hear any sound. It was additionally suggested that this would be reversed when the instructor placed his hand on the student's right shoulder. It is possible that had it not been for this reassurance that the effect was to be temporary, the suggestion would not have taken effect, because of the anxiety that might be induced in a person so dependent on sound.

The efficacy of the suggestion was tested by banging together some large wooden blocks: there was no

response at all. In fact, at an earlier demonstration the even more dramatic test of firing a starting-pistol near the Subject had been used, also with no effect. Naturally there was no response either to any questions asked of him.

The particular significance of the experiment that day was that another student was motivated to wonder if, despite the lack of overt response, there might be "some part" of the Subject which continued to be aware of what was being said. The reasoning was that since there was no malfunction of the ears themselves, the words might be getting some distance into the brain. The instructor agreed to test this hypothesis and did so in the following way.

He spoke quietly to the Subject, who had proved unresponsive to the loudest noises. He began with the general observation that there are many internal systems of which there is no conscious awareness, such as those that control circulation and digestion. He then added that there might be mental processes of which there may also be no awareness. Next he suggested that there might be a part of the Subject that was able to listen to his voice and process information. Finally he asked for the ideo-motor response of the lifting of an index finger if this last suggestion was in fact the case.

Apparently both the instructor and his class were surprised when the finger rose. So was the Subject, who immediately spoke to remark on the fact that he had felt his finger move for no reason and wanted to know what had happened.

The instructor therefore restored the Subjects's normal sense of hearing by touching him on the shoulder. The Subject's account of events was that he recalled the initial instructions about going deaf at the count of three, and being able to hear again on being touched. There was then only a silence, which was rather boring, and so he had occupied his time with a mathematical problem. While thus employed he had felt his finger lift, and so asked about it.

The Subject was then told what had happened and then the initial suggestions were reversed so that he was able to hear again without a hand on his shoulder.

The next step taken was to use an analogue of the phenomenon of "automatic writing". This is a phenomenon which has been reported at various times in the history of Hypnosis, and had been used by this instructor. It involves the recovery of material not accessible to consciousness by means of one hand being placed "out of awareness" by Hypnotic techniques, and then being allowed to write in response to questions. (This is discussed further in Chapter 18.)

The instructor again went through his Hypnotic induction and talked explicitly of there being two parts of the Subject, and that a certain touch on the arm would put the instructor in touch with that part which had known what was going on when he was hypnotically deaf. He further suggested that *that* part would be able to answer questions, while the other part - presumably the conscious mind - would be unaware even of the fact of talking until "out of hypnosis" again. At that stage he was to be consciously aware of everything.

The instructor then touched the Subject in the specified way and asked questions. The results were very much those which would have been expected if automatic writing had been used instead. The Subject spoke freely of the experiences which had occurred when he had been "deaf", such as the conversations between the instructor and the other students, and the banging of the blocks. But when the touch was removed the Subject reported no conscious awareness of what he had just said.

Finally when all the suggestions were reversed the Subject was able, as suggested, to remember everything that had happened.

The conclusion drawn from this little experiment was that it is possible for one part of the brain to register incoming information even if there is no conscious awareness of it. Furthermore it may be possible to recover such information.

For convenience Hilgard came to talk of this information as being available to a "hidden observer".

Perhaps it should be noted that if this account was our *only* basis for this conclusion then it would be logically quite inadequate. A sceptic can point to the fact that information about what had happened had been given to the Subject after the first episode, and he could easily have re-presented these facts when the supposed "hidden observer" was being questioned. However there is ample other evidence, such as that obtained from automatic writing, to validate the general conclusions, so this account can be taken as a usefully vivid way of introducing the subject of dissociation.

Perhaps the only surprising thing about this account is that the instructor and class were surprised at the finger movement, since they had already seen automatic writing and were therefore aware of the possibility of information not being accessible to consciousness but available by other means.

The "hidden observer" in this example may be regarded as a functional subsystem of the person which is essentially distinct from the system which is active in normal consciousness. The disadvantage of the phrase is that like "the subconscious" it suggests that there exists only one such system. In principle there can be many.

In terms of complex systems the existence of functionally distinct subsystems is no surprise. If we consider that system which is a country, for example, then to an outside observer the outward signs of the activity of that country are those things contained in the media - TV, radio and papers. However, many things happen in a country which are not revealed in the media. And it would be quite possible for an outside observer to pay attention to some different aspect of life - discussions in pubs, for example - which might reveal a totally different picture.

In certain societies there is very little contact indeed between various sections of society. There can be many autonomous sub-societies, which may be deliberately secret like the Masons once were, or simply detached for most purposes like pigeon-fanciers. There is nothing strange about some such subsystem of

society responding to and being very agitated about something that the rest of society knows nothing about.

If, by analogy with Hilgard's little experiment, it is arranged that the sub-society has access to the media, then it will tell its story, and then for a while the greater part of society will be in contact with and aware of that sub-society and its preoccupations.

In general terms we may say that ANY complex system will contain subsystems. These are more or less integrated with each other. In this chapter the cases of interest are those systems in which two subsystems are essentially disjoint; they do not communicate; they are dissociated. If they are labelled A and B, then **total dissociation** arises when neither system affects the other:

$I_A > 0B$ and $I_B > 0A$.

We may also define **unilateral dissociation**, in which one system can affect the other but not vice versa. Thus we may say that "B is unilaterally dissociated from A" if changes in A have no direct effect on B, while changes in B *do* have an effect on A:

$I_A > 0B$, while $I_B > I_A$.

Of course these definitions are idealisations. In practice we may have degrees of dissociation, but this does not diminish the usefulness of the concept.

If we have a strike in a business, then during a period where there is no negotiation we have a situation approximating to a total dissociation between the workers and the management. In a totally autocratic organisation in which the managers order but do not respond to the workforce, we have a unilateral dissociation of the managers from the workforce. If, on the other hand, we have a workforce which does not respond to management, but does affect it a lot, then the workforce may be said to be unilaterally dissociated from the management.

Another approximation to dissociation is provided by a two-party system of government. There seems nothing strange to us in the fact that every so often there can be a complete and sudden change of the principles on which a country is run. Yet, from the point of view of another country, it cannot be so different from dealing with a total character shift in a person. One day foreign policy may be open and friendly, the next it can be protectionist or hostile.

A sensible foreign country will therefore have lines of communication (which are NOT the official channels) to the party which is out of power so that it is not taken by surprise by the change.

The Hilgard experiment can be seen as paralleling just such a communication with a system which was not the one which was primarily in control.

Let us next look at some familiar examples of forms of dissociation in the context of human psychology and psychotherapy.

At one extreme we have cases of split or multiple personality. In such people there seem to be distinct and non-co-operating personalities which can take it in turn to be 'in control'. In extreme cases each personality has its own memories which are quite distinct from those of the other or others. In other cases there can be a one-way flow (unilateral dissociation): one personality has access to the memories of another but not vice versa. Such extreme cases of multiple personality make good reading or films, but seem to be very rare in real life (Ellenberger (1970)[Bib](#)).

A second familiar form of dissociation, which is commonly discussed in books on psychotherapy, is one in which a memory of a traumatic event is *repressed*, which is to say, *made* inaccessible to consciousness. Nevertheless the memory can have distinct and often troublesome effects on behaviour and feeling in the present. Here the dynamical pattern is that the two systems - traumatic memory and consciousness - are typically totally dissociated, each having no direct action on the other; but each is competing for control of some third system such as the muscles or the "flight or fight" system activated by perception of a threat.

Let us suppose that a child has been sexually assaulted at the age of four in a garage, and that the memory of this painful experience has been repressed. A typical consequence is that, even when the child has become an adult, it is impossible to enter a garage without experiencing a panic. At such times it is as if the adult personality is replaced by that of a terror-stricken four-year-old again. There is only the most limited communication between the two personalities, since the adult does not have access to the childhood memories which have been repressed, and has little or no control over the child personality. The child, likewise, has very little ability to alter the adult.

A great deal of psychotherapeutic work and Hypnotherapeutic work is concerned with healing such divides. The classic way, going back at least as far as Freud, is of the therapeutic *abreaction*, in which the repressed memories are released - brought to consciousness - together with the associated emotions. This will then often lead to the resolution of the problem. But notice that though it will *often* happen that such a process will work, it is not *necessarily* the case that it will always work. The reason for this, put in a simple way, is the following. Certainly if an adult does *not* know why a child is very upset, then he or she will often not be able to help. But the mere fact that an adult *does* know what is upsetting a child does not guarantee that this is the end of the problem: the adult may still treat the child in the wrong way and make things worse. What is true of the dynamics of a real adult and a real child is likewise true for the dynamics of an adult personality and the "child within".

If we have the pattern that:

$$\{ \text{Expressed distress; child} \} > \{ \text{Repression; adult} \} > \{ \text{Expressed distress; child} \},$$

then it does not matter whether the "adult" system is external or internal: the "child" system will

generally be unable to escape the power of this negative feedback loop which acts to prevent any expression of distress. Very often sufferers have, combined with the internal system that reacts to difficulties like an abused child, *also* an adult internal system which acts as if it is wrong ever to complain; so that any complaints from the "child" are responded to by injunctions to the self to "stop being silly," "pull yourself together," etc., which may be effective in the short term but never lead to a resolution of the central problem. The "adult" is forever trying to control the "child", but never quite managing to do it in the long term.

The words, "I do not feel in control," arise in fact very often in the therapeutic context and are a good indicator of some degree of dissociation. The Client may not be in control of their feelings in a certain context, or of their actions in another context, or of their thoughts in yet other contexts. In terms of our present systematic approach we may say that there is a degree of dissociation between that system which is the personality which the Client presents to the therapist and some other subsystem of the body or mind which is seen as a "problem". Some of these cases can come very close to being split personalities, as in the case of severe alcoholics in which the sober and drunk personalities can have little in common, including memories. In others the quasi-autonomous subsystem which is not under control can be comparatively small, as can arise in such problems as incontinence or nail-biting.

One familiar school of analysis of psychodynamics which takes up the above theme and features in an essential way an analysis of a person into large or high-order subsystems is Transactional Analysis (TA), with its division into Child, Parent and Adult (Berne (1964), Harris (1970)[Bib](#)). Here the picture is that a particular individual may, in some relationships, continue to behave in many ways like the child he or she once was, while at other times the behaviour can be that of a parent in a relationship. This parental role is commonly based on the role of one of the actual parents. Both parental and childlike roles tend to be rather highly charged emotionally and stereotyped. Finally Transactional Analysis places great weight on a third, or adult, personality which tends to be less emotional and more flexible and helps to resolve conflicts of various kinds in a constructive way.

Although TA deals in this way with subsystems of a person, the primary system of interest is typically a twosome: two individuals who are activating particular personalities in the presence of the other. A typical problem which TA will seek to help is the following. Let C_1 be the childlike persona of the first person and P_2 be the parental persona of the second person. Then problems can arise in cases where an increasing positive feedback loop exists in which the childlike behaviour of 1 prompts or activates complementary parental behaviour in 2, but this in turn activates further childlike behaviour in 1:

$$/C_1 > /P_2 > /C_1.$$

In the abstract we have no way of telling whether such a loop is beneficial or otherwise - it depends entirely on whether the consequent behaviour is harmful or not. If it is harmful then this positive loop will be seen as a problem and a way needs to be found to eliminate it by changing the pattern of interaction of the systems involved.

A characteristic strategy in the context of TA is to activate an adult personality or system in one or both of the people, which will alter or remove the harmful loop.

Another large-scale analysis of a psychoanalytic nature is of course the Freudian analysis into Id, Ego and Super-ego. These again function like quasi-autonomous subsystems of a person which are often in conflict with each other and may be effectively dissociated.

But we do not need to go into such areas to be aware of the extent to which an individual may have many different personae, each of which may act like a quasi-autonomous system. Many a woman has complained that she is at various times a daughter, a mother, a wife, a mistress, a secretary, a cook, a housekeeper, a taxi-driver, an employee, a nurse, a confidante, a friend, and so on. In most people these different personae are connected reasonably closely, but the divisions between some of them can at times become so strong that it is possible to call them dissociated. Many a professional man, for example, effectively has two personalities - his working one and his domestic one - and there is little contact between them.

As a general point, it seems that some individuals find it relatively easy to compartmentalise their lives. Others find it very difficult. It is possible that some of the facility with which some of the classical Hypnotic phenomena can be produced in an individual are related to such a basic characteristic as this. **In particular note that the fact that Hilgard found such a clear-cut example of dissociation in the particular student does not guarantee that such a phenomenon can be found in everyone.** The fact that Hypnotic processes can at times uncover a dissociated system in certain individuals, or even create one in other people, does not allow us to over-generalise and to deduce that this is the basis of ALL Hypnotic phenomena.

Let us illustrate this principle with our business analogy: many organisations of sufficient complexity naturally subdivide themselves into quasi-autonomous divisions which act independently for nearly all purposes. But this does not allow us to deduce that such departmentalisation can easily or wisely be produced in another company which has always been tightly integrated, with close two-way communication between all sections! Neither should we assume that the whole of business consultancy work is the matter of creating distinct departments.

(As an outsider to the world of management theory it seems to me that the "Management Gurus" (Kennedy (1991)[Bib](#)) typically fail to appreciate that different companies not only have different "personalities", but that it is in general better for the general economy if there ARE such different personalities. The Business Gurus, like many a psychological guru, seem all too prone to want every company to adopt the personality which has *their* stamp of approval.)

Finally we have the simplistic analysis into Conscious and Subconscious which is often come across in books on Hypnosis. We meet statements such as, "I will be communicating with your subconscious mind," "Your subconscious knows things that your conscious mind does not and it can signal what it knows by moving a finger," and so on.

This brings us round close to the neo-dissociation theory of Hilgard again, with its two-system analysis. The main point to be made here is that the Conscious/Subconscious terminology creates the limiting idea of there being only *two* large subsystems in the mind. This book should be making it clear that it is far closer to the truth to regard the mind as consisting of an enormous number of subsystems, from the low-level neurological ones up to high-order personae, all of which are interlocked to some extent, and can be dissociated to some extent. If some of these are not accessible to the currently conscious system, then they may be said to be relatively unconscious - an adjective. But to use the words "unconscious" or "subconscious" as nouns gives them a solidity and reality that they do not possess, which is the reason the terms have been avoided as far as possible in this book: though provided that the above point is recognised, they can be used as a shorthand for the large collection of interacting systems involved.

Now that we have taken a wide but brief tour of examples of dissociation, it is time to make an important distinction between two forms of dissociation. These will be termed **weak** and **strong**. Weak dissociation arises if there is simply no reason for association. Strong dissociation arises if there is a natural association, but there is an active principle at work which prevents it.

There are usually certain systems within government which are strongly dissociated from society because of secrecy laws (e.g. the Official Secrets Act in the UK). There are groups of criminals who are actively dissociated from society because there is a death sentence waiting for any individual who lets outsiders know what is going on. We have seen that traumatic memories are often strongly dissociated from conscious awareness, and a man may actively dissociate all thoughts of his mistress at times when he is with his wife. At some times and places it has been the norm that races or classes have been actively or strongly dissociated by strong social forces preventing their sexual or social mixing.

By contrast there is a weak dissociation between the mental systems which deal with inter-departmental memos and with playing ball with a child: there is simply no natural connection, so that neither thought nor activity will ever emerge in the context of the other. Similarly the system of nursery schools and the system of casinos in society have no natural associations: you may change the level of activity of one without affecting the other in the slightest. They are dissociated in the weak sense: no force is needed to ensure that they remain separated.

One way of expressing the nature of a strong dissociation symbolically is as follows. Suppose A and B are two systems where A is naturally associated with B: $IA > IB > IA$. But suppose also that there is a third, regulatory, system R which will be activated by any such action of A on B, and will act to eliminate the association. In shorthand this is:

$/\{ IA > IB \} > /R > \backslash \{ IA > IB \}$, and/or

$/\{ IB > IA \} > /R > \backslash \{ IB > IA \}$.

We may see this as a negative feedback loop which acts to eliminate any process whereby a change in A can affect B (and/or B affect A). The net effect of this may be reduced to the simplest description of

dissociation - $IA > 0B$ and/or $IB > 0A$ (total/partial cases) - for some purposes. However, it is important to be clear about when this represents a strong dissociation, involving a third regulatory system, and when it is merely a weak dissociation in which no other system is involved.

In practice the sort of analysis that we have seen in earlier chapters will generally show up such a difference very easily.

There is generally no problem in associating weakly dissociated systems, though it may take continuing effort to keep them together, as there is generally little affinity. On the other hand an attempt to associate strongly dissociated systems is likely to evoke a strong reaction, and will generally be very difficult.

The type of dissociation involved in repression is generally of the strong type, and the literature from Freud onwards contains many references to the ways in which a regulatory system R can act in order to prevent the repressed system from coming into contact with consciousness. If I ask you to associate the idea of a baby with the idea of a lamb there will normally be little problem. If I ask you to retain the association in the context of that lamb being chopped up by the butcher, there is likely to be a strong resistance, because the normal adult has a natural instinctive process which reacts strongly to any suggestion of violence being directed at a baby. An automatic and strong dissociation will therefore arise.

In the context of Hypnosis weak dissociation may well arise spontaneously and with little effort. If the Hypnotist works to establish in the Subject a very unusual pattern of thoughts, feelings and behaviours - even being totally relaxed in a strange room listening without interruption to a stranger's voice is very unusual, after all - then things which are said will have no natural connection or association with other more normal patterns. So that just as thoughts of office memos have no association with playing with a child and so never arise in that context, so the thoughts which arise in response to the Hypnotist's voice need have no association with the rest of life (what the Hypnotist has said is unlikely to be remembered): unless of course a deliberate association has been made.

The creation of a deliberate association is the principle of the post-hypnotic suggestion. As an example suppose that the Hypnotist associates in the mind of the Subject the sound of a piece of music and the idea of marching. This may be done quite strongly if, in accordance with a principle described in earlier chapters, the activity of all other systems is reduced to a minimum. Then the experience of the associating may well be (weakly) dissociated from normal conscious patterns of thought, while the association between the music and the marching remains strong. Then, at any subsequent time, we may find the Subject, even if seemingly normally conscious, reacting to the sound of the piece of music with the suggested marching behaviour, while at the same time the behaviour may not be associated with what happened with the Hypnotist.

There is nothing very strange about this. A similar phenomenon, in systems terms, is as follows. Suppose that in a business some managers are sent on a course to be taught some new technique by training consultants. The rest of the company have no idea what happens on the course. When the managers come back everything may proceed as normal at first, until a particular circumstance comes up which triggers

off the newly trained behaviour: the managers then behave in a totally new way, as they have been trained to do.

In a similar way the Hypnotist may tend to isolate one small system or small group of systems and get them to function in a new way in response to imagined circumstances. Later the Subject will behave in a totally normal way until those circumstances arise and then the newly learned behaviour will be evoked in a way which might seem surprising.

In the above examples of weak dissociation the Hypnotist has not established any system designed to keep information about what has happened out of consciousness. It is possible, however, for the Hypnotist deliberately to institute such a system. At its simplest this amounts to introducing the thought, "You will not be able to remember ...". Thus it may be possible to get a Subject to be unable to recall the number "6", so that the exercise of counting the fingers proceeds: "1, 2, 3, 4, 5, .., 7, 8, 9". (There may well be some tell-tale hesitation between 5 and 7 as the regulating system suppresses the knowledge of the missing digit.) With a few Subjects it can be as easy as that. With others the Hypnotist will have to build on some small example of forgetfulness by means of a positive feedback loop, as we have seen in the previous chapter, until the expectation of not being able to remember things suggested by the Hypnotist is confirmed enough by experience to be firmly entrenched.

The dynamics of such a process is not so very different from the way in which many of us make our memories worse by repeating to ourselves, "I have a memory like a sieve!" I have read, but I cannot remember where(, that to repeat these words is equivalent to punching another hole in the sieve.

Although the dynamics of inducing amnesia in this way shows it to be an example of a strong dissociation, the power of the regulating system is unlikely to be anything like the power of some of the regulators that exist naturally and are involved with repression. These can evoke very strong emotions of terror at the very approach of an association, which effectively prevents any further closeness.

The example from Hilgard quoted at the start of this chapter is of strong dissociation. The auditory system responded to sounds. But the normal pattern whereby the activation of the auditory system activates higher systems was deliberately inhibited by means of the instructor's suggestion. We cannot say exactly where the inhibition took place, but it was at a fairly high level of information processing.

The concepts involved in dissociation throw a very interesting light on a certain basic contrast between Hypnosis as used on the stage and in many simple experimental demonstrations of Hypnotic phenomena on the one hand, and Hypnotherapy on the other.

This contrast may be over-simplified for emphasis by saying that the Hypnotist is generally attempting to dissociate material from consciousness. The Hypnotherapist is generally attempting to **eliminate** such a dissociation.

Let us look at this in a little more detail. Consider what is happening to the Subject on stage. He or she is

typically unable to access knowledge that is normally accessible. It may be that the number "6" has disappeared. It may be that a normal ability to control behaviour is gone. Thus if there is a post-hypnotic suggestion to rush about crying "Fire!" whenever a certain piece of music is played, and no recall of the origin of this response in the Hypnotist's words, there is some dissociation. If Hypnotic techniques are used to induce a finger levitation, then the Subject can sense that the movement has nothing to do with the normal voluntary mechanisms for lifting a finger, and there seems no conscious control of the systems which *are* involved in the movement. This again indicates a dissociation, albeit a mild one.

By contrast, the Hypnotherapist is typically faced with a problem in which a Client or Patient is saying, "I have no control over ... ". And this, as has been noted, is very commonly because of a dissociation which has arisen between two (or more) subsystems. The Hypnotherapist (or Psychotherapist) will then typically be acting to *reduce* the dissociation, as we have seen. Efforts will be made to allow repressed material into consciousness; or to allow the conscious mind again to control some function that has become dissociated.

In terms of one of our analogies, the Stage Hypnotist can be seen as showing what fun it can be to replace the personnel of some department of a large firm with stooges who deliberately act in a weird way, and no longer do what is expected of them. (The department becomes unilaterally dissociated.) It would be fun if professional television engineers were replaced by men who had been told to exchange all footage showing the Prime Minister with clips of donkeys, for example.

The Hypnotherapist, by contrast, is dealing with a firm in which some department has become dissociated (perhaps they are disaffected for some reason) and generally works to re-establish good communication and co-operation between that department and others: i.e. the dissociation is reduced.

We have seen then that Hypnotists tend to create dissociations and Hypnotherapists tend to eliminate them. But this distinction is not absolute and there *are* some cases in which Hypnotherapy involves procedures more like those of simple Hypnosis, and may create a system dissociated from consciousness. But such a procedure should be performed with great discretion, because it is analogous to introducing a new species into an ecosystem: if there is a long-term effect it can so easily be worse rather than better.

For example, suppose the problem is caused by a dissociated system which is activating some habit or symptom such as smoking, a nervous stomach, anxiety attacks, etc. Now a simplistic Hypnotic treatment is to "suggest" that these things go away when the Subject's receptivity to new ideas has first been enhanced by standard techniques mentioned in earlier chapters. This amounts to creating a new subsystem in the mind which is partially or completely dissociated and which is designed to act on the symptomatic system in order to remove the symptom. For a while this may work. But since nothing has been done about the original dissociated system, we now have *two* such subliminal systems, both acting on the symptomatic system. The outcome is unpredictable at best. At worst it may create quite undue internal tension and stress.

I once had as a Client a professional woman who wanted help with her blushing. She refused to allow

any deeper analysis of *why* she was blushing, and I made the mistake of agreeing to act directly on the symptom. All went well at first; I set up internal systems of thought to suppress the blushing and it stopped for a week or so. Then it came back with a vengeance: worse than before. This may be seen as an example in which the new system seemed effective at first but was then completely overwhelmed by the old.

This is not untypical of what can easily happen if you attempt to suppress the activity of any biological system by force. An initial success is very often followed by a strong rebound, as many a father of a teenage son has found to his cost. Some further thoughts on this principle are in the previous chapter.

Many people, after having watched a presentation of entertainment Hypnosis, come for Hypnotherapy with the idea that it will be very easy to make the requisite changes, but they have often failed to grasp the essential difference between creating a new subsystem where there was none before, and creating one in opposition to one that is already active and entrenched. Any businessman will tell you that there is a big difference between expanding into a town where there is no competition and one where there has been a similar business running for years. In the latter case there may be no problem *at first*, but rivalries will soon start to take their toll, and the entrenched business has many advantages on its side: it knows the customers so much better.

A competent Hypnotherapist will be attempting to make a permanent change, which means that any new subsystem of thought or behaviour must harmonise with existing ones well enough to integrate properly and stay permanently. We have already seen in earlier chapters how a thorough analysis of the dynamics of the situation helps enormously with this task. These show how far from the truth it can be to assume that problems can be solved simply by creating a (possibly dissociated) subsystem directly to control the symptom.

Another analogy for certain Hypnotic procedures which can throw light on the above distinction is that of a skin or organ transplant. If a surgeon replaces a patient's heart, he is replacing a particular system of the body. There was a time when this was thought to be a success if the new heart continued to beat and the patient survived the operation. The fact that death followed within weeks or months was under-emphasised.

Of course it later became apparent that a major cause of such deaths was the rejection of the new organ by the body's defence or immune system.

The procedures of Hypnosis are nothing like as drastic in their consequences, but there are certain similarities. A Hypnotist who establishes a new mental system in a person's mind is doing something analogous to transplanting an organ. For a while it may well continue to function efficiently. But it is generally the case that we have mental processes which act like the immune system in that they reject alien material: material which we do not recognise as "self". If these are working efficiently there will come a time when the new way of acting or thinking will seem alien or uncomfortable, and a little later the alien systems will probably be simply eliminated. We may see such a process happening rather

naturally during the teenage years when habits of thought and behaviour which have been passed on to the child by the parents are rejected by the strengthening personality of the adolescent.

Just as there are people whose immune system is weak, so there are people whose ability to reject alien ideas is weak.

I once had a Client, a young woman, who had been to another Hypnotherapist who had, among other things, given her suggestions for "confidence". She had internalised these suggestions, but in rather a strange way. It made her feel as if she were wearing a man's coat - in fact the Hypnotherapist's coat! - which was heavy, large and uncomfortable. In short all the signs were that the subsystem he had created in her was alien to her. (A middle-aged man's sense of confidence will generally be based on quite different things from that of a shy woman in her early twenties.) She had not had the strength when I saw her to cast off that suggestion by herself, but clearly that was what was needed.

Now surgeons have learnt two ways of increasing the success rate of organ transplant. One is to use an organ which is not recognised by the immune system as alien - in the simpler case of blood transfusion this means getting the blood group right - and the other is artificially to reduce the activity of the immune system while the organ is being accepted.

Those concerned, as we are, with transplanting subsystems of mental activity, likewise find that we are most successful if the subsystems harmonise with the existing very large network of systems, and if we reduce, to begin with, the mind's normal and healthy tendency to reject alien material. This latter process is what we have discussed in an earlier chapter under the name of increasing rapport.

The other objective - of attempting to harmonise the suggestions with the personality of the Subject - is not one which can easily be taught. It is NOT easy for us to understand the very different way others' minds work. The average person gives advice on the basis of what they would do in the same situation. A husband who is a golf fanatic will suggest to his wife, suffering from post-natal depression, that what she needs to shake herself out of it is a good game of golf. The woman whose marriage is on the rocks will readily advise her best friend to leave *her* husband. In Gerald Durrell's book *My Family and Other Animals* each of the children gave their mother birthday presents which were things that *they* liked, but were of no use to her.

It takes a lot of listening to other people, and a lot of trying to understand *how* they think, before one becomes good at this side of the job. I *think* I have done well at various times in establishing an understanding of how a modern Druid, and a modern Buddhist and Hindu and Moslem think, so that I can help them to make the changes that they wish to make, but it is probable that, other things being equal, the job could have been done better by someone who shared their world-views.

One moral the prospective Client may draw from this is that in the sphere of Hypnotherapy you should be particularly careful to establish that the therapist listens, and shows strong signs of knowing as a result how *you* think and feel. Otherwise there is a very strong chance that any transplanted ideas will be alien

to you. If this happens you will either reject them in a short time, making the whole exercise a waste, or you may end up with a dissociated system that you may well need further help in getting rid of, like the woman with the overcoat!

We may well ask the question, "Why should it *ever* be necessary for a Hypnotherapist to *create* a subsystem which is dissociated from consciousness?" Or to put it another way, "Why should it ever be better for a Client to be unable to remember what it is that the Hypnotherapist has suggested?" or, again, "Why should it ever be necessary for a Managing Director to be strongly excluded from knowing how some of his staff are being retrained?"

If it *is* thought to be necessary, then we may generally presume that the Client would not consciously choose to accept the idea. But this provides *prima facie* evidence that there is a bad mismatch between the new idea and the existing personality, which must make us suspect that it has been badly chosen.

The argument *in favour* of creating subsystems dissociated from consciousness is that IF we know for a fact that the whole being will be the better for the introduction of a new pattern of behaviour, feeling or thought, BUT that this new pattern will, as in the case of an organ transplant, need protecting for a while against a natural rejection, THEN it is worth giving it that immunity by the artificial protection that dissociation gives it while it becomes established.

My personal feeling is that there are very few therapists who are wise enough to be able to be certain of the long-term consequences of a change of this nature and so the procedure of introducing a dissociated system should be used rarely and with great discretion.

Finally notice that the process of creating a subsystem dissociated from consciousness is not the same as creating distinct subsystems. It may well be that in a given small business both correspondence and accounts are handled by the same people in the same department. As the business grows it may well be advantageous to separate the two functions into two different departments. In this way distinct subsystems have been created. If there is no communication between the departments then they will *also* be (weakly) dissociated from each other. But more normally they will continue to interact in appropriate ways, and so they will be distinct but not dissociated from each other. But in either case it is essential that they should not be dissociated from higher managerial levels.

In the same way it can be useful or necessary with certain Clients to enable them to *separate* certain mental functions. For example some phobic reactions arise because a certain situation is *associated* with a certain frightening event in the past. If, for example, a person has had a car crash which involved a lorry, then subsequently all lorries can arouse a strong feeling of fear. Clearly we need to work towards dissociating the fear from a recognition of lorries. In a compact form, we have:

$\text{/}\{\text{perception of a lorry}\} > \text{/}\{\text{fear}\}$

and we will need to work towards:

$\{ \text{perception of a lorry} \} > 0 \{ \text{fear} \}$

But there is no reason why this change should be achieved in a way which suppresses conscious awareness of the process.

The Hypnotist, again by contrast, is often *creating* strange associations, such as one between a piece of music and an unusual behaviour.

It may help to summarise these ideas by saying that on the whole the Hypnotherapist is more likely to encourage *vertical* association, though he or she may encourage *lateral* dissociations, while the Hypnotist is more likely to be doing the reverse.

SUMMARY

In this chapter we have been considering various aspects of the notion of dissociated systems.

It is clear that **any** complex organic system will have subsystems, and the question then arises naturally within our framework of whether any two are dynamically connected or not. In earlier chapters the emphasis has been on the cases in which two systems are connected. In this chapter the interest has been focused on when two are NOT. In such a case we are dealing with *dissociated* systems.

We have seen that dissociation may be complete or unilateral, and weak or strong. The latter distinction, in particular, is dynamically very important. In the weak case the systems do not associate because there is no reason for it. In the latter they are actively prevented from associating.

A particularly useful distinction between Hypnosis and Hypnotherapy arises out of these ideas. This is that Hypnotists tend to aim to create dissociation between a new system and existing conscious systems. Hypnotherapists tend to work in a precisely opposite direction and to eliminate such dissociations.

This has led to an analogy between the introduction of a new mental subsystem into a Client and an organ transplant. The key consideration is then whether it will be accepted or rejected.

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Principles of hypnosis:

Chapter 18

Indirect Questions

The asking of appropriate questions is a theme which runs through the whole book. One particular aspect of this is asking questions of the Client. Problems can arise when we want to know things about subsystems of which there is no conscious awareness. This chapter deals with some of the techniques specific to Hypnotherapy which deal with such a situation. In brief they involve bypassing the verbal system and connecting the system of interest to some other system (using the characteristic Hypnotic techniques of eliminating distractions, amplifying responses by means of feedback loops, etc.). The alternative systems are usually the visual imagination or the motor or emotional systems. Examples are given to illustrate this.

A THEME WHICH has run through this book is the asking of appropriate questions. In Part B there were many examples given of the types of questions that might be asked of a Client during the process of diagnosis. We have seen the repeated use of the questions, "And what is the resultant of *that*?" and, "And what is the cause of *that*?" We have seen the problem of determining the best form of intervention reduced to the repeated asking of four questions.

It will be apparent by now that accurate Hypnotherapy depends on obtaining the answers to many questions, at many different levels.

The questions are there to help us to think clearly. At times the answers are obtained by directly asking the Client. But we have already seen that a slightly indirect approach is more useful. In this chapter we are going to dwell on this matter of indirect answers, and in particular on obtaining answers which *cannot* be obtained by asking the Client directly, *because the answers are not consciously known*. In terms of the language of the previous chapter, we may say that the information is dissociated from conscious mental processes.

Let us begin with an example which might arise if we were exploring resultants of a change. Suppose we want to know how it would make a person *feel*. Now there are people who can come out with a quick response if asked, but for many others there is no direct answer. So how can we proceed?

Our approach to Hypnotherapy can help us to analyse the situation in the following way. The primary systems of interest are the verbal (V) and the emotional (E). If we were getting an accurate answer to our

question then the following processes would be strong:

$V > E$,

so that the verbally suggested thought of the change would lead at once to an arousal of the consequent feelings, and:

$E > V$,

so that these feelings would then be able to create a recognition of themselves in the verbal mind, so that they could be reported.

If verbal answers are not being obtained, then there is a failure of one or both of these processes. (In terms of the definitions in the chapter on Dissociation, there is a unilateral or total dissociation between the two systems.)

Now we have seen in the chapter on "inductions" that a Hypnotherapist has quite clear ways of establishing whether or not the above processes can be expected to proceed easily or with difficulty.

Two different pictures may therefore emerge. It may be that the above chains are normally weak, or it may be that they are normally strong, but for some reason are weak in the particular case being considered. (Usually this distinction is the distinction between weak and strong dissociation.) The difference is often of vital importance, for in the latter case the reason can throw a lot of light on the matter in hand.

Let us be more concrete and consider a specific instance of finding the answer to a question that cannot be answered in response to a direct question. We will suppose that a woman in her thirties is unhappy because she has never been able to find a satisfactory husband for some reason. In exploring this problem we will naturally be asking ourselves, in line with the analysis of Chapter 12, "What would the consequence of marriage be?" In a case like this the emotional response is by far the most important. And we will suppose that the woman finds it rather difficult to answer the question in that she reports that she seems to want to get married, but in practice whenever things seem to be moving in that direction, something always seems to go wrong.

A characteristic approach of Hypnotherapy to this situation is the following. It is recognised that the internal visual system is usually more directly connected to the emotional system than is consciousness and so steps will be taken to activate it. These steps are those which are common to a lot of Hypnotic procedures: a systematic reduction in activity of other functions, so that the Client is sitting or lying, comfortable and relaxed, with closed eyes and no distractions and with mind focused with no strain on the visual imagination. We might then, slowly and gently, get the Client to start to unfold, in her imagination, pictures relating to being married, in response to gentle guidance by the Hypnotherapist.

There is no way of knowing in advance what these pictures will be, of course, and it is very unlikely that any two cases will be the same. If we had no evidence to guide us we might conjecture that there might be some hidden fear of sex, or of having children or some generalised inadequacy - the possibilities are endless. And any of these *might* arise in a particular case. **It is the absence of any such specific theories of the origin of problems that is one of the hallmarks of scientific Hypnotherapy. We don't conjecture: we find out.** But to give an idea of how things might proceed I will summarise one case of mine.

This woman soon started to report pictures of a happy house, with plenty of evidence of young children around. There was a very lived-in kitchen and a garden full of swings and toys. The atmosphere was relaxed and domestic. In fact everything went well until we reached the master bedroom, and there the problem turned out to be NOT what you might be anticipating. The problem was that the wardrobe was filled with a man's formal suits! She reported a very strong aversion to these.

So there, in a nutshell, we may see her dilemma. She was drawn to a certain kind of relaxed wife-style. But this coexisted with a preconception that a husband had to be suited and formal, which she did not like at all.

At that stage a Hypnotherapist may instantly move on to the next stage in therapy, which is to change things. In this case the problem system is the limiting belief about husbands, and a suitable change can be promoted by inviting the Client to do something about those clothes in the wardrobe if she chooses. In this particular case it took her very little time indeed to throw out all those horrible stiff suits, and to replace them with jeans, jumpers and so on. She was able to report that this gave her great satisfaction. It was even more satisfactory when she was reporting within months that she had found a wonderful man, and later that they were to get married, and later that the house they were living in was filled with the same feeling and light that she had imagined in her vision, and later that she was pregnant, and later a mother. Her husband does not wear suits!

In this example, then, we have seen one of the major techniques whereby the Hypnotherapist will find answers to questions that cannot be answered directly by the verbal mind. The pattern is simply that if:

$E > 0V$,

i.e. we cannot get information about a feeling directly to the verbal mind, then we can often proceed indirectly via the imagination:

$E > Im > V$.

The idea of obtaining information about feelings via the visual imagination goes back at least as far as Freud, and his interpretation of dreams. But the more modern practice is not to wait in a hit or miss way for a dream to reveal something, but instead gently to guide the imagination towards the required area.

This is far more informative than dream analysis, partly because it allows far more questions to be asked regarding the matters of interest, so that it becomes possible to sift out the important from the irrelevant; but there is also so much more time. A recalled dream may have taken up only a few minutes, while a guided daydream can easily run for ten times that.

In the above case we have an example also of the reverse process:

$/V > /Im > /E$,

i.e. instead of the Hypnotherapist attempting to activate feelings in the Client by means of simple words, he is instead talking only about the images, and allowing them to evoke the corresponding feelings.

Such an approach is of course by no means unique to Hypnotherapists. Film-makers and advertising executives pour billions of pounds down the same channel. They provide images whose success is primarily measured by the extent to which they evoke feelings.

But at this stage we are considering primarily the reverse process: not of changing the Client's deeper thoughts or feelings, but of finding out about them. The case quoted above, however, shows that a very precise idea of what the problem is, presented as an image, allows an intervention to be equally precise, elegant and ecologically sound.

Here is another example of the gently guided daydream to illustrate the principle. This time it is of a young man who was, for some reason, not finding a girlfriend. When images started to come to his mind they were of walking down a rather arid valley. Every so often he would meet an older man who would advise him of the dangers of leaving the valley. But he found nothing of interest in it.

This image gives an insight into the probable cause of his predicament, which is that he has been discouraged by his father or other older men from involvement with girls.

The same image was then used to improve matters by suggesting that it might be worth seeing for himself what dangers lay outside the valley. He climbed the hill out of it; walked for some time through a very lifeless region, and then came to fertile farmland on which he found a farm where - surprise! - there was a very attractive daughter with whom he was soon on very good terms.

His discovery of this for himself was possibly one of the more effective ways of creating a change in his attitude to his situation.

In all such explorations notice that the tone of the Hypnotherapist is totally non-forcing and typically of the form, "I wonder if you would like to ... ?" or "I wonder what would happen if ... ?" That is, questions are being asked, but of a very indirect and open kind. It is important that he or she should not interfere too strongly, or the thing which is looked for will be destroyed or missed. This aspect of our work is as unlike the strong, commanding, authoritative Svengali image as possible. We tread as softly as a butterfly

on the flowers of which dreams are made.

The above method is the richest and probably the most powerful strategy which is used in Hypnotherapy to obtain answers which are not readily available by direct questioning. The second most common method involves the activation not of the visual system (V) but of the muscular system (M). So if S is some system for which it is impossible to establish the process:

$/S > /V,$

then instead we establish:

$/S > /M.$

The most common response chosen is probably a finger movement, identical to the small movements that arise at the beginning of a hand levitation process. It might be established, for example, that if the answer to a question is "Yes", then a finger on the right hand will move, while if it is "No", then a finger of the left will move. This is sometimes called Ideo-Motor Signalling (IMS).

The problem with such a method is that it is comparatively uninformative, especially if we do not hit on the right question. It is also very slow. A single Ideo-Motor response may easily take more than a minute.

There is one instance in which this particular method can be more informative and faster, which is if it becomes possible to allow S to activate the system of handwriting. This phenomenon goes by the name of Automatic Writing. In some individuals it is possible for the hand to be writing something (often out of view of the Subject) which is making sense, but of which the Subject seems to have no conscious awareness. This is most likely to be possible if there is some high-order subsystem of the mind which has become disconnected from the normal system of consciousness - a phenomenon which is dealt with in more detail in the chapter on Dissociation.

Mechanisms which could facilitate the above methods are the Ouija board, which is like automatic writing in that it can, in time, produce sentences, or a divining rod or a pendulum which, like finger levitation, can produce "Yes" or "No" answers. A divining rod is designed so that a small muscular movement is amplified, and a pendulum uses a dynamic form of the same principle: it takes imperceptible movements of the hand to change a side-to-side movement ("No") to a to-and-fro movement ("Yes"). These do not seem to be in common use in modern Hypnotherapy, probably because those who use IMS find that the amplification of the response which Hypnotic techniques provide makes such artificial amplification unnecessary.

If we are interested in knowing more about the emotional system, however, it makes much more sense to activate NOT a muscular response, but a response which is naturally associated with emotional arousal. Even without making any effort in this direction it is often easy for the therapist to notice rapid breathing, a slight smile or tears as easy pointers to the current emotions. In most cases, of course, the Subject is

aware of these and they are interpreted correctly. If, on the other hand, the Subject gives a verbal statement about his or her feelings which is NOT what the signs indicate, then there is a strong presumption that the emotions and the verbal mind are disconnected to a significant extent: a situation which is usually of great significance in therapy.

We may extend this principle by using Hypnotic techniques - suggestion may be enough - to amplify such signs still further. For example we might say, "As you think about what I will be saying, your body will respond quite freely. You need not feel any distress but if your body wants to cry, it will cry freely. You need not feel any anger, but your face or body may show it." Strangely, although *Ideo-Motor* signalling is a phrase often encountered in the literature on Hypnotherapy, I do not recall meeting the phrase *Ideo-Emotive* or *Ideo-Affective* signalling. Consequently I presume that the use of the above device is rare, despite the fact that it can be very useful. I suspect that the reason for the rarity is the absence of a sufficient clarity of thought on what are our goals and our means: a clarity which I believe that a systems approach enhances.

The value of noting emotional reactions is vouched for by those practitioners who make use of an electronic amplifier of emotion. It is a fact that emotional arousal tends to produce a small increase in the production of the sweat glands. If the arousal is intense then the sweat may actually be seen, but for more moderate arousals it is only enough slightly to moisten the skin with salty water. Since this conducts electricity quite well its presence can be detected by measuring how easily a small current of electricity can flow between two points on the skin. A machine which does this is called an Electric Skin Resistance meter. Such machines are often used in the context of biofeedback. Another name for them is Lie Detectors, where it is supposed that they will detect a lie because the liar will be slightly more stressed and aroused when speaking the lie than when telling the truth.

The weakness of the machines is that they cannot distinguish clearly between different *forms* of emotion, but they can nevertheless be useful in practice as a means of detecting emotional activity which is not great enough to affect the verbal mind.

In this context we should note that one of the more useful detectors and amplifiers of feelings is the human being! There are some people who seem to be extraordinarily sensitive to the moods of others. I presume that they are able to pick up small cues from movements, tone of voice, expression and possibly even smell (as animals do) and integrate them into an accurate representation of the other person's emotion at that moment. The representation will often take the form of feeling the same emotion as the other person.

As an example of this, in a small way, I can cite something from my own experience which also leads to a general principle.

Early on in practice I noticed that with some Clients, and for no obvious reason, I was feeling nervous: with me this was signalled primarily by a shakiness in the voice. This could have grown into a considerable problem for me had I not considered the possibility that I was simply feeling the other

person's emotion. I tested this by asking, "How are you feeling at present?" On each occasion the answer was, "Very nervous." As I then calmed the Client down, the feeling in me went also.

The general principle is that, for many Clients, there may often be times in which they think that *they* are nervous, when in fact it is the people around them who are nervous, and they are simply picking up the mood.

I have a daydream that in an ideal world there would be a class of therapists who would be termed Empathists. They would have learned to develop an innate skill in assessing the feelings of others in the above ways into a consistent and accurate faculty. Working alone, such an individual is in danger of being swamped by the emotions which are being detected, which can reduce the ability to help. The Empathist would therefore act as a part of a team in which her (or his) role is purely passive - reporting on the feelings of the Client or patient - while others, less able to empathise themselves, would take the lead in directing change while all the time being advised by the team Empathist of how things were going.

Returning now to the general theme of obtaining answers to questions which are hidden from consciousness, we will turn to the phenomenon quoted at the start of the last chapter in which a blind student demonstrated a total dissociation between two parts of himself, each of which was independent of the other, but each of which could take turns in activating the vocal system without any evidence of one going via a different channel, such as the visual. IF we can arrange this, then it is probably the most informative way of getting out hidden information. I have not put it at the top of the list because it does not seem to be an option which is readily available in most people. I seldom find it in my own practice and neither do I read many cases in which it arises. But it needs to be mentioned for completeness.

Before ending this chapter there are some warnings that need to be made.

If you question a nice child, it will tend to give the answer that it thinks is expected. And afterwards it will often believe the answer it has given. Furthermore it is a characteristic of many Clients that the common process of developing rapport will lead to a reactivation of this childlike behaviour pattern. Consequently in the conditions under which the techniques of this chapter are used it becomes very easy indeed in some individuals for the responses to be **VERY STRONGLY INFLUENCED** by what the therapist wants or expects. Such expectations can easily be expressed by tone of voice or subtle use of words.

In the example of the husband's wardrobe, if I say, "Are the suits nice?" in a tone of slight incredulity, it will suggest the answer "No". If the tone is warm it will suggest the answer "Yes". The professional Hypnotherapist should, as a result of his or her training, be acutely aware of these possibilities, and **guard against them by maintaining a totally open and non-judgmental attitude to all that is said in such conditions, as far as possible.**

How does one know if the Subject is easily influenced in this way? It is usually quite easy. One may test

in small innocuous ways. I may say, "This garden that you are in seems a nice place; it needs only a bird-bath to complete it." If the Subject then notices the bird-bath, then I note a strong response to suggestion. If there is no bird-bath, then there is a presumption that there is a weak response, though in either case further examples should be used before jumping to a conclusion.

It is this possibility of a strong response to the suggestion of the therapist which, to my mind, throws doubt on the reported results of many people who seem to obtain amazing results of the type in which they specialise and which they **expect**. There are men who specialise in recovering lost memories of abduction by aliens from Unidentified Flying Objects. There are men who specialise in recovering lost memories of early sexual abuse. There are men who specialise in finding Oedipal complexes. There are men who specialise in finding universal archetypes. There are men who specialise in finding memories of "past lives". There are men who specialise in finding spirit possession. There are men who specialise in finding memories of a birth trauma.

I am not making any statement about whether or not any one of these phenomena is true *in a particular case*. What I am saying is that I believe that the *amazing number of cases* each finds confirming his own ideas is a result of the power of suggestion in at least a preponderance of such cases. When one has worked as a Hypnotherapist one should know how easy it can be with some people to reactivate the open-mindedness of a child to all manner of things. It is usually impossible to persuade the men referred to above that there is any error in their technique, and they are often honest and sincere men. But they seem uniformly unaware of the extent to which ideas and expectations may be communicated by quite subtle cues and be uncritically accepted when the normal mental processes of analysis and resistance are eliminated: a fact which should be obvious to all practising Hypnotists and Hypnotherapists.

There was a time when police forces placed a lot of confidence in the power of Hypnosis to "bring back" forgotten memories which might help them in a case. But the suggestiveness that we are discussing here produced too many "false memories" as a result of the subtle pressure to remember, and so Hypnosis is now used far less in a forensic way.

It is rare to find people reporting sightings of fairies these days. But because I know the extent to which certain people can readily be induced truly to believe that they are seeing things that are not there - any competent Stage Hypnotist will demonstrate this regularly - I know that many people could easily be induced to see fairies again. Or demons. Or to "remember" being abused. Or to experience pains corresponding to an illness they have read about, but which all the tests prove that they have not got.

All such things I will accept as true statements of the person's beliefs and subjective assessments of his or her experiences. (This is what the philosopher Dennet (1991)[Bib](#) terms a heterophenomenological position.) But I do not have to accept them as true statements about the world external to themselves without substantially greater evidence.

SUMMARY

In this chapter we have looked briefly at the fact that it is not always possible to find the answers to our questions about the activity of various systems by directly interrogating the verbal mind. One of the strengths of the discipline of Hypnotherapy is that it is familiar with a number of techniques for bypassing the verbal mind and, by amplifying the action of certain other systems, can find the answers to its questions in other ways.

The most informative alternative system is that of the imagination, though the disadvantage of this is that there still has to be a verbal account of what is being seen. The alternatives are the motor system and aspects of the emotional systems, which can bypass the verbal mind altogether, but at the price of being low in information capacity.

However it is important to realise the extent to which the Subject may produce answers which are in line with those expected by the therapist, and that steps be taken to guard against the distortions which can result.

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Principles of Hypnosis:

CHAPTER 19

Experimental Hypnotherapy

This chapter underlines the value of the very clear theoretical structure presented in this book when it comes to making meaningful experiments. Since it has proved impossible to find an agreed objective answer to the question, "When is a person Hypnotised?" the experimentalist who wishes to be scientific is working on shaky foundations. Within our framework, however, the basic question as to whether a particular system is active or not is much more tractable and answerable. It should then be possible to build a strong experimental structure on the basis of clearly defined experiments on the component parts of Hypnotic procedures.

IN THIS CHAPTER a brief look will be taken at experimental Hypnotherapy from the perspective of the systems approach of this book.

There is something of a chasm between experimentalists and practitioners in the fields of Hypnosis and Hypnotherapy. This can be seen as being a result of the fact that they tend to be asking different classes of questions. The latter are asking, "How can I create a change in this particular person?" The former are asking, "How can we expect a particular process to affect people in general?"

The experimentalist therefore typically works with a particular "induction procedure" - often tape-recorded - which he or she will apply to a group of people, often those suffering with a particular symptom; note the results; and deduce from them whether or not "Hypnosis has been effective" with a particular problem.

To the Clinical Hypnotist or Hypnotherapist, such a procedure seems of very limited value because his or her clinical judgement would often lead to the conclusion that a particular Hypnotic procedure should NOT have been used for many of the individuals, where it would be anticipated to be of little use, and should instead be replaced by a different one.

Furthermore the therapist would say, in the language of this book, "One of my most valuable tools in Hypnosis is the establishing of positive feedback loops both within the patient and between us in order to intensify the effects I am aiming for. This requires correct timing and tuning to the Subject's personality, so that it can be synchronised with the rate at which things happen in the Subject and can be presented in a language and a way which suits the Subject best. All of this is quite simply ignored by the

experimentalist's approach."

The argument on the experimentalist's side is quite simply, "But your subjective assessment of the efficacy of treatment is not a good enough basis for the subject. The history of medicine is full of procedures and potions which were claimed to be effective, but careful examination has found that they give no more than a placebo response. We need to establish a hard, factual and scientific basis for your work if it is to be accepted. We are following the standard procedure in such cases."

If we look at this position from a more general perspective we see the following picture. The experimentalist is working within a very simple cause and effect paradigm. The assumption is that we are testing whether a process P will lead to a reduction in a symptom S, which we may represent as:

$P \rightarrow S$?

This is the model used for testing drugs, where P is the appropriate application of the drug.

Now the problem for medical science is that the human body is a very complex system. The connection between the application of a drug and a change in the symptom is therefore not generally a direct one. The drug P may affect one particular system of the body directly, and then this affects a third, and so on through a chain until we get to the symptom. As a further complication, many of the intermediate systems are regulated by negative feedback loops which ensure that there is little long-term change. On top of all that complexity there is the problem that our internal biochemistry varies from individual to individual.

The great advances in medicine this century can be seen to be a result of very careful analysis of the systems most involved in a specific illness and then of designing a drug which will act *as directly as possible* on the system involved. Antibiotics were a great advance because they acted directly on a wide range of infecting organisms. The manufacture of insulin for diabetics, of Factors VIII or IX for haemophiliacs, of the H₂ blockers (e.g. Zantac) which block the acid-producing effect of histamine on the stomach lining for sufferers from stomach ulcers are further notable examples.

These advances are real. They represent a real increase in knowledge and power. Compared with present-day medicine, medicine of a hundred years ago was severely limited in both its understanding and resources.

Medical knowledge has been built on a painstaking analysis of **component processes**. So, I argue, should Hypnotherapy, *mutatis mutandis*.

From this viewpoint the statement, "He is under Hypnosis" seems about as useful as, "He is under Medication". We would immediately ask: WHAT medication? Aspirin? Warfarin? Zantac? Arsenic? Equally we would like to know what Hypnotic processes are being used and how have they been seen to affect what systems.

Of course experimentalists in the field of medicine DO, when a new treatment has been proposed, test its efficacy by means of asking questions of the form: "Does $f(\text{Treatment}) > g(\text{Symptom})$? But more and more of the experimental side of medicine is devoted simply to asking the key questions $f > g$ $\{ \text{System} \}$ $> g$: what are the causes and resultants of any changes in relevant physiological systems? Relief from Alzheimer's disease, for example, is very unlikely to come from a random testing of all known materials. Instead it will come as a result of finding out first, the nature of the process responsible for the destruction of the nervous tissue in the brain which is associated with the disease (my guess being a misdirection of an immune response) and second, of narrowing the search to the discovery of ways of altering or preventing that process.

The liberating implication of this approach for experimental Hypnotherapists, I suggest, is that instead of being limited by the strait-jacket of the idea that the primary process of change is something ill-defined called "being Hypnotised", the emphasis should be on analysing the efficacy of the *component* processes used within Hypnosis.

For example, it is commonly held by practitioners that visualisation is always a better way of getting through to other subsystems of the mind than is verbal direction. My experience suggests that this is an unwarranted generalisation. Even as I am writing this I have just seen a Client who had one of the poorest abilities to visualise that I have ever come across, and yet has performed enormously well on a wide variety of characteristic Hypnotic responses such as dissociation, a seeming ability to regress to "past lives" and so on. However this is just one counter-example, and it may well be that the proposition is generally true in the population. It would be useful to have some extensive studies to establish whether, or under what conditions, this is so.

Another useful experimental exercise would be to focus specifically on the connection between visualisation and another specific subsystem. We might then ask, "Is it true, as is often assumed, that in a particular individual the action of the imaginative system on the other system is stronger *if all other systems are reduced in activity*?"

This is a plausible assumption, which underlies the practice of relaxation and calming that so often accompanies Hypnotherapy. But it should be confirmed by experiment. Notice that we would be avoiding the tendentious question, "Is the subject Hypnotised?", which is very hard meaningfully to answer, and instead be able to use some more precise definitions of when certain key systems are relatively inactive. There could at least be reference to the extent to which the heart rate dropped and the skin resistance increased, and to the immobility of the limbs, face and so on, to establish some criteria other than the vague, "The Subject was Hypnotised". It would be even better if one of the brain-scanning systems were to be used to establish the level of activity in various areas of the brain which are accompanied by certain Hypnotic processes.

The main thrust of the above is the tried and tested principle that science should **AVOID wherever possible concepts which cannot be backed up by measurement**. The concept of "being hypnotised" is

so difficult to define or measure that it provides the poorest possible scientific foundation for further work. The concept of changes in activation of a system is by contrast very clear and crisp. (A later chapter dealing with the concept makes it yet more scientifically precise.)

Further experiments could focus on the feedback loops which have been introduced as being quite central to many Hypnotic phenomena. For example, I have stated as a common experience that finger levitation proceeds rapidly only after some initial levitation has been perceived, because there is a presumed feedback loop whereby an expectation of lifting is greatly reinforced by the feeling of some lifting. The experimentalist who already has some experience of bio-feedback equipment may well find that he or she can make some valuable contributions to validating or invalidating this idea. For example we might proceed as follows.

The Subject could be told that finger levitation is always preceded by a certain involuntary response which he or she will be unable to detect, but which will be picked up by a machine and presented in the form of a whistle or pointer moving. We could then examine whether the levitation is quicker if a totally spurious response by the machine is introduced by the experimenter. I would predict that this *apparent* feedback would enhance the Subject's expectation that levitation would happen and therefore serve to initiate the loop.

As yet another specific inquiry: I have often thought that feedback loops are strongest if emotional arousal is high. If this were true then it would follow that many changes would be easier to make if emotional arousal were high. This certainly seems a principle used in evangelical meetings, and it was used by Mesmer at the height of his fame. But it would be good to have more experimental data on it. Does the *nature* of the emotion have any bearing on it?

Again, if the intention were to be to assess the power of Hypnotic techniques to help with physical illnesses, the experiments of real value would seem to me to be those which throw light on the actual systems involved. It is one thing to say lightly, "Saturate the subconscious with thoughts of returning health and it will happen." It is another to establish that Hypnotic techniques can actually change measurably the level of certain antibodies: as has actually been done (Walker et al. (1993)[Bib](#)). Better still would be to establish the pathway between the initial thought and the immune system, and therefore the conditions under which such a response could be produced more reliably, and for a greater proportion of people.

Now I am sure that some of this approach is already implicit in much experimental work. The experiments suggested are close to the questions asked in mainstream experimental psychology. The advantage of using the systems paradigm as a framework for experiments relating to Hypnotic phenomena is that the reasoning and results can be made far more explicit and scientific, with advantages all around.

It is my contention that clear and valuable experiments, like clear thought, can only proceed usefully with the help of a clear language and a clear conceptual structure. This book is an attempt to provide just such

a structure.

SUMMARY

If Experimental Hypnotherapy were to be based on the theoretical framework suggested in this book, we would find the following innovations.

1. There would no longer appear in the accounts of experiments, "The Subjects were Hypnotised", but rather statements more on the lines of, "Systems a,b,c... were activated, while systems p,q,r... were inactivated, as assessed by criteria x,y,z... As a result it was found that the response of system X to system Y was changed in the following ways: ..."

2. Far more experiments would be made on specific *component* processes involved in Hypnosis and Hypnotherapy. In this way the subject would become more like modern medical and other sciences in establishing a deep, broad and accurate foundation of detailed understanding of its *components*.

It seems to me that the importance of this point cannot be over-estimated. As I look back at the history of the real increases in understanding of our universe I see, time after time, that they have been a result of a *detailed* examination of the facts.

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Principles of Hypnosis:

CHAPTER 20

Family Therapy

Family therapy is an area of human psychology which has already incorporated to some extent a systems way of thinking. The background to this is presented for the sake of its similarities to our systematic approach to Hypnotherapy. Some examples are used to illustrate the fact that the approach and notation developed in earlier chapters continue to be precisely as valuable when the primary system is a family and not an individual. The general point is made that the practice of a therapist is characterised by the choice of systems he recognises as important. The different fields of family therapy are associated with different assumptions as to the subsystems of importance. The same holds for Hypnotherapists: the subsystems they regard as important characterise and at times limit them.

IN THIS CHAPTER we will take a little excursion out towards one of the boundaries of our subject, to where it merges with family therapy. There are three main reasons for this.

The first is that during diagnosis we may well find that the family enters as a significant system in the creation or maintenance of the problem.

The second reason is that we have seen that it is very important when establishing a new behaviour in a Client to ensure that it will receive positive feedback from the world outside the consulting-room. The most important part of the world for most people as regards personal relationships is the immediate family. For both these reasons we may become involved in many cases with a certain amount of family dynamics.

A third reason is that we are often dealing, as you will find in the chapter on dissociation, with (perhaps partially) dissociated internal systems which are functionally equivalent to parent and child. In such a case we are dealing with something like a part of an internalised family. More generally we may at times find internal systems interacting in a way which resembles other possible external relationships.

Obviously there will be no attempt to give an exhaustive account of family therapy in the space of this chapter. What we will do is to begin by looking briefly at the particular form of family therapy - known as systemic therapy - to which the present systems-oriented approach to Hypnotherapy is most naturally related. Systemic theory originated half a century ago and its ideas have permeated the field to the extent that:

"All family therapists now accept the idea that families are systems; not believing in systems theory is a bit like not believing in the flag, apple pie, and motherhood. Schools of family therapy vary, however, in the degree to which they actually incorporate systems thinking in their practice." (Becvar & Becvar (1988)[Bib](#))

Then an example will be given of a simple family problem using the notation and language of this book. The purpose will be to demonstrate that the same concepts and approaches can be used in family therapy also. Just as it would be useful not to have to learn a new language as you move from country to country, and it is useful to find the same mathematical language used in all the various sciences, so, it is argued, it is useful to be able to use the same theoretical structure both for internal systems of a person and for his or her external relationships. The integrative value of a common structure is further illustrated by reference to the variety of different schools of family therapy.

Systemic Therapy

The roots of systems theory go back to the 1940s. At that early stage it involved workers from many disciplines. Important among these were Norbert Wiener, a mathematician who contributed the word "cybernetics" (Wiener (1948a), (1948b)[Bib](#)), which can still be used as a synonym for systems theory, though more often in Europe than America.

The basic innovation of such approaches was to start to think about *processes* and the abstract patterns into which they are organised, rather than to focus on *static* objects. It is equivalent to placing more emphasis on verbs and less on nouns. There is less emphasis on naming and classifying *things*, and far more on describing *how* they behave. In the context of family therapy the focus moved from the individual members of the family to the dynamic pattern of interactions between them. Clearly this whole approach is very much in harmony with the philosophy of this book. (Though I only learned of systemic therapy after having formulated the notions of this book as a result of attempting to understand Hypnotherapy.)

(We might note parenthetically that this change from an emphasis on *things* to an emphasis on *processes* is one which signals the coming-of-age in many a field of knowledge. Before Darwin, species were simply classified. Subsequently attention has been focused on how they form and change. There was a time when rocks were simply classified, and were regarded as unchanging. Then it became obvious that they did change, and geology and related subjects were transformed as attention turned to the more deeply fascinating questions of how rocks form, and how continents form, and how the face of the earth changes with time.)

Another important contributor from the early days was anthropologist Gregory Bateson. He was influenced by the work and ideas of Milton H. Erickson from as early as 1941. He developed systems ideas in the context of studying schizophrenia (Bateson (1956)[Bib](#)) and alcoholism (Bateson (1971)[Bib](#)), the former paper introducing the concept of a double bind, which will be very familiar to workers in our

field. It was co-authored by Jay Haley, who is well known as a student of Milton H. Erickson and now as a giant of family therapy in his own right.

In practical terms the biggest departure from previous practice that systemic therapy introduced was that therapists stopped seeing patients in isolation in both senses of the word. They not only started to see the whole family together - a heretical idea at one time - but also became acutely aware at all times that a "problem" in an individual would often be a result of family factors.

In the process of analysing such family systems a great deal of emphasis was placed on the study of communication and information processing. The emphasis on communication was given its major impetus by Don Jackson, founder of the Mental Research Institute in California in 1959, who was a communications theorist and published extensively as well as gathering around him many individuals who are now well known, such as Virginia Satir, Jules Riskin, Richard Fisch, Jay Haley, Paul Watzlawick and John Weakland.

Although there have been many developments of this systemic therapy in subsequent years, they have been primarily within this context of family therapy and with a high emphasis on communication: it is *interpersonal* rather than *intrapersonal*.

Specific schools which may be seen to have developed in this way are structural and strategic therapies. Structural therapy focuses on the dynamics of communication: who is speaking to whom, when and in what way. Strategic therapy focuses more on the purpose of communication, including non-verbal communication, of which the presented symptom may be an example, in establishing the balance of power within the family.

At the other extreme from systemic therapy we may perhaps place behavioral therapy, which tends in practice to place the most emphasis on the role of operant conditioning, and to say least about the family as a system. However the basic idea behind operant conditioning - the fact that a behaviour which receives positive reinforcement is repeated and strengthened - is one that we have met before in the analysis of positive feedback loops. Consequently behavioral therapy dovetails with the theoretical framework of this book at that point.

This all too brief outline of family therapy is sufficient for our present purposes.

We may now observe that although the basic concepts of the systems-oriented approach to Hypnosis developed here extend upwards naturally and easily to family therapy, there has been no great movement of systemic therapy down to smaller systems within an individual.

Both theories share a common concern with the analysis of processes. Both use the cybernetic concept of feedback, though the present theory applies it in more detail and, I hope, clarity.

The present theory, because of its generality, does not place the same primary emphasis on

communication and information, though these concepts will arise in the appropriate contexts.

Systemic theorists tend to see themselves as holistic, and breaking out of a framework of cause and effect. The present approach is holistic in the sense of paying due regard to the influence of all external and internal systems and their interactions, but it remains unrepentantly determined to analyse these interactions in terms of the actions of one on the other. It should already be clear that an analysis of the reciprocal effects of two systems on each other is a powerful tool for understanding their relationship.

Such systems may be systems of thought, of feelings, of relationships, of nerves, of hormones or of society. They may ALL be relevant to a given situation. It is NOT holistic arbitrarily to say, "We will only consider systems of the following kind...", whether the restriction is to biochemical systems, or to social systems or to spiritual systems. "The highest," as it says in *The Imitation of Christ* (Thomas a Kempis (c. 1441)[Bib](#)) , "does not stand without the lowest." We have to consider *all* levels and all kinds of systems, and then think very clearly indeed about the interplay between the things that are happening on the different levels.

Next let us look at a situation which might arise in family therapy. Let us suppose that the result of an emotional upset in person A is anger. Suppose that the reaction of person B to this anger is of coldness and withdrawal. Suppose further that this results in yet more emotional upset in A, who regards the coldness as a withdrawal of love or commitment. We can then write this in shorthand as:

$$/{\text{anger;A}} \rangle /{\text{coldness;B}} \rangle /{\text{anger;A}},$$

which is of course an increasing positive feedback loop. It more or less guarantees that quarrels will have no resolution and will leave both partners feeling very hard done to. This analysis focuses our minds very clearly on the fact that the problem is a *process*, and furthermore that the nature of the process is an increasing positive feedback loop.

If we want to change this loop we can proceed on the same *principles* that we have used in earlier chapters to tackle similar loops in Hypnotherapy. We need to look at each part of the process in turn and see if it can be changed; we need to consider possible changes; we need to check such changes to see if they will last (NO negative feedback loops); we need to think them through to see that they do not make things worse.

There is no way of telling in the abstract which is the best point to work on. In one case it might be quite easy to get A to moderate the expression of anger - perhaps by insisting that it be on paper or in public; in another it might be possible to get B to become angry instead of cold. It may be possible to get either to see that the other is not so much hostile as upset. The best way may take some ingenuity, but the basic patterns of thought used by the therapist can be seen as the same as he or she uses in eliminating a vicious circle *within* a single person in our approach to Hypnotherapy.

In short, the form of the strategies of diagnosis and planning a change can be identical to those used in

this book. What will be different is the class of intervention made, though the patterns - ensuring that negative feedback loops are dealt with, ensuring positive feedback for the change - will be the same if the change is going to be viable and sound.

It is worth noting that if we were temporarily to send A out of the room and have a private talk with B, it is analogous to a Hypnotic procedure in which we have diagnosed two distinct subsystems and proceed to communicate with one and not the other (as we saw Hilgard do at the beginning of the chapter on Dissociation), by effectively achieving a total dissociation between them for a while. If we simply talk to one in the hearing of the other, with the other not allowed to intervene, it is analogous to the Hypnotic procedure of communicating with one subsystem - the "child within" perhaps - while allowing another - the internal "parent" perhaps - to "listen in", but not interfere. This would be an instance of a unilateral dissociation.

In the above example the simple loop was presented (unrealistically) as if it were the only problem involved. Of course in general we would have found other, and more complicated, issues. We should have asked, for example, if there was any reason why the individuals had adopted those particular responses, and that might have taken us rather deep into an analysis of the internal systems of each - a process which could easily take us back into the realm of individual therapy. There can be real complexity lying behind such a seemingly simple loop. And the practitioner should be aware of this fact, and not be misled by the fact that throughout this book we are focusing on rather simple examples, in the way in which introductions to most subjects use simple examples to begin with. Remember that the purpose of the book is to establish *a way of thinking* rather than to give an exhaustive account of everything. However, because of the uniformity of the analysis of processes, we can move effortlessly from a family problem down to a personal problem, which might in turn revolve around some quite limited subsystem of that person, and *at all times we will be working within the same systems paradigm, using the same language and the same shorthand notation.*

The above example was also presented without any reference to the process of diagnosis from which it was derived. This throws light on an important point. **In practice the kind of dynamic patterns which the therapist tends to see and work with will inevitably be influenced by the theoretical stance and therefore the questions asked.**

To put this into perspective let us imagine a quite different school of family therapy, which is an economic one. This might model the system of a family from an economic viewpoint. It will have observed that a lot of family arguments are about money, and extrapolated to suppose that money is therefore the basis of the whole thing. A therapist from such a school will focus entirely on the cash value of each exchange between members. He (it would be unlikely to be a woman) will try to establish how each person values such things as making a meal, or having it made and so on. He would focus on processes of negotiation as the "internal market" tries to get into balance. He would be able to assess the activity of "buyers" and "sellers" in any particular commodity or service, and note that activity in one market has to be related to activity in another. For just as when someone buys shares, the money has to come from somewhere else, such as stocks, so it will be the case that if, for example, someone "buys" housekeeping services, they will have to "pay" in perhaps new clothes or nights out, so that /{domestic

work} > /{new clothes}. This economic family therapist would therefore see the whole thing in terms of financial subsystems or markets. If his economic model was based on Marxist-Leninist lines then he would be more likely to analyse the subsystems in terms of social class. But the details are not important: the key idea is that *the dynamics discovered will be limited by the types of subsystems felt to be important*.

In a similar way the different schools of family therapy tend to focus on rather different aspects of family life, and involve rather different analyses into subsystems. Consequently they will ask different questions and get different answers. If questions are asked about the family life of parents when they were children, then the answers will reveal patterns involving three generations: the subsystems of the family will be seen to include the behaviour and personality of the grandparents as they were when their children were young. A psychoanalytical approach might see rather different subsystems of the members of the families involved, perhaps with a strong emphasis on the sexual aspects of relationships, Oedipal responses and so on. If, at another extreme, the questions are kept very much to the here-and-now in terms of what reaction there is to any action, as in a behavioral approach, there is going to be comparatively little attention to any history, or any internal ideas or feelings of the individuals involved, and the systems that will be featured in the analysis will be rather simple reactive ones. A communications-based therapy will similarly involve asking questions about the ways in which the communication of one individual is affected by the communication of another, and will derive systems based on the types of communication which are being studied.

Family therapy is not an exact science. There is no reason to suppose that one form of analysis is always better than another. Looking at the situation from the outside, it would seem most probable that for a particular case of a "problem" in a particular family one form of analysis might be the most appropriate, but that each approach will have value in some cases. In an ideal world the therapist would be familiar with *all* possible forms of analysis into subsystems and, as a result of a diagnostic process, determine which is the most useful in a particular case. Such an approach would be "holistic" in the sense used above: of being able to recognise and take account of any systems, of whatever nature, that are involved.

In practice a similar pattern can be seen within Hypnotherapy, though there has been little attempt to classify the different approaches as methodically as has been done for family or psychotherapy. The rough classification of Chapter 4 will, however, give an idea of the way in which different theorists have focused their attention on different systems as being *the* central one in Hypnosis, which is analogous to the way in which different schools of family therapy focus on a different central feature of family dynamics. Such an approach *differentiates* one approach from another. The whole theme of this book is quite the opposite: it is *integrative* in that it shows up what is common in all approaches. There is something of value to be learned from each approach to Hypnosis, but none is a complete theory of the subject.

One of the greatest advantages that the "hard" sciences have over the "soft" ones is their common language, derived from a particularly fruitful and precise shorthand called mathematics, which integrates them and shows what they have in common. Each speciality is differentiated by its raw material, but united with the others by the common discipline which forces it to write down its findings in the most

simple and compact way in the common language.

It is this goal which is the guiding principle of this book. The author would like to be able to read case reports on family therapy in which the systems assumed to be important and the dynamics thereof were made explicit and written down compactly. If several different therapists looked at the same case, the different diagnoses could be written in a similar language and compared and contrasted with comparative ease. At present since each field tends to use its own specialised vocabulary, such comparisons become very hard. It is worse than trying to compare the value of petrol at two pumps at one of which it is priced in £/Litre and at another in \$/gallon.

Likewise in Hypnotherapy he would like to see case reports and "induction scripts" accompanied by a clear and distinct statement of the dynamics and systems involved, again written in shorthand for convenience, so that he might understand what the therapist believes to be happening.

SUMMARY

The general acceptance within the field of Family Therapy of a systems framework augurs well for a similar acceptance within the field of Hypnotherapy.

The variety of approaches to Family Therapy within that broad framework is also likely to be a feature of Hypnotherapy when it is developed along systems lines.

We have noted the importance of the fact that each approach to Family Therapy is characterised by the kind of systems that it regards as basic.

The value of being able to use the same theoretical framework for working with social groups or families, or individuals or systems within individuals, or even the interaction of neurons, would seem to facilitate thought immensely.

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Principles of Hypnosis:

CHAPTER 21

Psychotherapy

Different schools of psychotherapy tend to focus their attention on different subsystems of the human mind, and apply different techniques to them. This chapter very briefly outlines some of the major approaches in order to provide an idea of the context of Hypnotherapy. It is concluded that Hypnotherapy, in the sense of this book, is broader than most forms of psychotherapy as it may deal with systems of many kinds and all levels from the comparatively simple reflexes of the nervous system up to social systems. It involves a prescriptive diagnostic process, a crisp theoretical framework, a sense of the dynamics of feedback systems and a wide variety of procedures to change them.

IN THIS CHAPTER we will take a brief look at how Hypnotherapy relates to other schools of Psychotherapy. For the non-specialist the descriptions of other schools will not be so detailed as to be tedious. Specialists will be able to supply the missing details for themselves.

Within the present paradigm we have a clear path towards classifying forms of Psychotherapy, as indeed we have to much larger fields of human endeavour.

We first ask:

What are the systems (S) recognised in the field?

We then ask:

By what processes (P) are these systems altered?

The answers then define the field as $[S_1, S_2, \dots \& P_1, P_2, \dots]$

Thus the field of classical particle dynamics would be roughly classified as [moving particles & forces]. The field of dentistry is roughly [teeth & filling, removal, replacement]. The field [marriages & divorce] represents a subfield of the legal profession: the field [marriages & discussion, conciliation] is a subfield

of counselling: the field [marriages & blessing] is a subfield of the clerical vocation.

These simple examples illustrate that fields may be distinguished *either* by their systems of interest *or* by their procedures, or both.

It should also be clear that a large field can be split into many subfields. Thus modern medicine covers such a large field - [human physical disorders & medicines, physical operations] - that it is split into many small specialities such as oncology = [tumours & drugs, surgery].

Notice that we generally do not need to elaborate all the systems and all the procedures of a given field. If we want to give more detail, then we simply start to enumerate subfields.

We may apply these principles to Psychotherapy and Hypnotherapy to obtain a first-order classification of the fields.

Broadly speaking, Psychotherapy = [problems of the systems of human thought, feeling or behaviour & personal interaction, communication, direction].

We may contrast Psychiatry, which in the UK at present works far more within the medical paradigm and is effectively [problems of systems of human thought, feeling or behaviour & drugs, electro-convulsive therapy].

We may also contrast Teaching = [systems of human knowledge or thought & personal interaction, communication, direction]. The primary difference from Psychotherapy is in the systems of interest, which tend to be more involved with information and less with feelings. Where teaching *does* deal with feelings, as in some of the arts, it is not concerned with feelings as a distressing "problem" which has to be removed.

Next we will roughly categorise some of the principal schools of Psychotherapy. Any practitioner in a school may well object that the brief description does not do justice to the whole: and of course it does not. Just enough detail is given to distinguish it from other forms. The names in brackets are those of the person most associated with the approach.

Adlerian therapy (Alfred Adler) = [behavioral patterns, social systems & encouragement of social involvement, absence of blame, humour]

Assertiveness training = [social skills & self-monitoring, behaviour rehearsal]

Aversion therapy = [behavioral systems & forging unpleasant associations to a behaviour]

Behaviour therapy = [behaviour patterns & desensitization, conditioning, observational learning]

Bioenergetics (Alexander Lowen) = [repressed emotions, muscle tension & muscular exercises, verbal expression]

Biofeedback = [various internal systems & use of feedback machines to amplify small signs of improved control]

Cognitive therapy (Aaron Beck) = [beliefs, thought systems & reasoning, reconceptualising, "running movies"]

Ericksonian therapy (Milton H. Erickson) = [inner and social systems & *very varied*, hypnotic techniques, use of metaphors, pattern intervention, direction]

Freudian therapy (Sigmund Freud) = [id, ego, super-ego, dreams & revealing unconscious conflicts, free association, transference, cathartic release of repressed material]

Gestalt (Fritz Perls) = [here-and-now systems, defences, dreams & encounter groups, integrating subsystems, inner dialogues]

Hypnotherapy = [many systems & activation and deactivation, use of inner and outer feedback loops to enhance change]

Jungian therapy (Carl Jung) = [ego, personal unconscious, collective unconscious, archetypes, personae & activating imagination, use of mandala, connecting to archetypes]

Primal therapy (Arthur Janov) = [Pain, traumatic experiences, repression & evoking the repressed pain]

Rational-Emotive therapy (Albert Ellis) = [beliefs about self & reasoned change of belief]

Reality Therapy (William Glasser) = [Behaviour patterns, self-responsibility & enhancing ego strength, breaking old patterns]

Reichian Therapy (Wilhelm Reich) = [orgone energy, sexual repression, character armour & massage, release of sexual energy; use of orgone box]

Religious Therapies = [God, souls, love & healing of souls, forgiving of sin, establishing bonds of love]

Rogerian Therapy or Person-centred Therapy (Carl Rogers) = [positive regard, parental influence & emotional support, listening, being non-directive]

Self Actualization (Abraham Maslow) = [normal people, hierarchy of needs & meeting needs, becoming more oneself]

Transactional Analysis (Eric Berne) = [Child, Parent, Adult & game analysis, script analysis, I'm OK - You're OK]

The above list gives a reasonably broad picture of the major subfields of current psychotherapy in the UK today, in alphabetical order. However, this list is more useful for didactic purposes than as a way of classifying individual therapists. It is seldom the case that a therapist will be so exclusively trained in one approach that he or she will be ignorant of, and not use where appropriate, ideas and techniques from the others.

Note that although Religious Therapy is included as one item, it is still the case that world-wide this category far outnumbers, in terms of people involved, all the others put together.

Hypnotherapy appears near the middle of the list in the "Morganic" form suggested in this book. It has often been omitted from short lists of therapies because it was thought of as lacking in depth and being, in effect, the field: [conscious, subconscious & trance, direction]. This makes it seem far more limited in scope than it truly is, as I hope this book has shown. I am afraid that Hypnotherapy has long lacked the respect that is its due because of this faulty perception in the minds of those who are not experienced in it. *One of the aims of this book is to elaborate the sound intellectual and scientific basis for the field to prevent such a dismissive attitude in future.*

Not only is this expression of Hypnotherapy near the middle of the list alphabetically, but it is not extreme in other ways. It does not say, "This way, and no other!" (as many of the founders of other schools have said). We have seen that it can accommodate the framework of systems that each of the other specialised therapies use, where appropriate. It is, in principle, broader because it starts with the question, "What are the most appropriate systems for analysing this situation?" By contrast a Primalist, for example, has already pre-judged this issue and answered, "The Pain of a very early suppressed scream."

But there is no reason why a Hypnotherapist should not decide, after the diagnostic process outlined, to work with the set of systems of *any* of the above approaches, but to bring to them some of the particular strengths of the morganic approach, which include a clear sense of the *dynamics* of organic processes; the value of inactivating irrelevant systems; the importance at many levels of feedback loops of many kinds and the ability to make significant changes to different systems at different levels by handling the dynamics properly.

SUMMARY

Different schools of Psychotherapy tend to focus their attention on different subsystems of the human mind, and apply different techniques to them. Hypnotherapy, in the sense of this book, is broader than most, as it deals with levels of systems from the comparatively simple reflexes of the nervous system up to social systems. It includes a prescriptive diagnostic process, a crisp theoretical framework, a sense of

the dynamics of feedback systems and a wide variety of procedures to change them.

In particular we note that Hypnotherapy is not *in opposition* to any of the other schools. If it is judged that the particular systems of a school are important in a given Client, then the systematic approach of Hypnotherapy can be applied to those systems.

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Principles of Hypnosis:

CHAPTER 22

Activity

This chapter presents a precise scientific definition of the key notion of activity which has run through this book. The activity of a system is defined as the rate at which it increases the entropy of the universe - a quantity which is in principle always measurable or calculable. It also has the property of always being positive. It is approximately proportional to the power output of the system in watts. If we wish to extrapolate the notion of activity to socio-economic systems (which are also organic) then a more useful measure will be the rate at which money is spent: £/sec.

IN THE BULK of this book the word "activity" has been used freely without defining it precisely. This chapter elaborates on the idea a little. The following precise definition will now be proposed.

The **activity** of an organic process is the rate at which it increases the thermodynamic entropy of the universe.

(The definition would also be meaningful for an inorganic process, but we are not primarily interested in those.)

Let us see why this is a useful definition.

The first point is that it is well defined. Although the concept of entropy is perhaps rather difficult to grasp for the man in the street, it IS something that can readily be defined scientifically and mathematically.

The second point is based on a very general principle, a form of the Second Law of Thermodynamics, which is that the entropy of the universe is NEVER decreased by any process. This implies that the activity of any process, as defined above, *can never be negative*. This is very satisfactory, since our intuitive idea of activity is that it should be positive or zero.

Note that it is important to define the activity in terms of the entropy of *the universe*, since it is possible

for a process to decrease the entropy of *one part* of the universe, but only at the cost of increasing it at least as much somewhere else.

The third point is that it is *additive*. By this I mean that if an organic system is analysed into distinct subsystems, then the activity of the whole will be the sum of the activity of the parts.

The fourth point is that the concept of entropy can be applied to *information* as well as to thermodynamic processes. There is therefore the possibility of using it as a concept which will span the full range of our subject from the atomic processes involved in the simplest biochemical changes to the complex information processing characterising our higher thought patterns.

I am not aware at present of work which directly connects the thermodynamic entropy change involved in, shall we say, a certain neurological process, to the informational entropy change - which is at a different level. Perhaps it is work which has yet to be done. But at least the possibility is there.

At the thermodynamic level it is possible to define the entropy of a process as being the amount of heat that it delivers to a thermal reservoir held at an absolute temperature of 1°K. The activity of a process is therefore measured in watts/oK. Since most biological processes are at temperatures which vary very little from around 310oK (close to blood temperature) we can compare the activity of different processes simply by comparing their heat output. Thus for practical purposes we may identify the activity of a part of the brain (say) with the rate of heat production by the mental processes therein. The activity of a muscle will similarly be measured by the rate at which it is producing heat. The rate of production of heat is power, measured in watts. A two megawatt power station is twice as active as a one megawatt station; a two kilowatt electric fire will be twice as active as a one kilowatt fire; a person climbing stairs twice as fast as another (with the same weight) will be twice as active; two identical neurons firing will be twice as active as one neuron firing; and the activity of each of these different systems can be compared to a good accuracy by comparing their thermal powers, or more precisely by comparing the entropy changes they are producing. The various brain-scanning techniques give measures of brain activity which correlate well with the above definition.

Another way of conceptualising the third law of thermodynamics is the following. Every naturally occurring process results in making energy *less available* for doing work. Energy, as we know, is conserved. There is the same amount of energy in the world both before and after petrol has been burned. But at the earlier time the energy is concentrated and available to power a car, while afterwards the energy is spread through the atmosphere and is no longer available.

The activity of a process is a measure of the rate at which energy is being made unavailable. In today's ecologically conscious age it will be seen that activity is not therefore an unequivocally good thing. An efficient process is one which achieves a given change with the minimum change of entropy: the minimum loss of available energy.

The dynamics of an ecological system may be charted by measuring the flow of energy through it (e.g.

Green et al. (1984)[Bib](#)). It should be clear that the precise definition of activity used here could be used in such a context. The activity of the rabbit population, for example, could be measured as the rate at which all the processes in which rabbits are involved are increasing the entropy of the universe; or to a good accuracy as the rate at which they are producing heat. On the whole we might expect an ecosystem to evolve in the direction of maximum efficiency as each species uses the energy available to it with the minimum waste.

In the field of economics we might start by noting that a barrel of oil represents a certain number of kilowatt-hours of available energy (if we again neglect the small variations caused by the temperature dependence of entropy). This provides us with a link between currency and energy, since in principle the cost of anything can be measured in terms of the cost of a barrel of oil.

We can therefore establish the economic equivalent to the activity of burning oil, which will be measured not in watts but in £/hr. If we are heating our houses with a two kilowatt fire we are using energy at twice the rate of a one kilowatt fire, and we are spending money twice as fast. The thermal activity and the financial activity go hand in hand.

It may be possible to extrapolate this to other, more complex economic processes, but this would take me too far outside my expertise. For what it is worth my guess is that the concept of entropy at different levels could be a very important one in economic theory: so much economic activity results in order at one level of society (a local *decrease* of entropy) but at the expense of an inevitable *global increase in entropy* (disorder). Just as an efficient machine is one which achieves its goal with the *minimum* increase of entropy, so an efficient business will be one which achieves its goal of producing a product or service with the minimum waste of money.

These ideas will seem very crude to an economist, no doubt. In this book they are simply presented to stimulate an awareness of the potential value of the precise notion of activity which has been presented here, in order to underline the fact that it is applicable to all manner of organic systems. But above all it is worth noting again the fact that a science which uses, as a basic concept, something that can be precisely defined and measurable is in a very strong position to grow on a firm foundation. In particular, therefore, we have a firm foundation for Hypnotherapy when we base it on the notion of the *level of activity of a system*.

SUMMARY

The central concept of activity may be given a precise definition in terms of the rate at which a system is increasing the entropy of the universe. This leads to it being measurable in units of watts/oK, though for most practical situations it is proportional to the power generated in watts.

It can be extrapolated to analyse energy webs in ecosystems with little problem.

It is possible to use this equivalent to obtain an approximate economic equivalent which would be units

of £/sec: the rate at which money is being spent. In this way we can make a start on measuring activity on a socio-economic scale if we wish to do so.

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Principles of Hypnosis:

CHAPTER 23

Analogies

The use of analogies or metaphors in Hypnotherapy is common and important. In this chapter their use is related to the general principles running through the book. The key idea is that the principles allow us to uncover the abstract dynamic pattern of the problem and solution. The same abstract pattern may be embodied in many particular forms, each of which thereby provides an analogy for all the others. In helping a Client we generate an analogy which draws on his or her experience, and present the change that is required to resolve the problem in terms of the related change in the analogy. These ideas also throw some further light onto the nature of the theory of this book: although many analogies have been presented for Hypnotic phenomena, their purpose is to enable the reader to grasp the general or abstract principles which are involved in both Hypnosis and the other fields from which the examples or analogies are drawn.

THE USE OF ANALOGIES in Hypnotherapy is a very common practice. In this short chapter we will look at this and integrate the theory of the practice into our general systems framework.

A good place to start to consider this theme is with the many examples that have been presented in this book of organic systems. Any of these can be taken as a partial analogy which can provide some understanding of the way in which the mind operates. We have considered, for example, ecosystems, or parts of one; we have considered societies and businesses and families, and orchestras. Any of these can be taken as a partial analogy for the workings of the brain. But what exactly is the relationship of one to another?

Of course, at one level what is happening is that I wish to communicate something rather new. I want to teach a way of looking at Hypnotherapy which has not arisen before in my readers' minds. But you can only build a wall by placing new stones on top of stones already firmly in place: they cannot be placed in mid-air. I have therefore been trying to relate these new ideas to pre-existing ideas with which many of my readers will be a little more familiar. (And the little analogy I have used of wall-building is an example of this very process!) But again, what is the relationship?

The relationship, in the examples I am using, is one of **similar dynamic structure**.

I can, for example, explain what is happening in a relationship as follows: "She is a hedgehog. When she

feels threatened she curls up and shows only prickles. He is a rabbit. When he feels threatened he wants to snuggle up close for reassurance." Now anyone who can create from these words a picture of the rabbit being upset by the prickles as he snuggles closer, and the hedgehog getting more threatened and prickly as complaints are made about her behaviour, will gain a good *feel* for the dynamics of the relationship. Each is being true to his or her nature, which would make sense to another with the same responses. But each has a response which activates in the other something uncomfortable. His attempt to get her to uncurl makes her worse. Her attempts to ward him off make him worse. We have a clear vicious circle. Clearly the dynamic structure is identical to that of two humans where she reacts to being crowded by being verbally nasty (the equivalent of the hedgehog spikes) whereas his automatic response (perhaps learned in childhood) is to try to get physically close.

In a more abstract form we have the pattern of two systems A and B in the following increasing positive feedback loop:

$$/{A, \text{threatened}} \rangle /{A, \text{prickly exterior to close approach}} \rangle /{B, \text{threatened}} \rangle /{B, \text{closer approach}} \rangle /{A, \text{threatened}}.$$

The virtue of telling someone the story of the two animals is that it gives a simple picture of what is going on in their relationship. Even better is to continue with the little story in such a way that it becomes clear how the animals might make the best of their relationship. "They went along to wise old Badger with their quarrel, and he said to the hedgehog, 'When he gets too close you must ask him to run all the way down to the shops and get you some of your favourite herbal tea. You will feel better when he comes back.' And to the rabbit he said, 'When she gets too prickly you must run all the way down to the shops and get her some of her favourite herbal tea which will make her right in no time.'"

The dynamics of this answer is parallel to a similar answer in the couple, in which it is arranged that the defensive responses trigger off some new pattern of behaviour which breaks the loop. It might be as simple a matter as getting him to do something for five minutes while she calms down and can be open and friendly again.

Notice that we are not saying that the woman snuffles in hedgerows or likes eating worms. We are not saying that the man has long ears or a bobtail. The analogy is not at the level of identity of *structure*, but of identity of *process*.

The use of little stories as analogies in this way is another of the characteristics that made Milton H Erickson so effective. For a volume which gives many examples of this approach read Rosen (1982)[Bib.](#)

Earlier in the book I quoted the example of a Public Address System which has started to give that loud scream that happens if the microphone is picking up the sound from the speakers, which I used as an analogy for an internal feedback loop within a person which causes a troubling symptom, perhaps of panic, to be produced from nowhere. This does not mean that there is *literally* a microphone in the head, or some speakers. The *structures* are quite different, but the *process*, of an increasing positive feedback

loop involving three systems which are involved with perception, amplification and production of the thing perceived, is identical. The analogy then gives insight into the *dynamics*.

It is important to note that the dynamic pattern is always at a higher order than any of its particular embodiments, i.e. analogies which share the same dynamic pattern. The relationship of the theory to its applications is similar to the relationship of the number 3 to all particular collections of three objects. There is an *analogous* connection between any two collections of three things. But the relationship of each to the abstract number "3" is different. "3" symbolises the property that they all have in common.

In a similar way " $A > B > A$ " symbolises the property shared by all dynamic systems which involve two subsystems each activating the other in an increasing positive feedback loop. Any embodiment of this symbolic expression can then serve as an analogy for any other.

This is analogous to the way in which the abstract formula " $2+3=5$ " can be embodied in the adding of two apples and three apples, or of two red bricks and three red bricks, or of two pound coins and three pound coins. Any particular such embodiment is analogous to any other. The abstract numbers, however, are at a different level: they encapsulate a common property of all the examples.

Few can doubt that the abstract concept of number and the development of a symbolic way of writing numbers down have together led to enormous changes in understanding of many other things. Mathematics has given its strength also to all subjects in which it has been possible to extract abstract patterns from a mass of particular examples.

It is hoped that in this book we are finding that this same fundamental step can be taken in the field of Hypnotherapy.

There will be people who, having read this book, will say, "Oh, it simply compares the workings of the brain to a society," or "It simply compares the workings of the brain to the workings of an ecosystem," or "To a business" or "To an orchestra". In fact such a statement would reveal that *the reader had failed to make the intellectual leap to grasp the essential nature of what is being attempted*, which is the creation of an abstract theory of a certain very wide class of systems - organic systems - within which the phenomena of Hypnosis and Hypnotherapy can be readily grasped. The principles involved in this theory can have many different embodiments, each of which is analogous to each other.

Returning now to the day-to-day use of analogies in Hypnotherapy, let us explicitly ask the questions, "Why generate them?" and then "How can we generate them?"

Clearly the answer to the former is that we want to change some system in the Client's mind. We want him or her to think rather differently or feel rather differently as a result. But we must then ask, "What changes are we aiming at?" The answer to this should have come out of the procedures of Part B: we have asked questions about the Client's experience which they have answered in their own words. We have then abstracted from these answers the *abstract pattern of the dynamic processes* of the systems

involved. We have then decided on the basis of this pattern what things could best be changed. This leaves the final task of getting these changes into the appropriate parts of the Client's mind.

This has to be done at the appropriate level, in a language that those parts of the mind respond to: it may, for example, be visual or verbal or kinaesthetic. But it must also be an embodiment of the change that we know, from our abstract analysis, to be needed. In order to do this well we really need to be able to understand how the Client sees the world, and then translate the change into that context, i.e. we create an analogy by covering the bones of the dynamic structure with the flesh of the person's own thoughts. (That is itself an analogy which does the same thing in a small way.)

For example, suppose that we find someone who is creating problems for himself or herself by continually worrying about some symptom, but we recognise that the very fact of paying attention to it, to see if it is getting better yet, is making it worse.

The abstract formula is an increasing positive feedback loop:

$$/{\text{symptom}}\} > /{\text{worry}}\} > /{\text{attention}}\} > /{\text{symptom}}\}.$$

We clearly want to break this loop. The exact approach will depend on the person. If we are dealing with a keen gardener we will begin by exploring his mind for an example of some problem which might arise in the garden. We might then discover how he would deal with *that* problem. If we find that his approach in that context is sound, then we can make that a basis for an analogy which will get through to him and change his attitude enough to break the vicious circle that he is in.

It might, in a particular case, go like:

"There was a gardener who started to have doubts about how his leeks were growing. They seemed to be lagging behind. So, fearing root-rot, he gently pulled them up to have a look and then replanted them." (The gardener listening to this will understand that uprooting a plant is a very good way to upset its growth.) "But although he found nothing, he was surprised to find that they did even worse. So a few days later he checked them again. There was no sign of the rot, but if anything they got worse and worse. And despite the fact that he checked them every few days and never found any signs of rot, they were the most disastrous crop he ever grew.

"The next year he prepared the bed well and then had to go away for most of the growing season. To his total surprise they did very well indeed!"

At the abstract level the first part of this analogy embodies the dynamics of his presented problem very well. The second part embodies the solution. The preparatory stages of Hypnosis will generally ensure that with no distraction from other mental systems the connection between the problem and the analogy will be clear and run deep. The lesson from the analogy will then generally be applied to the real problem.

It is very important to note that the effective analogy is one which is meaningful to the Subject, NOT one that is merely meaningful to the Hypnotherapist. This can always be ensured in the consulting-room. The problem facing an author in presenting analogies is that he does NOT know what each reader knows. I have therefore presented many analogies and examples, in the hope that one at least will strike a chord.

As another example of this use of analogy, let us suppose the person trapped in the above loop was a loving mother.

"And there was this caring mother who was worried because her son seemed a bit off colour. So she insisted that he stayed away from school. She did her best to help him. She made lots of nice food, but he still did not seem to have much of an appetite. She read to him, but somehow he lost interest after a few hours. She insisted that he lie down and rest, but he did not seem to improve from it. She sent him to bed early, but he did not seem to be able to get to sleep. Clearly something was wrong. But nothing that she did seemed to help.

"After many weeks of this, the mother had to go to look after her own mother who was really ill, leaving a friend to keep an eye on her son. This friend was rather lax and the next day the boy went outside and played all day long. He came in ravenous and ransacked the larder for all he could find. Then he went out to play again with his friends after they were back from school. He slept like a log. After a few days of this his friends kidded him so much that he went back to school and was right as rain."

Here again the dynamic pattern is modelled in the first part (excessive attention and worrying making things worse), and solved in the second part by a reduction in attention which allows things to get better.

The reader might care to generate a few more examples with different people in mind: a dog trainer, an executive or a nurse, perhaps.

It seems to me that many of the traditional "fairy stories" serve a similar function. I have lost count of the number of times I have retold the story of the Ugly Duckling, for example. It embodies so well the pattern in which a child grows up in a social environment which tries to make it conform, against its own nature. The child feels guilt, a failure, etc. It is only after leaving home and finding the society of others like himself or herself that the child finds life becomes not only tolerable but happy.

It seems to be a fact of human life that all adults can relate to an appropriate analogy, i.e. one that models the dynamics of what is happening to us in terms of another process that we can grasp more easily. They are therefore of universal applicability.

It is also a fact that *not* everyone can abstract general patterns to the same degree. That is one reason why the majority of people find higher mathematics such tough going. The ability to do so is correlated with intelligence and, in terms of the well known theory of Periods of Cognitive Development developed by Piaget (1963)[Bib](#), emerges in the final period: that of Formal Operation at around the age of 12 upwards

in the development of the child.

I trust that readers of this book can operate at a mental level on which it is possible to abstract the patterns from the examples I give throughout the book, so that they can grasp them at the appropriate level of Formal Operation. If one of the analogies is, however, one that is very familiar, then that will be a particularly fruitful source of ideas and metaphors when it comes either to understanding or to embodying the principles.

SUMMARY

Analogies are used often in Hypnotherapy, and indeed in all learning. They involve relating the new to something already known, so that the new may be understood by analogy with the known.

We have drawn attention to the fact that in Hypnotherapy, which is concerned with changing *processes*, the nature of the relationship of analogy is that of dynamic parallel. The two things have the same dynamic structure.

We have noted that one of the values of an abstract theory is that it makes it easy not only to understand what these analogies are doing, but also to generate them as necessary: it is only necessary to find a concrete embodiment of the dynamics of the systems involved.

It is emphasised that an analogy is only of much use if the Client can relate to it. The skilled Hypnotherapist will therefore clothe his or her analogies with the ideas or experiences of each individual Client.

Finally it has been noted that analogies have been used in this book to help readers to understand the principles of Hypnotherapy by relating it to other fields of knowledge. This is possible and meaningful because many organic systems have the same abstract forms of dynamic processes.

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Principles of Hypnosis:

CHAPTER 24

Consciousness: "How?" and "What?"

This brief chapter gives an outline of an approach to the very difficult question of consciousness. The essence of the approach is the theme, which runs through this book, of the twin perspective on any system both as being part of a larger system or systems and also as containing subsystems. The point is made that when we ask of a system a question based on "How?", then we are looking for an answer in terms of its subsystems. On the other hand when we ask a question based on "What?" we are looking for answers in terms of its supersystem or supersystems. Anything like a full understanding of a system can only be obtained by answering both the "How?" and the "What?" questions. Applying these principles to human consciousness, which is taken to involve the highest order of systems within the individual brain, leads inevitably to the conclusion that although research has gone a long (though not the whole) way towards answering the "How?" questions, the answers to the "What?" questions must lie in a higher system, which must at least include very many other human beings. The fact that traditionally the "What?" questions regarding human life have been answered in terms of higher systems than the individual human being is therefore accepted to be the right approach in principle.

IN THE BODY of this book I have used the words "conscious" and "consciousness" without defining them. In part this was to avoid complicating the main theme of the book by getting prematurely involved in controversy in what is a lively area of current debate. Since this area of discussion seems to be open to those from all specialities, be it mathematicians such as Penrose (1989, 1994)[Bib](#), philosophers such as Dennett (1991)[Bib](#) or evolutionary biologists such as Denton (1993)[Bib](#), it is perhaps not banned to someone who deals daily and directly with the subject matter: he is the less likely to be accused of ultracrepidating (a useful word meaning the laying down of the law on matters of which one has little experience).

The following thoughts on the subject, then, may be viewed as a possible *starting point* in considering the matter from a viewpoint consistent with that used in the book for other phenomena. Notice that you may choose to disagree with the contents of this chapter, and it need not affect your acceptance of the remainder of the book. I am writing this chapter for pleasure - it is a development of the thoughts running through the book, but it cannot be presented as being necessary to an understanding of Hypnotherapy.

I have taken it as axiomatic that in dealing with a given organic system we must pay attention to all related systems which include BOTH its subsystems AND its supersystems: systems of which it is a part.

This means that in dealing with any organic system we can neither *understand* nor *predict* the behaviour of such a system without reference BOTH to the systems of which it is composed AND to the systems of which it is a part. This is in addition, of course, to understanding its effect on and response to its immediate environment, both physical and organic.

It is a peculiarity of *inorganic* matter that we can deal with it pretty much in isolation. We need to know only a little about its external environment and its internal structure to deal with it. Organic systems are *far* more complex. They generally have complex internal systems that lead to change even in an unchanging external environment. They have far more complex responses to their external environment, and finally they will in general form part of larger organic systems which often determine a large part of their behaviour. For example, the goals of a bee's behaviour are determined by the entire hive, though it has some freedom on a moment to moment level.

Of great importance to us in the present context is to note the related generalisations that:

- a) **Systems can NOT be understood purely by reference to their content.**
- b) **The nature of higher-order processes relevant to a given system can never be deduced purely from an analysis of its subsystems and their behaviour, nor from its immediate external environment.**

Let us look at some examples to illustrate these ideas. There is a child crying on the mat. How can we understand why he is unhappy? We can ask what has recently happened. He is crying because his father has come home from work and has been angry. How can we understand any further the cause of this? The child, attempting to understand it in terms that he can grasp, may naturally feel that he has been naughty. It is totally impossible *by reference merely to the child* to deduce that in fact the reason the father is angry is that he has just heard that interest rates are going up and this will make his financial situation precarious. Interest rates are not things that can be deduced from the child's experience at all. Nor can they be deduced from the experience of a collection of children. Interest rates are an example of a phenomenon in a higher-order system (the economy) which, while having a significant effect on the life and behaviour of that system which is a child, can never be deduced from an analysis of the child's behaviour.

Let us take another example. Consider, "The cat sat on the ***." It seems to us easy to supply the missing word. But there is no way that this can be done purely by reference to the pattern of letters within the sentence. If you doubt it, replace the letters by symbols, thus: "¶3# !(¶ !(¶ ' + ¶3# ***" It is only because of patterns which exist at a higher level than the simple ordering of the letters that we can supply the missing ones. In this case the correct completion of the sentence relies on the fact that in our society in the UK the sentence, "The cat sat on the mat" has been copied extensively from brain to brain as a typical exercise to be set children who are learning to read. That process cannot be deduced from the pattern of the first five words, because it is a process in a higher-order system. Within the higher-order system the

word "mat" completes the sentence with a very high probability. Within the low-order system of groups of symbols, it has a very low probability: we might perhaps expect a three-letter group because four out of five of the previous groups have three letters, and we might expect the last two symbols to be "(J)" since this has happened in half the three-letter words. But we would not even know what symbol to use to complete the word. How could you guess that it would be "*" simply from looking at the earlier symbols?

[Readers aware of some information theory (Jones (1979)[Bib](#)) will know that an entropy can be associated with the information carried by the last word, which is calculated in terms of the probability of the correct word relative to all possibilities. (Recall that, in information theory, $\text{entropy} = -\log_2(p)$, where p is the probability.) It should be clear to such readers that the entropy *within the higher system* of all known statements starting "The cat sat on the" is far *lower* than the entropy within the *smaller* system consisting merely of a knowledge of a dictionary, which is in turn smaller than the entropy within the still smaller world in which we know only the letters of the alphabet. This is a specific example of what is a rather general rule that we can often reduce uncertainty (decrease entropy) by moving up to a higher system. Or, to put it in other words, **we can increase our understanding by moving up into a higher-level system.**]

And even if we *did* somehow manage to predict the next group of symbols in this way - by enlarging our data base to include every sentence that has ever been written and spoken in the English language, so that we might gauge the relative probability of the words "mat", "bed", "car", "rug", "rat", etc. and deduce that in fact "mat" is overwhelmingly more probable - then we would still be nowhere near *understanding* it, for this involves placing it within a still larger system which includes real cats and real mats. It is even more certainly the case then that we are unable to understand the whole of the system of the English language merely by reference to the truncated sentence we started with.

For the next example consider a mathematical theorem of great theoretical interest (Gödel (1931)[Bib](#)) which says that in any mathematical structure which is at least as big as the system of whole numbers there are propositions which cannot, *even in principle*, be proved true or false within the system itself (cf. Penrose (1989)[Bib](#)). But this is not to say that they cannot be included in a still larger mathematical structure in which they *can* be proved true or false (though of course in this new structure there will be new propositions which can be proved neither true nor false without reference to a still larger one). If we note that the question of being true or false is an important one as far as understanding goes, then again we see the principle that full understanding of a system cannot be obtained purely by reference to its content.

Next suppose that we were analysing a brain in great detail, and discovered, as we tend to do, that *this* neuron activates *that* neuron, or even the pattern of activation of a small group of neurons. This gives no insight nor understanding at all into their purpose. It cannot in principle tell us, without reference to the larger system, whether those particular ones are part of the visual cortex or the motor cortex or what have you.

A key can only be understood in the context of lock-and-key, which itself can only be understood in the context of the process of locking, which can itself only be understood fully in the context where some things of value have to be preserved against theft.

The structure of flowers can only be fully understood in the context of the insects which are necessary in order to fertilise the plants which bear them. The reason for their colours can only be understood in terms of the colours that the insects respond to.

Most species of plants or animals have specific features or systems which only make sense, or have meaning, in the context of a particular environment. The long tongue of the ant-eaters only makes sense in a world of ants and termites which can be extracted from deep in their nests most easily by means of a long sticky tongue.

In human beings the bodily systems which are activated by a sense of danger can be understood if we think of the environment in which they evolved: one of enemies or large predators which might have to be either outfought or outrun.

A particular pattern of movements of my fingers at present can be understood at a low level by reference to the external system of the keys on the keyboard of the word processor, but at a higher level it can only be understood in terms of the current thought which certain sections of this community have about Hypnotherapy and related subjects. It would be almost meaningless in the context of mediaeval European thought, and totally so to the stone-age dwellers who once lived on Ilkley Moor above me.

There are countless further examples of this kind. They all underline the facts that **it is the norm to find that the understanding of a system is incomplete unless it is placed in the context of a larger system, and that the nature of this larger system CANNOT be deduced purely by reference to the smaller.**

And I hope that you are finding that this very book you are reading is an embodiment of this same principle. We want to understand Hypnotherapy. Even in principle this is hard to do if we myopically attempt to do so from *within* the subject. And so it is being explained within the much larger context of organic systems, causal chains and feedback loops. In this larger context it CAN be understood far better.

To put all this in a different perspective I suggest that when, in daily talk, we ask the question, "*How?*" - "*How does this work or happen?*" then we are asking for an analysis in terms of *subsystems*. "How does a car work?" leads to a discussion of internal combustion engines and the like.

On the other hand when we ask the question, "*What is?*" it is normally a shorthand for "*What is the purpose?*" or "*What is the meaning?*" and we are then typically asking for an analysis in terms of *supersystems*. The question, "What is (the purpose of) a hand?" is a meaningful one which has an answer couched in terms of the needs of the higher-order system which is the person whose hand it is. "What is (the purpose of) a clock?" is answered not in terms of its workings, but in terms of a higher system which

is that of time-conscious animals. If we ask, "What is the meaning of this paragraph?" we are asking to have its content related to a larger system of knowledge.

By now it should be clear that the contention implicit in the approach of this book is that the functioning of the human mind cannot be understood nor predicted without an understanding *both* of the workings of its subsystems *and* of the workings of its supersystems: the social systems, etc. of which it is part.

In particular the highest-order processes of the mind - which I take to be the conscious ones - seem to me to be inevitably those aspects of the person which will *most* require an understanding of processes outside the individual to be understood. Other, smaller, subsystems of the mind may be understood reasonably well by a partial analysis of their subsystems (which will answer the question "How does it work?"), and a partial understanding of the part they play in the whole body or brain, which are their immediate supersystems (which will answer the question, "What is its purpose?").

But conscious processes, being at the top of the pile as regards a single individual, *must* demand explication not only in terms of its subsystems but also of systems *external* to the individual if we are to answer questions related to "What is consciousness?" For this NOT to be true would make conscious processes something amazingly unique among complex systems for which, as we have seen, the "What?" questions require the system to be viewed as part of a larger system.

In an attempt to criticise this position I have repeatedly asked myself, "Can you think of ANY organic system S for which it is possible to answer the question, 'WHAT is S?' without reference to a higher-order system of which it is part?" I have failed, but I hope that anyone else who wishes to criticise the position will attempt the same task.

As particular applications of the above principles I would suggest that:

No matter how much knowledge we have about the neurological pathways of pain it CAN never provide an answer to the question, "What is consciousness of pain?"

No matter how much knowledge we have about the neurological processes of reasoning it CAN never provide an answer to the question, "What is consciousness of truth?"

No matter how much knowledge we have about the emotional or affective system with all its neurological and hormonal aspects, it CAN never provide an answer to the question, "What is consciousness of love?"

My humble suggestion is that such things, where we are asking "What is..?", can *in principle* only be answered in terms of a higher-order system or systems. This is not to say, of course, that we are not doing very well in answering the question, "How?"

All the books I have read on the subject of consciousness seem to miss this central point. They argue as if

an increasingly subtle use of "How?" questions will eventually give an answer to "What?" But this is *a priori* totally improbable on the grounds that the latter question inevitably requires reference to larger systems.

Perhaps you know a story on the following lines:

A police car was cruising the streets of a seaside town one night, and stopped near a drunk who was crawling on the ground on his hands and knees.

"And what are you doing, sir?" the policeman asked.

"Looking for my losht cufflink," was the slurred reply.

The policeman took a quick look around, but saw nothing, and so asked, "And where did you lose this cufflink, sir?"

"It fell in the sea."

"Then why on earth are you looking here?"

"Talk shence! I can't shwim!"

The snag is, of course, that with our very limited minds we have a very limited capacity to understand very much larger systems (we can't "swim"). The bee does not have a brain large enough to grasp the purpose of the bee-keeper. I have a mind apt only to understand simple things, which is why I have had to look at hopelessly complex organic processes in terms of the simple notions of systems and the interactions of one on another. I could no more understand very much more complex things than I could, as a child of four, understand in the slightest way anything of this book.

Consequently, although it seems inevitable that the direction to look for an answer to "*What is consciousness?*" is *upwards* to more complex systems, there is a poor chance of any of us being able to see far enough in that direction to see anything like a complete answer. However, this is no excuse for looking in a place that the answer *cannot* be, simply because we are unable to look very far in the place where it *is*.

A different, but related, traditional response of some people to difficult "What?" questions is, in effect, to dismiss them. Where in the above it has been admitted that it is *a priori* unlikely if not impossible for me, from my limited perspective, to grasp a phenomenon from a much higher perspective, they will argue, "I cannot answer them by means of my standard methods for answering `How?' questions. Therefore they cannot be answered." This answer has the undoubted value of focusing the mind on the simpler "How?" questions which can be pursued with considerable success, as the advances in science over recent centuries attest. The act of saying "There is no sea" may well improve our coverage of the ground, but

will never help us to find anything in or about the sea. If the sea *is* there and there *is* something of value in it, then even if we cannot swim we may nevertheless hope to find out *something* by some other means.

I am reminded of Isaac Newton's famous humble words:

I do not know what I may appear to the world, but to myself I seem to have been only like a boy playing on the sea-shore, and diverting myself in now and then finding a smoother pebble or a prettier shell than ordinary, whilst the great ocean of truth lay all undiscovered before me.

Brewster (1855)[Bib](#)

It will be recognised of course that all the religions of the world are united in taking a third line. They say that an understanding of such basic aspects of our conscious experience as pain, truth and love can only be obtained in terms of a higher-order system or systems - God or Gods. It is my contention that the *direction* in which they are looking - upwards, to a more complex level - is the right *and only* way to look for a full understanding of the nature of consciousness - the "What?" - while not denying the importance of the (easier) task of asking "How?" in understanding the mechanisms of much that is going on.

As to what answers we may find in that direction: they must be left as outside the scope of this book. I am saying that all the examples cited, which stand for millions more, demonstrate that *as a rule* full understanding of anything - in particular the answers to the "What?" questions - can only be obtained from a viewpoint higher than the thing itself: from a perspective which encompasses higher- order systems. I therefore propose that **the question "What is human consciousness?" can only be fully understood from a perspective much larger than the individual**. But since I have merely a human perspective I do not have that higher perspective and so I can say nothing with personal authority. I think we must conclude, however, that the smallest system within which individual consciousness could be understood is that of the society (past, present, and possibly future also) within which it has developed. But who am I to be able to see things from such an enormous perspective? Who can claim to be able to look down on a person with an intimate understanding of a whole society which exists, of course, over hundreds if not thousands or millions of years? And how can I know if that perspective is high enough? Perhaps it will require a perspective high enough to take in the entire system of life on earth - past and future as well as present? And perhaps even that is not enough?

It may help to put the problem in perspective to consider the following. When the human population of the earth has doubled and then doubled again there will finally be about as many people as there are neurons in a typical brain: some 20 billion (Calvin (1983)[Bib](#)). (The brain also contains a much larger number of simpler glial cells whose purpose has yet to be fully elucidated.) By that time the communications between people will also, thanks to phones, the Internet, TV, etc., be getting on for being as complex as those between neurons, many of which can be in direct contact with some 10,000 others. We may well expect to see various groups of people collaborating in certain functions just as brain cells collaborate. In brief I am proposing the suggestion that a population of such a size would have a complexity at least as great as a human brain, and reasonably similar processes of operation.

The question which then arises is, "Would there then be a Global Consciousness?" Anyone who argues that consciousness is an "epiphenomenon" of complexity would, I presume, have to accept that the answer could be "Yes". (There are intelligent people who think that a sufficiently complex *computer* could be conscious, so they would have to accept that a sufficiently complex *society* could be also.) But since the relationship of each of us to that Global Consciousness is that of a cell to the entire brain, it should be clear that we can have very little idea of the nature of that Consciousness, though we would be affected by it just as an individual brain cell is affected by our conscious thoughts. Now of course there is no proof that there will be (and perhaps already is?) such a level of consciousness. I am simply proposing the thought to illustrate one kind of supersystem that can plausibly be proposed as one in which the "What?" of individual consciousness might be answered: though it would leave open the question of the nature of that larger global consciousness.

It is of course a rather humbling thought: that of seeing oneself as such a small part of such a large whole. It is so much more gratifying to see oneself as at the top of a complex system than as at the bottom of one: the Managing Director of a firm rather than a junior clerk. And intellectuals, who can often be led to think well of themselves because they can think in more complex ways than their fellows, do not perhaps take all that well to intellectual humility. A study of thinkers of the past seems to show that in every age they have thought that they knew some 99% of all the important things. And later generations have seen that they were laughably ignorant even in matters they thought themselves wise in. I doubt if this generation is any different. We will all probably seem very ignorant in a mere hundred years let alone a thousand or ten thousand.

I suspect that the ideas which I have suggested above will be resisted, when they are resisted, as much from a reluctance to adopt the humble perspective they imply as from a logical critique of the direction they propose.

I should perhaps add the simple point that saying that the answer lies in a certain direction does NOT mean that simply because a proposed answer lies in that direction it is right! A lot of people seem to fail to grasp this point. They may argue, "Morgan has said that the nature of consciousness can only be understood within a larger context. **MY** theory - that it is determined by the position of the stars / a galactic supercivilisation / life force / etc. - clearly involves a larger context, so it **MUST** therefore be right!"

But that is like saying, "Gold is found underground. I found this stone underground. It must therefore be gold." Or, "Your cuff-link fell in the sea. I have just found *this* (a pebble) in the sea. It must be your cuff-link."

The history of science - the history of the asking and answering of the "How?" questions - teaches us that we have no natural facility either in asking the right questions or in answering them. The past is littered with the most amazing theories and conjectures on all manner of things, such as the idea that the stars are fixed on a crystal sphere around the earth; the phlogiston theory of combustion; the four humours theory of human health; animal magnetism: each of which may be said to give rather superficial understanding

of certain areas, but each of which has been demonstrated to be hopelessly inadequate or wrong. (And those theories are among the more successful ones! History says far less about the less successful ideas.) We have only made progress in answering the "How?" questions by means of very careful and honest thought and experiment.

I have no reason to suppose that the human mind is much better equipped to answer the "What?" questions. The *a priori* assumption is that it is worse equipped. The higher may understand the lower more easily than the lower understand the higher. An adult understands a baby better than a baby understands a parent. With my full consciousness I may understand the workings of a single cell: the reverse can never be true. A biologist may begin to understand the workings of the fruit fly. The reverse will never be true. How then can we be expected to understand clearly something which *ex hypothesi* is much larger and more complex than we are?

There is a possible answer to this objection which can be summarised as follows. "The unaided mind is, of course, unable to answer the 'Why?' questions. But God (the 'higher system' as you put it), who is the source of human consciousness, is naturally able to guide it into the paths of truth, *especially on the important matters to do with the relationship of the lesser consciousnesses of His creation to His higher one.*"

For what my opinion is worth I believe that there is some truth in this, but a truth that, like so many others, can easily be misunderstood and misapplied.

SUMMARY

The important phenomenon of consciousness is considered in the context of asking the two important questions, "How?" and "What?", which can be asked of any organic system. The former question requires answers in terms of the functioning of subsystems. The latter requires answers in terms of the place of the particular system within a larger context of which it is a subsystem. We have learned a lot about the "How?" of the mind as a result of experiment and analysis of its subsystems. But such progress will never, of its nature, begin to answer the "What?" questions.

Although we may conclude that to answer the question "*What* is consciousness?" demands a higher perspective than the single human mind, the limitations of an individual mind can be expected greatly to limit any access to that perspective. It is noted that all the world's religions claim that there is a larger system within which human consciousness has its origin and meaning. The above reasoning leads to the conclusion that they are at least looking in the right direction. On the other hand thinkers who are looking to answer it by means which can at best only lead to an answer to "*How* do conscious processes work?" are fishing for whales in a bucket.

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Principles of Hypnosis:

Chapter 25

Mathematics

This brief chapter points towards the way in which the analysis of Hypnotic phenomena promoted in the body of the book could be developed in such a way that it would connect up with the large existing body of mathematical theory of cybernetic and biological systems. A single very small example of mathematical modelling is given in the hope that even the non-mathematician may get an idea of the potential of such an approach.

NO MATHEMATICS has been attempted in this book so far. The formulae which have been presented are no more than a form of shorthand. In this chapter I will simply point out directions in which any development of the analysis might continue.

Central to our analysis of Hypnotic, and indeed organic, processes have been feedback loops. The first mechanism which embodied a negative feedback loop is usually cited to be James Watt's flyball governor (1760), but by today they have proliferated throughout society in all shapes and forms.

The theory of such mechanisms is usually dated from the work of Wiener (1948a)[Bib](#) on Cybernetics. An alternative introduction to the subject is given by Ashby (1956)[Bib](#). Control systems are normally modelled using **linear integro-differential equations**. For a typical modern text on these lines see Stefani *et al.* (1994)[Bib](#). These are readily mastered by anyone who can handle the Laplace transform and complex analysis. These approaches have been used to design control systems for such varied systems as artificial limbs (Rauch (1986)[Bib](#)) and control of a flexible aircraft (Martin & Bryson (1980)[Bib](#)).

Related, but much more complex, mathematics has been used to model feedback in acoustic systems, which are three-dimensional. A particular example of this, which I have studied in depth (Jones & Morgan (1972, 1973, 1974), Morgan (1974, 1975, 1978)[Bib](#)) is the generation of noise by jet engines. This involves an increasing positive feedback loop which is associated with the Helmholtz instability of the interface between streams of gases which have different speeds. (Sound generation by the flute is based on the same phenomenon.) Such examples again use a linear model.

However, detailed analysis of biological systems reveals **non-linearity**. The term "non-linear" has a precise meaning to the mathematician, but in practical terms it means "extremely difficult to analyse: can

normally only be solved using a computer".

There has been something of an explosion of research into the theoretical studies of such biological systems in recent years. A good compendium with which to start is Murray (1993)[Bib](#). Examples of systems which have been treated are population dynamics including predator-prey interactions, nerve propagation, animal coat patterns, morphogenesis and epidemics.

Against the background of all that work, the present book can be seen as simply lifting Hypnotherapy into the twentieth century and making it possible for it to take its place among other sciences which can utilise the power of specific mathematical models. The structure that has been revealed - involving the clear concept of activity as its basic variable - lends itself to measurement. Suitable experimental measurements can clarify the exact form of the interactions between systems. A knowledge of the exact form leads to equations. These equations may be essentially similar to those which have already arisen in control theory or biological systems, in which case we can at once take over the solutions. Alternatively we may find different equations, which will provide the theoreticians with some happy hours of work and many new publications.

It is presumed that the typical reader is NOT versed in mathematical modelling. Nevertheless I will present the simplest possible model of feedback loops in the context of Hypnotherapy to give a flavour of what can happen, and also to illustrate the kind of advantage that comes from a precise analysis. The mathematical formulation chosen is simpler than any of those mentioned above, and should be within the grasp of anyone with a GCSE in mathematics.

Let us consider a common problem which is often brought to the Hypnotherapist for treatment: blushing. The increasing positive feedback loop which drives this problem is typically:

$\{ \text{worry about blushing} \} > \{ \text{blushing} \} > \{ \text{worry about blushing} \}.$

Clearly it takes a little time for the activation of a worry to lead to the activation of the blushing. It takes time, of the order of seconds, for the thought "I am blushing" to activate the change in circulation involved. Equally there is a smaller time taken for the increased blushing, felt as heat, to be perceived by the mind.

If we let the magnitude of the worry at time t be $W(t)$ and the magnitude of the blushing at time t be $B(t)$, then our basic equation deals with *changes* in W and B . This would normally lead us at once to calculus, which deals with the rate of change of quantities like W and B . However not all of my readers are *au fait* with calculus and so I will proceed to discretise: to consider the value of the variables only at a series of discrete times. (This is what is done in any case when difficult problems are solved on a computer.)

This means that we will only consider the values of B and W at a series of times at small intervals apart: in this case we might imagine recording both every tenth or even hundredth of a second.

In this way we would get readings $W_0, W_1, W_2, W_3...$ and $B_0, B_1, B_2, B_3....$ From these we could calculate the increases in the quantities in each interval as follows:

$$1) w_1 = W_1 - W_0, w_2 = W_2 - W_1, \text{ etc., and}$$

$$2) b_1 = B_1 - B_0, b_2 = B_2 - B_1, \text{ etc.}$$

We will next suppose that a change in W will lead to a change in B m time-steps later and a change in B will lead to a change in W n steps later. (Pure mathematicians may be worried that the two time delays could be incommensurate, and could not therefore be discretised in this way, but they can do the continuous calculations with derivatives.)

This will then enable us to propose the very simplest discretisation of our basic relationships between B and W in the following way:

$$3) w_i = Jb_{i-m} \text{ and } b_i = Kw_{i-n}$$

The numbers J and K will be called coupling constants, and are some positive numbers which we might hope to determine by experiment. J is numerically the increase in the activity of the Worry system as a result of a unit increase in the activity of the Blushing system. K is numerically the increase in the activity of the Blushing system caused by a unit increase in the activity of the Worry system.

Notice that in writing these equations we are assuming that b_i and w_i remain positive since our basic relationship $\Delta W > \Delta B > \Delta W$ only tells us about what happens as a result of increases. At this point we are not examining what happens in a phase in which they are reducing. We have also supposed that there is a direct proportional relationship between the changes in the two variables. In the real world this is unlikely to be more than an approximation, but it is the approximation that applied mathematicians always consider first, in the absence of any better information. This linear approximation, as it is called, is often remarkably good as long as the quantities involved do not become too large. However readers should note that experiment is the only determinant of the exact relationship between the changes in the different systems. They should also note that the equations I have written down are not the ones commonly found in books on cybernetics, in which the equations are typically drawn from an experience of inorganic systems such as electronic circuits, rather than organic systems, as here.

If we put the two equations together we can get:

$$4) w_i = Lw_{i-M}, \text{ and } b_i = Lb_{i-M},$$

where $L = JK$, and $M = m+n$.

Now let us consider the situation in which a person is neither blushing nor worrying right up to and

including the time $t = 0$, so that $W_i = B_i = 0$ for values of i which are negative or zero. We may then suppose that from that time the worry steadily increases for some reason or other which is not a direct result of being aware of blushing. We can then calculate w_1 , which is the increase in the first interval, w_2 which is the increase in the second interval and so on right up to w_M . These may be of any (positive) size until we come to w_{M+1} , at which point we will suppose that increases in W are governed by the feedback loop via equation 4) which says that:

$$5) w_{M+1} = Lw_1.$$

From then on we will take it that all further values of w_i are determined in the same way. This means that values of w_i for $i = M+1$ to $2M$ are simply the values for $i = 1$ to M , but all multiplied by L .

A continuation of the calculation shows that the values for $i = 2M+1$ to $3M$ are those for $i = 1$ to M multiplied by L^2 and so on. In mathematical shorthand we have:

$$6) w_{jM+i} = L^j w_i,$$

which succinctly expresses the value of w at all future times.

But what we would like to know is not the value of w_i - the increase in the value of W - but rather the value of W itself. We can do this by adding up the individual increases:

$$7) W_i = w_1 + w_2 + w_3 + \dots + w_i.$$

Of particular interest is the value of W_M , which is the value that the worry has risen to at the point where the feedback loop starts to work on the worry to increase it further. We will call this value W . It is not difficult then to see that:

$$8) W_{jm} = W + LW + L^2W + L^3W + \dots + L^{j-1}W,$$

because after each period of time at which the change has moved around the loop the worry has increased still further by L times the previous increase.

Such a series can be expressed in a different form using a fairly easy result in algebra which, like so much in mathematics, will either be well known to the reader or will have to be taken on trust, as follows:

$$9) W_{jm} = W(1-L^j)/(1-L)$$

>(if $L=1$ this formula is not well defined, and instead we have $W_{jm} = jW$).

This formula draws attention to the fact that things are very different according to whether L is greater or less than one. If $L < 1$ then the term L^j gets smaller and smaller as time goes by, and the worry only increases up to the limit:

$$10) W(t) \rightarrow W/(1-L).$$

For example, if $L = 1/2$, then the effect of the positive feedback from the awareness of blushing over time can only increase the initial worry by a factor of two. If the factor $L = 0.9$, then the worry can be increased tenfold by the feedback; if $L = 0.99$ it can be increased a hundredfold and so on.

If, on the other hand, $L > 1$ then the term L^j will go on increasing without limit, and the worry and blushing will in theory go on increasing indefinitely. In the real world this cannot happen of course. As they increase there will come a time when some other factor arises which will prevent further growth, and they will level off at some high value which cannot be predicted without knowing more about the systems than we have built into this simple linear model. This is not dismaying: we knew in setting up this simple model that it was only an approximation. (The exceptional case $L=1$ also leads to the worry increasing indefinitely, of course.)

The results that we have obtained so far illustrate the virtue of mathematical analysis over simply throwing the equations into a computer and seeing what happens. One might play about with all sorts of values of the parameters J and K and m and n , getting the computer to churn out many different solutions without hitting upon the basic and simple fact that the main features of the solutions are determined by the value of the parameter $L = JK$; nor would it necessarily be easy to determine the way in which the behaviour depends on L .

Some practical conclusions that arise from this simple result are the following. The effectiveness of an increasing feedback loop is determined by the size of the parameters J and K . The job of the Hypnotherapist is therefore to reduce these coupling constants. He or she will therefore be aiming to reduce either the effect of the worry on the blushing, or the effect of the blushing on the worry, or both.

Note that in general the coupling constants between any two systems will be different in different people. If we are using a positive feedback loop in order to produce an Hypnotic effect, then we should not be surprised if it is easier in one person than another because of these differences. The practising Hypnotherapist will have a reasonable qualitative idea in many cases of how large the parameters are. So-called "good" Subjects are often people in which a change in one system produces a large change in another system; a coupling constant is large; the amplification factors tend to be large; positive feedback loops are strong. "Poor" Subjects are those in which it is hard to produce the standard Hypnotic responses: we may characterise them as people in which there is little amplification; coupling constants like J and K are small so that a positive feedback loop has an almost imperceptible effect; the loop is weak; changes in one system have little effect on other systems.

If we need to produce a strong result in a person in which the coupling constants are small, then we are likely to need to put in quite a lot of work to increase the amplification. It is an untested hypothesis of mine that most coupling constants are larger if the person involved is more generally aroused / excited / nervous. Everyday experience certainly suggests that high adrenaline levels produce generally greater responses in most systems. If this is true then there will be times when the current convention in Hypnotherapy of going for deeply calm and relaxed procedures may NOT be the best approach to certain changes, in particular those in which we want to enhance a positive feedback loop.

It is reasonably straightforward to calculate W_i for values of i which are not multiples of M : interested readers should be able to do this themselves. Likewise the values of B are calculable in a similar way. In the example we are dealing with, limiting values of B are K times those of W .

In summary, what we have learned from a close study of this very simple model of a positive feedback loop is the following. It will always tend to amplify a change, but for small values of the coupling constants the amplification will be limited to increasing the change by a factor of $1/(1-L)$. If the coupling constants become large enough for L to be greater than or equal to one, then the amplification can grow indefinitely, until the variables reach values too large for the simple linear model to remain valid. If we had not thought through such a model in detail, then we might have thought that a positive feedback loop would ALWAYS lead to very large values of the activities involved, which turns out not to be true.

So far we have only dealt with the phase of blushing where things are increasing, and have discovered that for $L < 1$ they reach a plateau determined by 10). For $L > 1$ they will go on increasing until some other factor acts to limit an explosive growth: we cannot predict whether this will lead to a steady plateau or a sudden crash.

If we now think of the plateau situation, we will note that there will come a time when the positive feedback loop has been producing very little increase for some time. It is then only a matter of time before some other influence starts to introduce some reduction into the variables. Typically the thought, "At least it is getting no worse!" will act to start to reduce the worry for a few seconds. But this is likely to produce a reduction in the blushing, which will in turn reduce the worry, and so on. In brief we will have a decreasing positive feedback loop: $W > B > W$. This can again be represented quantitatively as:

$$11) w_i = Jb_{i-m} \text{ and } b_i = Kw_{i-n},$$

but J , K , m and n will now probably have *different values* from those in 3). The important difference between this equation and equation 3) is that the quantities w_i and b_i are now negative, not positive.

We can run through the same mathematics as before and discover that the small reduction induced by the influence of the calming thought will be amplified in the same way as we have seen above. The total possible reduction will, if the new value of L is less than unity, be no more than $W/(1-L)$, where this value of W is a measure of the reduction produced by the calming thought before the decreasing negative feedback loop starts to take over.

There are then a few possibilities. If this reduction is less than the original increase then the resulting level will be somewhere between zero and its maximum value. Some people will report this response: the embarrassment *will* reduce after a while, but can remain at some significant level as long as they remain in the situation. The second possibility is that the expression for the reduction is equal to or greater in magnitude than the original increase. In this case the reduction process will reverse the original increase and bring the variables back down to zero. If the new value of L is greater than unity then the reduction to zero will be simply faster.

When everything is back to zero again we are back where we started. There may or may not be some reason for the increasing process to start up again. An embarrassing remark or a self-conscious thought may do the trick.

As a final comment, we should remember again how very simple the above model is. It can plausibly be supposed in real life that the quantities J and K will depend to some extent on the values W and B . Most organic processes can increase faster at low levels than they do when they are reaching the limits of their resources. Making J and K depend on B and W is not a problem if we are thinking of computerised solution of the equations, but it would take us outside the bounds of what is possible in this book. However, simple though it is, the model has taught us a few simple principles, particularly involving the way the behaviour depends on the size of the coupling constants J and K .

We will next take a look at negative feedback loops in a similar way. The picture now gets more difficult because we have to deal with both increases and decreases.

Let us look at a double-sided negative feedback loop;>

$$12) \text{ } /X > /Y > /X > /Y > /X.$$

A similar approach can be used, except that when we come to looking at solutions, we will start not from a solution in which $X(t)=Y(t)=0$, but from a more general steady state in which $X(t)=X_0$, and $Y(t)=Y_0$ for all t up to and including $t=0$.

Using similar linear approximations to these relationships, we have the following equations for the increments x_i and y_i :

$$13) x_i = -Jy_{i-a} \text{ (if } y_{i-a} > 0) + Ky_{i-b} \text{ (if } y_{i-b} < 0),$$

$$14) y_i = Lx_{i-c} \text{ (if } x_{i-c} > 0) - Mx_{i-d} \text{ (if } x_{i-d} < 0),$$

where J, K, L, M, a, b, c, d are positive parameters.

The solution can be simplified, however, if the delay parameters are the same for increases and decreases, so that $a=b$ and $c=d$. If we then also suppose that $x_i > 0$ for $i=1$ to $a+c$, then by 14) $y_i > 0$ for $i = c+1$ to $a+2c$, by 13) $x_i < 0$ for $i = a+c+1$ to $2a+2c$, by 14) $y_i < 0$ for $i = a+2c+1$ to $2a+3c$ and then 13) gives $x_i > 0$ in $2a+2c+1$ to $3a+3c$, and the pattern repeats. This can be summarised by saying that there are solutions of 13) and 14) which are periodic and in which x and y will be alternately positive and negative. Furthermore the values of x_i and y_i can be determined in a very similar way to that used for positive feedback loops, which the interested reader may calculate. We can consider only the behaviour of x , since that of y can be determined similarly.

If we let

$$X = x_1 + x_2 + \dots + x_{a+c},$$

which is the increase in $X(t)$ over the first positive phase before the feedback loop starts to act on it, then we find that during a negative phase the change in $X(t)$ is $-JL$ times the change in the previous positive phase, which is in turn $-KM$ times the change in the previous negative phase. If we let $JLKM=Q$, then if $Q < 1$, we find that the departure from equilibrium is followed by a period of oscillation with decreasing magnitude until the values of X and Y reach a new steady state. The limit for X is:

$$X = X_0 + X(1-JL)/(1-Q).$$

If you would like a real situation to think about, then one example is that of the inter-personal distance between two people at a cocktail party. If we let $X(t)$ be a measure of the reserve between the two and $Y(t)$ a measure of the physical distance, then common experience suggests the normal pattern of social interaction is for $\{ \text{Reserve} \} > \{ \text{Distance} \} > \{ \text{Reserve} \} > \{ \text{Distance} \}$. (Note that in this model the important distance is the psychologically perceived distance, as measured by the activity of the appropriate mental system. For simplicity we will suppose that each person estimates it in the same way, and that each has a similar measure of reserve, though there would be an interestingly different, but more complex, analysis if we had two people who judged them differently.) Suppose that the couple are talking happily at some constant level of reserve and distance. Then the above simple mathematics models a situation in which there is some forced change: it may be that for a while a change of topic increases or decreases the reserve or it may be that one is physically pushed nearer or drawn apart by an outside agent. In the solution obtained above, the result is a period of oscillation during which the forced change is overcompensated for, and this overcompensation is again corrected for, until things stabilise at some new distance, which will generally be a different one from the one they started from.

A succession of such episodes may result in the two reaching closer and closer equilibria or more and more distant equilibria.

By contrast, if $Q > 1$ then the situation is unstable, because any small disturbance will quickly build up in an oscillatory fashion. The changes x and y will increase by the factor Q after each oscillation. Of course

as this happens we are less able to predict exactly what happens next, as the variables become too large. Thus if the reserve becomes too large or the distance gets too large then the couple will obviously drift apart. On the other hand the mathematics also predicts that after a number of oscillations the distance can become zero: the two will collide. At this point we can no longer rely on our simple linear approximation to predict what will happen. It may be that in some cases the moment will be prolonged to the mutual satisfaction of the two, or it may be that it will lead to an immediate violent emotional and physical distancing.

An important result that emerges from this analysis is the fact that merely because we have established the presence of a negative feedback loop, it does NOT ensure that it will lead to stability. It will certainly act in that way if the coupling constants are not too large. If they are too great then the effect of the loop is to create increasingly large oscillations. We may perhaps call systems which exhibit such behaviour *over-controlled*.

It is typically the case that when a person is highly nervous it can produce behaviour in which there is an over-reaction to all stimuli. Under such circumstances negative feedback loops could easily run into a problem in which the amplification factor Q becomes greater than unity. We might then anticipate such oscillatory phenomena as a shaking hand to become noticeable. The more that the person then tries to control it, the more he or she makes things worse by trying too hard. This phenomenon is quite commonly observed, and may be brought to a Hypnotherapist for treatment. The task is again to reduce the magnitude of the coupling constants J, K, L, M until their product is less than unity, at which point control is efficient again.

It should be remembered however that we have made certain assumptions in deriving the above solution to the negative feedback equations. If, for example, we had not chosen all the x_i to be positive for $i=1$ to $a+c$, but rather allowed them to vary, with some positive and some negative, then there would be a high degree of cancellation when we came to doing the summation. If the average value of these disturbances were to be zero, then the quantity X would be zero, and the feedback loop would not produce any net change either. The practical implication of this fact is that if the time taken for the loop to operate is significantly longer than the time over which external effects fluctuate, then there is less danger from over-control.

Of more interest is to drop the assumption that $a=b$ and $c=d$. I have been unable to solve the resulting equation exactly, but the effects of the two halves of the loop are no longer in phase, and there is some cancellation, so that although oscillations can still be expected, they do not have the same chance to grow with larger values of the coupling constants. Again there would seem to be the suggestion that over-control is less of a problem if different mechanisms, with different delay times, are used in the different parts of the feedback loop.

I hope that these simple examples will give the non-mathematician at least a flavour of why the exact sciences benefit from their mathematical models. They may not give a full picture and they may not be used to give exact numbers. But they can still give insight, and can predict results which might well not

be apparent without the detailed thinking-through that the mathematics forces on us. This leads to a new understanding and promotes new ideas on how to deal with real-life problems.

I know that all of this will seem a million miles away from day-to-day Hypnotherapy for most practitioners. And I am not suggesting that any should need to go into this amount of detail.

We can all drive cars very well without any knowledge of how to tune a suspension system (a primitive cybernetic system). But the engineers who design such systems benefit enormously from knowing the mathematics of such systems. In the same way I trust that if academics and experimenters can give us a more detailed understanding of the way in which the various systems of the mind and body which are involved in Hypnosis and Hypnotherapy interact, then we will all acquire a clearer idea of what Hypnotherapy is about, and also be able to refine and improve our strategies in given cases.

I hope that no one feels that this approach takes all the poetry out of the subject. Think rather that just as the discipline of a strict metre is what has given us the glory of the greatest poetry, just so does the discipline of thinking clearly and accurately about a problem lead to the best therapy.

If the poetry of a body lies in the lines of the flesh, it nevertheless needs the inner strength of the bones to keep those lines firm.

This book on the principles of our subject provides the bones on which its fair form may display its beauty.

SUMMARY

The mathematical modelling of organic systems is a rich and growing field. The principles of this book lead to a description of the methods of Hypnotherapy in terms of the dynamics of organic systems. It is therefore in a far better position than all other theories of Hypnosis or, indeed, of Psychotherapy to take advantage of mathematical modelling to strengthen and illuminate the subject.

In this chapter some simple examples have been presented for the benefit of readers with a little mathematics to illustrate something of what can be achieved by applying mathematical processes to a situation.

Important practical conclusions which have come out of it are the following:

It is NOT the case that the existence of a positive feedback loop inevitably means a massive increase in the activity of the component processes. The increase may be very mild if the coupling constants are small.

It is NOT the case that a negative feedback loop inevitably means a return to the original value of the activities after a disturbance. The new values can generally be different. Furthermore in an *over-*

controlled situation, the negative feedback loop may even lead to increasingly LARGE swings in the activity of the variables, and so the situation can be UNSTABLE.

In attempting either to use or to remove either positive or negative feedback loops, the Hypnotherapist will be typically working on the coupling constants between the systems involved.

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CONCLUSION

AT THE END of this book I would like to reflect on the fact that a theory is itself an organic phenomenon. The structure underlying it is one or more human minds together with representations of the ideas in books, articles and computer memories. The development of a theory is a *process*. It grows under the influence of a number of feedback loops. While the development has been mainly within my mind I have been conscious of using a variety of mental processes.

The foremost of these is the positive feedback loop:

□{understanding} □□{satisfaction} □□{further work} □□{understanding}.

I know that one of my personal characteristics is that the satisfaction I get from understanding something is one of the deepest I know. There is therefore a very strong positive psychological reinforcer in the above increasing positive feedback loop, which has kept it going powerfully over the years since I started Hypnotherapy.

I would say that an enormous part of human achievement is the result of some such loop. If you are a good runner then an increase in speed leads to a satisfaction which leads to more running, which leads to further increase in speed. Part of the art of helping Clients to achieve their goals is to ensure that they close a loop like the above to power the change, as we have seen.

Also central to my way of thinking are two contrary processes (recall the general principle that organic systems tend to arise in opposite pairs). One, which I will call {reject}, acts to reject and criticise an idea. The other, which I will call {accept}, acts to accept and develop a new idea. I regard them as analogous to the systems in the body of which one acts to accept and absorb wholesome food and the other to detect and reject substances that are not food or are poisonous. Each is important. But each can prove fatal without the other. To accept everything is a path to madness. And the other path to madness is to reject everything. To eat everything will soon prove fatal to the body. To eat nothing is equally fatal.

So during the development of the ideas you have been reading there have been countless cycles of thought applied to aspects of the theory, large and small. If we let {idea} be the process of dwelling on an idea, then I have operated at different times *both* □{idea} □□{accept} *and* □{idea} □□{reject}.

Thus, for example, at one stage I had half the book written, but an exposure to {reject} found it inadequate and I scrapped it all.

Now if the action of {accept} does NOT lead to any increase in understanding, it reduces the satisfaction with the idea, and the idea tends to drop out of mind. On the other hand if the idea resists all attempts to criticise it then I become more satisfied with it and it grows stronger.

We thus have the following possibilities:

$\square\{\text{idea}\} \square\square\{\text{accept}\} \square\square\{\text{satisfaction}\} \square\square\{\text{idea}\},$

$\square\{\text{idea}\} \square\square\{\text{accept}\} \square\square\{\text{satisfaction}\} \square\square\{\text{idea}\},$

$\square\{\text{idea}\} \square\square\{\text{reject}\} \square\square\{\text{satisfaction}\} \square\square\{\text{idea}\},$

$\square\{\text{idea}\} \square\square\{\text{reject}\} \square\square\{\text{satisfaction}\} \square\square\{\text{idea}\}.$

Repeated application of these processes tends to continue to alter the ideas in various ways and at various levels. But any that can withstand the alternating mental environments are inevitably more robust. The gardener both fertilises and prunes. The continuing survival of a species involves growth and death. The survival of an idea is no different.

Notice that the sign of an expert in *any* field is the repeated and frequent use of {accept} and {reject}. We may see it in someone who is expert at assessing clothes or wines, or buying and selling cars, or at golf: "Shall I accept that shot as adequate or reject it as not good enough?" It is the continual exercise of both that leads to expertise.

There is another set of mental processes, which I consciously or instinctively use in my thoughts, that parallel the directions suggested by looking at subsystems or supersystems or connected systems of a given system. Of any idea I will tend to ask:

Q1. How does this idea work in a particular example?

Q2. Can I generalise this idea to a broader context?

Q3. Can I find a similar idea: an analogy?

Each of these questions activates a certain kind of process of mental search: {search example}, {search generalisation}, {search analogy}. I will trigger off these processes at random, as a part of the overall process of understanding, and in particular in response to the activation of the feeling of being at a loss as to what to do next.

I think that you should be able to find the influence of this way of thinking throughout the book, as I move between specific examples, analogies and generalisations.

If, for example, I apply the process {search analogy} to the process of asking the above three questions, I can immediately generate the following loose analogies:

a) They might be likened to the three Gunas - Sattva (or Sattwa), Rajas and Tamas - described in the Bhagavad Gita:

"Those who are in Sattva climb the path that leads on high, those who are in Rajas follow the level path, those who are in Tamas sink downwards on the lower path."

b) They might be likened to the three possible spin states of a particle with spin-1 (in quantum theory): the spin takes values that can be labelled +1, 0 and -1.

c) They might be likened to the Holy Trinity.

d) Or to the {child}, {parent} and {adult} of Transactional Analysis.

e) Or, relative to a given species, of {predators}, {food} and {competitors for the same food}.

f) Or, in an organisation, to {pass the buck up}, {pass the buck down} and {pass the buck sideways}.

There are many more possibilities, but the above will serve as examples. I would then activate the process {accept} to each of these for a while to see if the analogies help my understanding. Later I would activate the process {reject} to criticise their value as analogies. At the end I might be left with one or two which seemed quite useful.

Another pair of mental processes that I use freely are {search similarities} and {search differences}. For example in dealing with a given Client I will be forever seeking to find similar cases that I have read about or handled, which can be a fruitful source of insight into the present one, but ALSO seeking for the differences between the present one and the others, because these differences may be crucial.

Notice that the first of the two sentences above consisted of a generalisation to which I then applied {search example} in order to obtain the second. If I had activated instead {search analogy} I might come up with the following.

There is a little girl sitting on the floor sorting peas into two piles, big and small. Each time she picks a new one up she compares it with each of the piles she has so far. Some clearly go to one pile or the other. Others have to be compared carefully against the peas in the piles to see how similar or different their size is to those in the other piles. From time to time she may need to re-sort some peas into the opposite pile. But eventually she not only separates the peas but acquires an excellent ability to assess, as a result of these repeated processes, the size of any small object. In the same way, by forever assessing ideas to see if they are similar to or dissimilar to other collections of ideas, one can develop an astute ability to assess a new idea quickly and easily and see where it belongs.

Another principle of thought that I also use is to ask of most things in life, "What process or processes is this a part of?" It is the difference between thinking in terms of still photographs on the one hand and of a

video or film on the other. Suppose, for example, that a Client tells me some isolated fact, then the above mental process - {search process} - is activated, and this in turn activates a mental process of creating a (rather abstract) conception of what is likely to have led up to and then followed on from the isolated fact: I am mentally searching for precursors and resultants. I may then activate {test} and ask the Client if I have got the details right and activate {accept} or {reject} on the basis of the answers I get, in order to modify my concept of the processes involved.

Yet another process that I use freely in my thought is, of course, the asking of questions. (The word comes from the same Latin root as does "quest", a search: it is a process of mental searching.) Furthermore, I do not simply ask questions, but I ask myself, "Is this a useful question to ask?" I use my tools to improve my tools.

I could present this analysis of my thought processes in more detail, but perhaps I have written enough to show that the means I am using to analyse other organic systems are self-referential: they can be applied to the means themselves. They allow us to think about thought, or to think about our thought about thought and so on; at each level rising to a higher level of system. This may remind some readers of Bateson's ideas on Levels of Learning (Bateson (1973)[Bib](#)). He is also worth reading for other ideas that parallel some in this book. I presume that other thinkers think about their tools: their thought processes. But with the exception of Bateson and the well-known works on lateral thinking and other mental tools by Edward de Bono, I have come across few references by even the foremost of our thinkers to the way in which they have chosen to think, which is perhaps a little surprising.

You will be able to see that since I regard thoughts as themselves processes, I do not regard them as in any sense fixed or immutable or eternal. Furthermore they, also, depend intimately on the environment in which they exist. And as a part of the process of testing (which contains the subprocesses {accept} and {reject}) it is necessary to involve not only my internal environment but also my external one.

One of the most important aspects of this is in the consulting-room. An idea which does not help me to help people gets a very low satisfaction rating. An idea that *does* help is highly satisfying. (I should add that the pleasure of helping has always been a second strong reinforcer for me.)

The second important external environment is that of the minds of others who work in the field. In order to get feedback from this environment I have presented some of my ideas at the Annual Meeting of the British Society for Experimental and Clinical Hypnosis (1993, to be published); published some of the material in this book as it has been evolving in my mind (Morgan (1993a), (1993b), (1993c), (1994a), (1994b), (1995a), (1995b)[Bib](#)); and modified the ideas where appropriate in response to the feedback.

Now, with the publication of this book, the ideas are extending to a larger environment still, to include your mind as well. You will have your own internal systems to deal with new material, and they will almost certainly include {accept} and {reject}, though the criteria they use may well be different from mine. You will understand that I will be most happy if you choose to use *either* or *both* of these systems and then feed back the results to me, for in either case you will be extending my own development of the

theory. Then, when new editions come out, they are likely to be changed by this feedback. It is of the nature and glory of life that it changes and grows. A theory which did not partake of these qualities would be a dead theory: dry bones.

I hope that you, the reader, will play some part in actively changing what you have understood: recasting it in your own words, relating it to others, incorporating your own experiences, developing your own life as a result of what you have learned. Only insofar as things like that happen - only insofar as the theory activates thought and action - is it a living, organic thing.

I have enjoyed writing this. It has activated my mind, and helped me to do my job better. I hope that it has activated your mind and that it may contribute in some small way to help your life to improve also.

Finally it might be an idea to think back to what I said in the introduction about the purpose of this book. There you read that this book is NOT intended to present new facts about Hypnotherapy, nor to be a compendium, nor a history, nor a handbook, nor a "Teach Yourself" book, nor the finding of the Elixir of Life. Rather it is intended to present a new view of the subject: a new paradigm which leads to a deeper understanding.

I hope that, through reading as much of the book as you have chosen to do, you have been able to take that new perspective and consequently are able to judge if this intention has been achieved. I hope to have revealed that Hypnotherapy can be treated as highly scientific in the true sense of the word. It has a foundation of clear and measurable concepts and a theoretical framework which underpins its many techniques. It can certainly hold up its head very high among forms of psychotherapy, many of which can get lost in a jungle of ill-defined if evocative terminology and vaguely defined concepts.

It can interface with the theoretical framework of modern medicine in its emphasis on systems in a way that few other forms of psychotherapy or alternative medicine can match.

It includes within itself a diagnostic procedure which is well-defined, specific and free from arbitrary labels and complex patterns of symptoms - "syndromes" - which have no reference to underlying mechanisms or processes.

Of its essence it emphasises the *dynamic* nature of all organic processes, which even medical diagnosis can fail properly to take into account.

It can interface also, thanks to its structure, with theories of society and economics, so that there can be mutual gain from the exchange of models and ideas.

In its emphasis on the importance of the supersystems within which the system of interest is embedded, it is holistic in a meaningful sense of the word, and gives an added dimension to the concept of ecologically sound changes in an ecologically conscious world.

In its emphasis on the importance of feedback loops it is connected to one of the most central features of all the mechanisms of the body and mind, and indeed all organic systems.

It automatically imposes a wholesome mental discipline in the analysis of problems and the generation of solutions, which is again lacking in so many other forms of psychotherapy.

The ways of thinking it embodies are very practical on a day to day level in dealing with Clients. For all its abstract strength it deals with human reality.

It does not demolish existing practices and particular perspectives in Hypnotherapy, but rather strengthens them by uniting them in a common framework.

All those things I claim for the approach, but I do not claim that what is fixed in this book is either complete or without error. There are doubtless mistakes, at many levels, that I have not managed to eradicate. And there is much more development needed not only on the consequences of the approach but also on the approach itself. A crystal may be flawless. A mausoleum may be complete. If the ideas above were complete and without error then they would be beyond change: but to be beyond change is to be beyond life. I would prefer the theory to be organic and to live.

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What can Hypnotherapy (Clinical Hypnosis) do for you?

There are many problems that Hypnosis has traditionally been very good at dealing with. Some of these are listed below. But I personally do not regard such labels as more than provisionally useful, as the underlying problem can often be very different. For example smoking can be simply a habit, but in other cases it can be the only thing that a person has to control stress. In the latter case the Hypnotherapist has to deal not just with the smoking but the stress as well.

Broadly speaking hypnotherapy is at its best with problems that arise not from a physical malfunction of any system but those problems that can arise when an otherwise healthy system is operating in an inappropriate way. As a rough analogy we may say that where medicine deals with failures of hardware, hypnotherapy and psychotherapy deal with software problems.

A few examples can give an idea of the range of problems that can be treated successfully.

HABITS

Smoking, eating problems, nail-biting, drinking, insomnia.

MENTAL SKILLS

Improvement of concentration, studying, sport skills, selling skills.

EMOTIONAL PROBLEMS

Anxiety, panics, phobias, examination nerves, anger, travel.

PROBLEMS WITH A PHYSICAL DIMENSION

Incontinence, irritable bowel, migraine, eczema, asthma: where these are triggered by internal factors such as emotional stress, and not by some physical factor such as diet, allergies etc., though even such cases may benefit to some extent; muscular pains and tensions, sexual problems.

RELATIONSHIP AND SOCIAL PROBLEMS

Bereavement, jealousy, self-consciousness, shyness, marital.

To find out about your local practitioners try the Yellow Pages or the Electronic Yellow Pages [EYP](#).

How would you choose a hypnotherapist? I suggest that the most important thing is that you **feel happy** with your therapist, and this is something that you can judge partly on the phone, partly from any handouts (or material on the Internet), and partly at the first interview. If you do **not** feel happy then it very much limits the chance of things working.

You might like to have a look at a [WARNING](#) which I hope will not put you off hypnotherapy, but may help you to make a wise choice of therapist.

To find out more about my style of practice if you are within travelling distance and should feel like consulting me click [Consulting me](#)

If you want to learn a lot about the theory of hypnosis so that you can understand its scientific basis you could read my on-line book, [The Principles of Hypnosis](#), Eildon Press. You could also browse though some of my [articles](#) on various topics and even look at the [beginners course](#) which is for those wanting to learn a little about how to do Hypotherapy.

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HYPNOTHERAPY

PSYCHOTHERAPY

COUNSELLING

ADVICE

Dylan Morgan

Some clients say, "I feel guilty troubling you about my problem, you must have many people with far worse ones!" But I always reply, "Any problem that is important to **you** is important to **me** also."

Personally I love the *variety* of a job which can in one week present a smoker who stops, a sufferer from IBS who gains relief, a golfer who improves his stroke, a Managing Director who resolves some business decision by talking things through, a jealous husband who learns how to deal with his jealousy, a professional woman who is working through her eating disorder, a student improving his concentration and social life, restoring full sexual function to one man, helping another to evolve his philosophy of life and yet another with the psychology of a book he is writing!

Whatever your problem you are unique and will never be treated to a production line approach. What you can broadly expect however is the following.

I am very good at getting to the heart of most situations or problems. I have been given a brain that is quick at sorting out the important factors and suggesting solutions. (The downside of this kind of mind is that it forgets within quite a short time anything which is **not** an important part of the problem such as ages, faces, names and so on! Though this greatly helps the confidentiality of the client!)

Having determined the nature of the problem and the broad means of solving it, **I am very flexible in how we work** from then on. I will work within your expectations and your conceptions. The approach may be

intellectual or practical, rapid or gently slow, use logic or metaphors and analogies; I may explain in detail what we are doing, or simply do it - whichever is required; I may or may not reach down into the deeper systems of the mind via hypnotic techniques and so on. To me **it is the goal of solving the problem, or achieving your goal, that is important**, not that you have to travel there along the same path as the next person. And although I have a very detailed and extensive theoretical understanding of what is being done (as you may find out if you really explore this site) I will NOT be talking to you in a technical way, nor trying to get you to understand a whole theory of Hypnosis before getting there.

Therapy is usually brief. The last time I averaged the times taken over all problems I found that the average was about 2.6 sessions of an hour. This means that in practice only a very small proportion of people see me more than half a dozen times.

A few quotes from clients:

"I did not feel at all self-conscious."

"I can say what I want. I can be who I want."

"It was very freeing that I was under no pressure to respond to what you said."

"You crystallised things for me."

"You can be my dust-bin man any time." (I had used the analogy of being like a dust-man in that I take away all the emotional and mental rubbish from people.)

"I wanted to express our sincere appreciation for the help you gave us at a time when we thought all hope had gone. I only wish we had 'discovered' you sooner."

"I don't need to continue, I feel so good!"

"I've read a lot of books, but you have a way of making it really relevant to me."

If you want to know more about how I work:

You can print out a [standard leaflet](#) that I hand out. You can read something of my [ethics](#). You might browse through some of my [Articles](#), which cover a number of topics. It is unlikely that you will want to read my book on the theory of the subject, which is intended for students and others who have some experience of the subject, but some lay people have found it enjoyable. You can find it at [Principles](#). However you may well find that the [comments](#) made on it by professionals will show you how I am regarded by others. You might however like to read the book I wrote some years ago which gives many ideas on how we work, and therefore how you can deal with some of the problems that arise: [Your Path](#)

[in Life.](#)

From July 2000, I have an associate, Mrs. Rose Griffiths, who is helping to share the workload.

IF YOU WANT AN APPOINTMENT Tel 0113 2306333

Complementary Therapy Centre, 249a Otley Road, **LEEDS**.

TELEPHONE SESSIONS: Many people who are further afield and so are unable to travel to see me have benefitted from telephone sessions. A preliminary call or email will establish if the problem is we feel may be usefully treated. Then a time is chosen for the session which is usually for an hour. Advice, counselling and psychotherapy can use this medium quite easily. And when you realise that many people use recorded tapes for hypnosis you will see that in many cases hypnosis over the phone is also quite possible.

You pay for the phone call, and send a cheque in payment after each session.

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LIBRARY ON HYPNOTHERAPY

In time this should contain quite a number of on-line books of potential interest to students and others. The focus is going to be on books which are classics and/or out of print.

[The Principles of Hypnotherapy](#), Dylan Morgan, Eildon Press, 1996.

This describes in detail a comprehensive scientific theory of the nature of hypnosis and hypnotherapy. It is based on the notion that the human mind and body consists of **many** interacting organic subsystems. In hypnosis we act to alter the level of activity of these systems - up and down - in a selective way. This viewpoint also makes clear that many of the more dramatic effects of hypnosis are a result of establishing feedback loops which amplify any change that is required.

[Hypnosis for Beginners](#), Dylan Morgan, 1998.

This book which appears only on this site can be regarded as a practical course for anyone interested in exploring for themselves what hypnosis is all about. It should be very useful for students of the subject. If you are practical minded this is a better place to start than the above *Principles of Hypnotherapy* which is strongly theoretical.

[Neurypnology or the Rationale of Nervous Sleep](#), James Braid, John Churchill, London 1843.

This is a classic book in the history of hypnosis. Not only did Braid give us the word "hypnosis" but he was the first to produce a scientific rationale of the subject.

[The Science of Hypnotism](#), Dr. Alexander Cannon, Rider & Co. Unknown date, perhaps 1920s or 1930s.

This short book is included partly because it is out of print. It is not to my mind a very good book, but is a fair example of what was being done with hypnosis between the wars in England. Dr. Cannon was a respected doctor with many degrees who used hypnosis for medical purposes in Harley Street, London. But his theory seems very unscientific today, and he mixes in a lot of what sounds like mumbo-jumbo. It **does**, however, give an idea of many induction methods used at the time.

[Your Path in Life](#) Dylan Morgan, Eildon Press, 1990.

This is not specifically about hypnosis, though it contains one chapter on the subject and is much influenced by the sort of themes that come up in general hypnotherapy, counselling or psychotherapy. It is, however, directed at general readers, with an eye on learning how to deal with their own lives better. The student of therapy might also find some interesting approaches in it.

[Home](#)

Hypnosis for Beginners

Dylan Morgan

This is a free practical book or eight-session course on hypnosis or hypnotism which will give the beginner a very good grounding in how hypnosis works. It can be FREELY downloaded from this site, and has no copyright restrictions.

It is NOT a theory of hypnosis or hypnotism: this you will find in my book [The Principles of Hypnotherapy](#).

It is NOT a history of hypnosis or hypnotism: the best source for that is the book *The History of Hypnotism* by Alan Gauld, Cambridge University Press, 1992.

It does NOT teach any *hypnotherapy* (clinical hypnosis) - though it is a very useful grounding in basic techniques. You should attend a proper school, of which there are many, to learn hypnotherapy, though the above book *The Principles of Hypnotherapy* gives a good theoretical grounding which complements this practical hypnosis course.

It is NOT simply a re-hash of earlier books on hypnosis: it is a fresh approach which offers insights that you will not get elsewhere.

[Introduction to Hypnosis for Beginners](#)

[Morganic Home Page](#)

NEURYPNOLOGY

or

THE RATIONALE OF NERVOUS SLEEP CONSIDERED IN RELATION WITH ANIMAL MAGNETISM

James Braid

J. Churchill, London

1853

DM:- I regard this book as THE fountain head of hypnosis. Braid not only gives us the word we now use for our subject, but brought to it a clarity of thought and an energy of experimentation which is unparalleled.

I do not know much about his life which is not contained in the pages of this book, but I have complied them into a brief [biography](#).

[Contents](#) is a good place to start and summarises the chapters.

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THE SCIENCE OF HYPNOTISM

BY

ALEXANDER CANNON

K.G.C.B., M.D., D.P.M., Ph.D., F.R.G.S., F.R.S.A., ETC.

Chevalier Grand Croix et Commandeur Hereditaire, etc

Author of

"The Invisible Influence," "The Shadow of Destiny" etc.

Rider and Company

68 Fleet Street, London, E.C.4

This book was published some time between the wars and gives an idea of how Hypnotism was seen by one doctor of repute at the time in Britain. It contains a number of theoretical ideas that seem quite silly or wrong today. But since it is out of print it seems worth presenting as part of a historical view of the subject.

The chapter on methods can be read with interest, though the rather authoritarian attitude current at that time would not be accepted by many today in our more egalitarian world.

There is a chapter on "Colour Science", relating to a supposed lost civilisation of Atlantis dated a quarter of a million years BC which seems to me to be typical of how a lot of mumbo-jumbo has got mixed up with hypnosis in the past. - Dylan Morgan

CONTENTS

[PREFACE](#)

The use of hypnotism - its place in science - its explanation of spiritualism, "Christian Science," faith - healing, occultism and clairvoyance and crystal-gazing - hypnotism and its uses in insanity - production of hallucinations - destruction of hallucinations - delusions and suggestion - uses in anxiety states, worry, etc., and in the psychoses (insanity) - suggestion and the hypnotic state - hetero - suggestion - auto-suggestion

[INTRODUCTION](#)

Definition - the principle upon which hypnotism works - reason for "fixing" the patient's attention - explanation of symptoms produced and how hypnotism acts - types of hypnotic sleep: light, deep, somnambulism - the meaning of en rapport - the difference between ordinary sleep and Hypnotic sleep - how paralysis of many years' standing is cured - treatment of aphonia (loss of voice) - force of suggestion - the test of the hypnotic state demonstrated to the critic - the criterion as to whether hypnotic suggestion will bear forth good results - registration of suggested warmth by the thermometer - crime and the hypnotic state - the conversion of natural sleep into hypnotic sleep: suggestion somnique of Farez

[THE THEORY OF HYPNOTISM](#)

Heidenhain's - monotonous gentle stimulation of a sense causing inhibition of the cortical cells, with consequent suspension of the higher cerebral functions - the physiological tiring of a sense - reduction of a person's mental state of polydeism to one of monodeism and thence to vacuity - the power of hypnotic suggestions upon this "vacuity" state - its complete control of the hypnotist - immediately opposite changes which can be produced

Bernheim's suppression of the ego - the two sides of personality - the "practical out-door" test of suggestibility

Lauder Brunton's theory of occurrence of hypnotic phenomena analogy afforded in physics by the interference of rays of light and sound with one another when they meet in certain relationships to each other - the whole nervous mechanism and a mutual check system - maintenance of balance between sensory and motor nerves - explanation of reflex movements - when sensory strong irregular impulse is disseminated into channels of different lengths the reaction ceases to be merely reflex - the check system only works effectively up to a certain point - inhibition is then produced - what inhibition is - the application of the theory of interference to the induction of hypnosis - inhibition is an interference phenomenon and not an abolition of function, as proved by its immediate production and removability -

dynamogenesis explained - inhibition the foundation of hypnotism

The heart is an example of the close association of neuro-regulating arrangements and their action upon each other - the three principal ganglia of Bidder, Remak and Ludwig - how they act, together and separately - hypnotism and the capacity of determining inhibition compared - hypnogenic zones

Liébeault's rules - suitable witness - suggestions to all somnambulists of hypnotist's omnipotent power - spoken permission - therapeutic suggestions

METHODS OF HYPNOTISING

Lloyd Tuckey's Method - the testing of the degree of hypnotisability of the patient - finger fixation - verbal monotonous - toned suggestions - response to local warmth - method of awakening - testing of stages of hypnosis - cataleptic stage, automatic stage, somnambulatory stage - testing for en rapport - production of negative hallucinations

Bernheim's Method - eye to eye fixation - monotonous verbal commands - thumb and finger imperceptible movements - how to assist a difficult patient - speed with which repeated hypnosis can be made, and how

Grossman's Method - a hint in how to overcome the sceptic - suggest suggestibility to each patient - insensibility of the eyeballs - the half-sitting position and its hints - the dazed expression - how to succeed with an obstinate patient - treatment of pain - persistence until success - talent for invention - induction of anaesthesia and amnesia immediately on awakening the patient - prevention of harmful results of auto-suggestion

The Author's Occidental Method - importance of comfortable position of patient in easy chair - all important explanations to the patient - what the hypnotist will do - what the hypnotist must expect - what the hypnotist expects of the hypnotised - mental state of rest - automatic verbal and motor obedience - signal for awakening - insensibility of eyes test - the tiring of the sense of sight by the bright light of the ophthalmoscope (or other light), or by other methods described - the wording of the all-important detailed suggestions of sleep - the automatic closing of the eyes - complete relaxation - the dreamy state - the sleepy state - the production of the cataleptic state by stroking the limb - the automatic state - the somnambulatory state - the acting of dreams - the acting to command - the carrying out of post-hypnotic suggestion - the method of awakening - how to command the awakening with certainty .

Liébeault's Method - the making the mind as blank as possible - fixation of the eyes on any object - sleepy suggestions - tests for suggestibility - en rapport

Erskine's Method - eye fixation whilst patient relaxes fully in an easy chair - eyelids to close with each verbal count - command to sleep - suggestions made - method of awakening - evading the conscious mind

Binet and Féré's Method of Fascination - its advantages - its objections and dangers - tendency to induce a state of complete automatism with entire suppression of the patient's personality - the hypnotist's eyes - appearance of intense brilliancy - patient attracted by those eyes - success of this method with the insane persons upon whom the other methods have failed - cutting short maniacal attacks - successful treatment of various intractable mental conditions - the first sign of reversed hypnotism - tendency to fatigue of the hypnotist

The treatment of refractory cases

Bernheim - Coué Method - the patient relaxes on a couch, the head of which is raised - the room is flooded with a beautiful blue light - patient asked to either look at light reflected from ceiling or at a print of the hypnotist's eyes - a special gramophone record is played to produce hypnotic sleep - hypnotist energetically moves his hands and arms in certain directions of magnetic line of force - advantages of the method

The Author's Artificial Eye Method - a Dr. Millauro artificial eye used - instructions of a suggestive nature given to patient - patient relaxes in ordinary chair - patient carries out hypnotist's commands - method of lighting up the room and the artificial eye - subsidiary use of the Cannon Hypnoscope

Treatment by transfer of illness from the sick to one already profoundly hypnotised - Luys' clinic method - the "adoption" is not only of the disease, but also of the patient's personality, by the profoundly hypnotised - its experimental value

Hypnotisation of animals - illustrations - hypnotisation of the victim of animals

The Author's Method of using suggestion with hypnosis - patient must relax completely - close his eyes - pay NO attention to what is said to him - election of words - how to use these selected words in therapeutics - cycle of repetition and rest - Method of Silence used when patient *will* listen and pay attention to what is said to him

Delboeuf's- Yogism - so-called occult and Indian fakir practices explained

Auto-suggestion - Napoleon and Coste de Lagrave - "will-power" - essence of faith - healing and "Christian Science"

Carl Wickland Modified Method of Depossession - medium - static current - how to "de-possess" a patient - the author's modified method - how to produce a static current

[CLASSIFICATION](#)

Charcôt's - lethargy, catalepsy, somnambulism - how these methods are tested - neuro-muscular activity

and its tests - production of the cataleptic state by the hypnotist opening the eyes of the patient - the emotional attitudes produced - one-sided catalepsy - the production of the somnambulant state by gently rubbing the top of the head

Liébeault's - first stage of drowsiness - second stage of suggestive catalepsy - almost complete retention of consciousness in the first and second stages - third stage of oppression by great sleepiness - hypotaxis - fourth stage of complete *en rapport* with the hypnotist; the patient ceases to be in relation with the outer world - the fifth stage of somnambulism with indistinct and difficult recall of what happened during hypnosis - the sixth stage of complete amnesia for the period of hypnosis; in this stage all post-hypnotic phenomena can be accurately produced

TREATMENT

Therapeutic value of hypnotism in mental disorders - the almost insurmountable obstacle of auto-suggestion - suggestion *per se* with special drugs - note on the ten established facts regarding hypnosis and its uses

Liébeault and others - consumption of large doses of poison without harm in the hypnotic state - control of nerve centre excitability - treatment of tetanus and other spasmodic diseases - treatment of dysuria of Bright's disease, diabetes, stricture, prostate enlargement - painless childbirth - regulation of menstrual (monthly period) flow

HYPNOTIC COLOUR SCIENCE

The secret of the Atlanteans and the Aryan Hindoos - Deighton-Patmore's work - Research of the Colour Centre of Blackpool - etheric vibrations and colours, sound and perfume - some spiritualistic misconceptions - disease and vibrations - the colour spectrum - the value of colours - the secret of making thoughts things - green and the Psalmist - clairvoyance and the spectrum - healing and colour - simplicity is the soul of learning - the Heaven of success out of a Hell of failure - the "etheric double" - B.B.C. and slumber colour-music - the "spectrone" lamp and its multi-colours and multi-jewel-facet fog defiant lens - the Great White Lodge - its lens - its aims - its psychic lamp - colour and sex - the etheric "tuning fork" of the body - great truths from Atlantis - life begins where books end

The "Spectrone" Colour Lamp - colour combination - the use of colours - their effect upon the psyche and physical organism

The Great White Lodge Lamp - use mat-black walls, and ceiling - black, blue or dark red furniture - height of lamp from floor - in centre of room - timing of revolutions according to heart-beat - silence of mechanism - direction of revolution - combination of colours on the globe - use of perfumes and sounding of certain notes by the voice - powerful psychic effect

WORDING OF SOME OF THE AUTHOR'S RECORDS

[These amount to three "scripts" of an uplifting nature. - DM]

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The Chapters of the book The Science of Hypnosis by Alexander Cannon:

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Your Path in Life

Dylan Morgan

A book for the general reader, designed to increase understanding life and how to lead it more successfully.

Eildon Press, 1990. Not in print but freely downloadable from this site

What is more important: to be able to do mathematics or to be able to run your own life?

And so what does society put into your school curriculum?

What is more important: to understand how mankind has changed through history, or how you change through life?

And what does society put into your school curriculum?

I will be provocative and say that *society teaches* us in school **those things that could make us useful to society**, and **leaves out** those things that could actually **help us to know ourselves**.

In this book I am redressing this, in a small way. I am writing of everyday things that I find that even very intelligent people have simply missed being told on their path in life. I am giving information that can make all the difference between a smooth, successful life and a disastrous one.

Here on the internet it is presented FREE to be downloaded a chapter at a time, for your convenience.

You will find that I continue as I started: by asking a lot of questions with the aim of stimulating you to provide your **own** responses and ideas. It is a good idea, when you find a section of the book that strikes a chord, to write down the answers to these questions. This increases your involvement and makes it more likely that you will discover more about yourself.

CONTENTS

[1. Paths.](#) I use the metaphor of a path to emphasise that life is a **process** and not a static thing. If you can

get into the habit of always seeing your life in this way you will avoid a lot of errors.

[2. Head Paths.](#) Here we look at thinking and ideas, and simple problems that can arise at this level. In particular there is the problem of having learned some ideas that *are quite wrong for you*.

[3. Imagination Paths.](#) The imagination is a very valuable tool in improving ourselves that is very under-used. Here we look at some of the ways it works and can be used.

[4. Heart Paths.](#) The life of the emotions (the heart) is one that receives surprisingly little attention in our education given that it is, for most of us, the most important personal thing there is. This chapter may give you a bit more understanding of how to handle this rich side of life.

[5. Habit Paths.](#) We have good habits and bad habits. We under-rate the former and make far too heavy weather of getting rid of the latter. This chapter will help you to understand and handle habits better.

[6. Health Paths \(Internal\).](#) Health is of enormous importance to us when we lose it. This chapter deals with how we can improve things on the inside.

[7. Health paths \(External\).](#) But our health is also affected by what is going on around us and this chapter gives you some pointers on how to handle this side of things also.

[8. Heaven Paths.](#) The spiritual side of life is not one that receives today the detailed attention that previous generations did. Here we look at it in a very basic way and draw some simple conclusions.

[9. Defensive Paths.](#) An enormous number of problems in life arise from defensiveness in ourselves and others. here we see how to deal with them.

[10. Fear Paths.](#) Not only is fear the root of defensiveness but it is a a cause as well as a symptom of many problems. To understand it is the better to deal with it.

[11. Hypnosis Paths.](#) If you would like to find out a bit more about what hypnosis is and how it can help with various problems in life this (optional) chapter will help.

[12. YOUR Path.](#) A final summing up of the book and any lessons that you might be able to learn that have value in YOUR life.

[Home](#) to Morganic Therapy Home Page

[Your Path in Life](#) | [First Chapter](#)

A Beginners Guide to Psychotherapy

Dr Dylan Morgan

When you are approaching psychotherapy for the first time you can feel rather lost and confused. This is true for the potential client, or someone who is looking for therapy for a friend, or a student.

You are not helped by the fact that there are many different **kinds** of psychotherapy, often with strange names.

This Beginners Guide to Psychotherapy is designed to give you a simple, easy to grasp, picture of the whole field. It starts with an introduction containing a metaphor which will enable you to *understand* the nature and aims of the main fields or areas of psychotherapy. For the person seeking only to know which way to go for help this [introduction](#) may well be enough.

For the student who wishes to learn more there are then supplementary chapters which fill in some details of these main areas. I hope that students especially will appreciate the way in which I present the various fields in a *logical* way rather than in the *historical* way that is common in text books.

This web book is NOT a history of psychotherapy.

It does NOT claim to make you qualified to practice psychotherapy. (I do not sell qualifications.)

It does NOT claim to describe *all* forms of psychotherapy, which are constantly changing, nor to do *full* justice to each - in the interests of keeping at the level of a *beginner's* guide rather than an *expert's* handbook.

It DOES give a description of KEY IDEAS and PRACTICES in psychotherapy.

If it is read in conjunction with the web books [Hypnosis for Beginners](#) and [The Principles of Hypnotherapy](#), it WILL serve as a grounding in Hypnotherapy - which combines hypnotic techniques with ideas and approaches drawn from all forms of psychotherapy.

[Site Home Page: Morganic Therapy](#)

[Book Home Page](#)

[Introduction](#) | [Pharmacotherapy](#) | [Behavioural therapy](#) | [Cognitive therapy](#) | [Psychoanalysis](#) | [Family therapy](#) | [Humanistic therapy](#) | [Religious therapy](#) | [Other therapies](#)

ARTICLES

ON HYPNOTHERAPY, PSYCHOTHERAPY, SMOKING, LOVE, MEMORY, JAMES BRAID, ANTON MESMER, PANIC ATTACKS, SEXUAL PROBLEMS, CIRCUMCISION, NLP, HUMOUR, ETC.

by [Dylan Morgan](#) [Home Page](#)

The following is a list of the article titles with a brief description:

[James Braid](#) An account of his favourite induction method.

[The Defensive Persona](#) The Defensive Persona is a system of behaviour, emotions and thoughts that a person activates when feeling threatened. It is very valuable to recognise when people are evoking such a persona, and the process can be illuminated by animal analogies.

[Smoking](#): And how to use hypnotherapy to stop it.

[Hypnotherapy as Dehypnosis](#): The view that in some senses where stage hypnosis is aimed at putting in suggestions to limit conscious self-control, hypnotherapy aims to do just the reverse

[Practical Psychotherapy - Interview and Diagnosis](#) A short piece on useful questions to ask at the diagnostic stage of a session,

[Iatrophobia induced by Circumcision](#): A case of a man's fear of doctors rooted in childhood circumcision. Also deals with the process of foreskin re-growth.

[All you need is Love?](#) : Love is a four letter word often neglected by psychotherapy. Here we emphasise the value of the many forms of love.

[Lover or Hypnotherapist?](#): A case of a woman who left her boyfriend because he treated her too much

like a client!

[Memory](#): Dealing with what happens if a memory becomes full! and other reflections.

[The Technique of Editing Mental Videos](#): How one can dramatically change symptoms by treating traumatic memories as videos that can be edited and thereby improved.

[What Mesmer Believed](#) It is often thought that Mesmerism was an early form of hypnotism. In some practical ways it was. But its theoretical background is totally different.

[Mr. Bean - the Therapist](#): an account of how humour can be used to great effect in therapy.

[Humour](#): A collection of jokes funny and not so funny about hypnotherapy and psychotherapy

[A Scientific Assessment of NLP](#): A summary of an account of critical research into one aspect of NLP described by Michael Heap.

[A Novel Hypnotic Induction](#): In which we supposedly invoke a primitive reflex whereby touch at the back of the neck produces deep relaxation and responsiveness.

[Only Adults have Panic Attacks](#): A particular view of panics.

[Sexual Problems in the Male](#): And ways of treating them.

[Anecdotes](#) Stories that have a therapeutic point for certain cases.

[Tips](#): A variety of small tips on particular problems.

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A couple of poems:

[Rebirth](#): A sonnet.

[Good Advice](#): A poem on the theme of the great harm that can be done if advice is not tailored to the life.

[Home](#) | [Principles](#)

BIOGRAPHIES

[Franz Anton Mesmer](#) (1734-1815)

Mesmer is often seen as the earliest hypnotist. But although his work led to hypnosis I see it as different because his practice and the theory of "animal magnetism" he used, makes his work more in line with those therapies which use a lot of physical contact to release or transfer some form of hypothetical vital force.

[James Braid](#) (1795-1860)

To my mind Braid truly deserves the title of Father of Hypnosis. He not only gave us the name but also the first scientific ideas on what it involves.

[Ambrose August Liébeault](#) (1823-1904)

Practising as a country doctor in France, near Nancy, Liébeault is in some ways the French equivalent of Braid in that he worked extensively by himself and published a thick book on his ideas. For him the key ideas are "attention" and "sleep".

[Milton H. Erickson](#) (1902 -1980)

Arguably the greatest hypnotherapist of the twentieth century. He has been a great influence on me and most others in this latter half of the century. He did not promote any theory of the work, but he has stimulated many others to think about how he achieved what he did.

[Peter Casson](#) (1921-1995)

This biography is included because I knew Peter slightly. He is an example of one of the men who, in the years after the war, bridged the gap between stage hypnotism and hypnotherapy. I suspect that without such men the field would not have gained the popularity it now has.

[Dylan Morgan](#) (1946-)

If you want to know a bit about me.

[Home](#) | [Principles](#)

HYPNOTHERAPY STUDENTS START HERE:

To learn about hypnosis, what it is and how it works, and how to apply it to helping people - hypnotherapy or clinical hypnosis.

A large part of this site is dedicated to students of hypnosis. The people I have in mind mostly are those individuals all over the world who are interested in finding out about one of the most powerful and valuable non-chemical ways we have of changing the way we are.

I believe it to be:

- **Highly practical**
- **Highly effective**
- **Scientifically sound**

And that it can:

- **Create changes for the better**
- **Get rid of problems**

I attempt to keep my language as simple and clear and free from jargon as possible, bearing in mind the fact that many readers around the world use English as a second language.

[Training](#) This will tell you some ideas about training in hypnotherapy.

[Qualities needed](#) This gives my ideas on the kind of person who is likely to be good at the job; divided into those qualities that are relatively innate and those that can be learned.

[Beginners](#) This gives a brief introduction to Morganic therapy. In due course I hope to expand it to include a beginners course in Hypnotic techniques.

[Hypnosis for Beginners](#) This is the current state of a more practical course, mentioned above, which is being enlarged from time to time.

[The Principles of Hypnotherapy](#) When you know something about the subject you can move on to this

complete book available on this site which gives a deep understanding of the scientific principles of the subject.

[Articles](#) You could browse through this selection of articles I have written on various topics which may give you an idea of how therapy can be applied in various cases.

[Bibliography](#) This is the page on which all references are collected. Access to it is given after every reference in a text by means of the shorter key [Bib](#)

[Home](#) This is the home page on this site from which you can access everything else.

Addresses of hypnotherapy training colleges in the UK

NB In the nature of things it is easier to put together lists than to ensure that the names are still correct. Colleges come and go. So if you know that any of the following are wrong, or if there are any to add please [email](#) me.

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To Enquirers: Only a few schools are on the Internet as yet, the addresses I have are in [links](#)

To Schools: It is not hard to put together a straightforward site - I taught myself - but if you want one done professionally and artistically then [Hypnos](#) has the unique recommendation that it also hosts a free on-line magazine and hypnosis resource site.

H indicates a school accredited by the Hypnotherapy Research Society (UK)

Academy of Curative Hypnotherapists, 16 Station Road, Cheadle Hulme, STOCKPORT, SK8 5AE.

Ark Courses in Hypnotherapy, Gratham Grange, Gratham Nr Bramley, GUILDFORD GU5 0HL.

H Atkinson-Ball College of Hypnotherapy & Hypnohealing, PO Box 70, SOUTHPORT, PR8 3JB.

British Hypnosis Research, Suite 2 Health & Community Studies, The University, DERBY DE3 5GX

H Centre Training School of Hypnotherapy and Psychotherapy, West Didsbury Holistic Health Centre, 115a Lapwing Lane, MANCHESTER, M20 6OR

H Centre Training School of Hypnotherapy and Psychotherapy, 145 Chapel Lane, Longton, PRESTON, PR4 5NA.

Clinical Hypnotherapy Training Centre, 1c Harold Road, LONDON N8 7DE.

Corporation of Advanced Hypnotherapy, PO Box 70, SOUTHPORT PR9 9HR.

College of Transpersonal Hypnosis and Healing, 118A Regent's Park Road, LONDON, NW1 8XL

Department of Psychiatry, The University, SHEFFIELD S10 2TA. (*Accepts only professionals With relevant degrees.*)

East Midlands Psychotherapy Training, 189 Uppingham Road, LEICESTER LE5 4BQ.

Holistic Hypnotherapy, 31 Hurst Road, EASTBOURNE, BN21 2PJ.

Hypnosis Training and Services, PO Box 14076, LONDON, N16 7WB.

Hypnotherapy Research Society (UK), Millfield Business Centre, Stone in Oxney, KENT, TN30 7JL.

Hypnothink Foundation, PO Box 154, CHELTENHAM, Gloucester, GL53 9EG.

Hypnotherapy Centre, 1 Wythburn Place, LONDON W1H 5WL.

H Institute of Clinical Hypnosis, 28 Tantallon Road, LONDON, SW12 8DG.

Institute of Curative Hypnotherapists, 6b The Tything, WORCESTER WR1 1HD.

Institute of Hypnotherapists, 3 Avocet mews, LONDON SE28.

Institute of Hypnosis and Parapsychology, St Werburgh's cloisters, Friargate, DERBY DE1 1BU.

International Association of Precision Therapists, Brooklyn House, Ford Heath, SHREWSBURY, SY5 9GX.

Irish Institute of Counselling and Hypnotherapy, Administrative Offices, 118 Stillorgan Road,
DUBLIN 4, Ireland.

La Roche International College, PO Box 37, Scarborough, N. Yorks.

[London College of Clinical Hypnosis](#), 229a Sussex Gardens, LONDON W2 2RL.

London School of Eclectic Hypnotherapy & Psychotherapy, 808a High St., Finchley, LONDON N12 9QU.

National School of Hypnosis and Psychotherapy, 28 Finsbury Park Road, LONDON, N4 2JX.

National Association of Counsellors, Hypnotherapists and Psychotherapists Training Facility,

Mindworks Therapy Training, 46 Highbury Avenue, Bulwell, NOTTINGHAM

H Mind Train

H National College for Therapeutic Studies

H National College of Hypnosis and Psychotherapy, 12 Cross St., Nelson, Lancs. BB9 7EN.

H [National School of Hypnosis and Psychotherapy](#), 28 Finsbury Park Road, LONDON N4 2JX.

Proudfoot School of Hypnosis & Psychotherapy, 278 Scalby Road, SCARBOROUGH, N.YORKS., YO12 6EA.

Psychotherapy & Hypnosis Training Association, Suite 501, 223 Regent St., LONDON W1R 8QD.

REALISATION, Mallard Lodge, Thorganby, YORK, YO4 6DJ.

School of Analytical & Cognitive Hypnotherapy and Psychotherapy. 96 Frinton Road, Kirby Cross, Frinton on Sea, Essex.

Trance-Formations School of Hypnotherapy, PO Box 318, Wembley, MIDDLESEX HA9 6AE.

Therapy Training College, 8/10 Balaclava Rd., Kings Heath, BIRMINGHAM B14 7SG.

H Twa Acres Natural Therapy Centre, Woodlands Road, Blairgowrie, TAYSIDE PH10 6LD.

H Washington School of Clinical and Advanced Hypnosis, Richmael House, 25 Edge Lane, MANCHESTER, M21 9JH.

H Woodbury Counselling Ltd, Woodbury House, Woodchurch Road, TENTERDEN, KENT TN30 7AE.

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[Home Internet links](#)

Links: Hypnotherapy & Clinical Hypnosis

JOURNALS

[HYNOGENESIS](#) FREE ON-LINE JOURNAL

All the other Journals come in printed form and have to be paid for, though some will have some articles on-line

[American Journal of Clinical Hypnosis](#)

[European Journal of Clinical Hypnosis](#)

[Australian Journal of Clinical Hypnotherapy and Hypnosis](#)

[Contemporary Hypnosis](#) The Journal of the British Society of Experimental and Clinical Hypnosis.

Hypnotherapy Today (No web site yet)

[International Journal of Clinical and Experimental Hypnosis](#)

Journal of Clinical Hypnotherapy and Hypnoanalysis (No web site yet)

Journal of the Hypnosis Research Society (No web site yet)

Journal of National Council for Hypnotherapy (No web site yet)

The Medical Hypnoanalysis Journal (No web site yet)

[healthfinder®](#) is a gateway consumer health and human services information web site from the United States government.

UK HYPNOTHERAPY ORGANISATIONS

Hypnotherapy Society www.hypnotherapysociety.com

Hypnotherapy Research Society

Counselling and Psychotherapy Society

All have Headquarters at

The Hypnotherapy Society, P.O. Box 15, Tenterden, Kent TN30 7ZE Tel 01580 765856

email hs@avalon.easynet.co.uk

BHA Hypnotherapy Society (www.bhahypnotherapy.org)

Wellbeing House, 262 Spendmore Lane, Coppull, Chorley, Lancs. PR7 5DE

Tel 01257 792993 [Email](#)

National Council of Psychotherapists www.natcouncilofpsychotherapists.org.uk

P.O. Box 6072, Notts., NG6 9BW. Tel 0115 913 1382

National Council for Hypnotherapy Ltd

P.O Box 5779, Burton on the Wolds, Loughborough, LW12 5ZF Tel. 01509 881477

email: nch@bowolds.u-net.com

General Hypnotherapy Register www.general-hypnotherapy-register.com

PO Box 204, Lyminster, Hants, SO41 6DH Tel 01590 683770

PROVIDERS OF HYPNOTHERAPY TRAINING

(Not many schools are on the internet yet. For a list of addresses, which may be out of date goto [school addresses](#).) To

Schools: It is not hard to put together a straightforward site - I taught myself - but if you want one done professionally and artistically then [Hypnos](#) has the unique recommendation that it also hosts a free on-line magazine and hypnosis resource site. (I have no personal connection with this.)

LONDON

[The London College of Clinical Hypnosis](#)

- This is the largest school of clinical hypnosis (hypnotherapy) in the UK

[National School of Hypnosis and Psychotherapy \(N-SHAP\)](#)

- School of Ericksonian Hypnosis

[The London College of Holistic Medicine.](#)

CAMBRIDGE

[International Association of Hypno-analysts](#)

ESSEX

[The School of Analytical and Cognitive Hypnotherapy.](#)

LINCOLNSHIRE

[Innervisions School of Clinical Hypnosis](#)

MANCHESTER

[The Washington School of Clinical and Advanced Hypnosis](#)

[Centre Training School of Hypnotherapy and Psychotherapy](#)

COUNTY DURHAM

[The Northern Institute of Clinical Hypnosis](#)

OTHER SITES

[The stress site.](#) The site contains articles on stress and links. A large part of the site contains information on stress management techniques and therapies.

I would like to inquire if a link is at all possible?

[The Hypnonatal Program](#) A site offering information on the use of hypnosis in pregnancy and childbirth.

[Morris Berg](#) Includes information on a book on Hypnotherapy courses in the UK he has written with Michael O'Sullivan.

[Anglo American Book Company](#) is a good source of books on Hypnotism and Psychotherapy.

[Hypnogenesis](#) , the on-line magazine, has other links

[Hypnosis UK](#)

[Hypnotica](#) is a site by Dr Henderson which deals with Self-Hypnosis. It contains quite a bit of free information which leads you towards buying various tapes etc. to help further.

[NLP Information Centre](#), if you are interested in Neuro-Linguistic Programming

DISCUSSION SITES

[Hypnoforum](#) is an open forum for discussion, comments about hypnosis, hypnotism etc. sponsored by the London College of Clinical Hypnosis.

[Alt.Hypnosis](#) and [Alt.Hypnotherapy](#) are newsgroups that cover Hypnosis and Hypnotherapy

PERSONAL SITES

LINK UP? I AM AIMING AT AN "OPEN DOOR" POLICY. IF YOU FEEL THAT YOUR INTERESTS CONNECT UP WITH MINE THEN SENT ME AN EMAIL WITH ADDRESS AND A SHORT DESCRIPTION. MY EASY-TO-REMEMBER SITE ADDRESS IS

<http://www.morganic.org>

.
[Victoria M. Wizell, C.M. Ht. of Hypnotherapy of Nevada](#)

Information about hypnosis, self-hypnosis, weight-loss, sexual issues, stress management, stop smoking, and much more. Private sessions and extensive selection of self-hypnosis audio programs available.

[Deborah Marshall-Warren](#) offers interactive hypnotherapy

in London, England.

[Robert Kelly](#) Consultant Hypnotherapist. Cambridge

[Keith Livingston](#) A Seattle area Hypnotherapist and NLP Master Practitioner who conducts trainings all over the US. Hypnosis news, books, articles and more.

[Del Hunter Morrill](#), Counseling Hypnotherapist at TRANSITIONS, INC, a Center for Counseling and Hypnosis in Washington State, USA.

[Chaplain Paul G. Durbin](#), Ph.D. Director of Pastoral Care and Clinical Hypnotherapy at Pendleton Memorial Methodist Hospital in New Orleans, La.
Articles on Hypnosis, Hypnotherapy, Medical Hypnotherapy, Pain Management, False Memory Syndrome, Guided Imagery, Hypnosis and Religion, Alfred Adler, Viktor Fankl Maxwell Maltz and other subjectS.

[Steve Harold](#) Hypnotherapist East London

[Andy Smith](#) Hypnotherapist/NLP trainer in West London

[Wayne Capps](#) Clinical Hypnotherapist from Charleston SC. Also practising magician

[Grant Boddington](#) Hypno-Links International, Stage hypnotist and Motivational Hypnotherapist, New Zealand.

[Jacob Bimblich](#) of Brooklyn, New York is a Life Member of the National Psychiatric Association, and a Fellow and Charter Member of the Academy of Scientific Hypnotherapy and belongs to more Hypnotherapy bodies than anyone I have heard of! Jacob is the host and producer of a prime time cable television show called Discovering Yourself which deals with alternative medicine, and has lectured and demonstrated extensively. Mensa member.

[Alan A McCool](#) Eclectic hypnotherapist, Cheshire, UK. Specialises in Weight Control and Eating Disorders.

[Michael Millett](#) Eclectic, holistic, NLP &Timeline, Past life regression, Hypnosis. London, England.

Email at dylanwad@easynet.co.uk

[Home](#)

WARNING!

I have added this at the suggestion of someone who emailed me at this site after having had an unfortunate experience of hypnotherapy.

His email read as follows:

Last year I had a rather bad encounter with hypnosis. With abreaactions and some of the suggestions given to me causing me great distress.. The person who administered the hypnosis was of poor character himself. He used some of the techniques I notice in your book and "groomed" me over several days to do hypnosis with me.

During my trance I started to remember some childhood sexual abuse. Though the hypnotist continued the trance.

During the weeks afterwards I started to exhibit abreaactions and was diagnosed with Post Traumatic Stress Disorder. And as I understand the disorder there is a precipitating event that happens after the trauma that starts the PTSD symptoms. For me it was this trance.

This has cause me both fear of and a desire to learn more about hypnosis. I'm shaking a bit typing this now...

In an attempt to deal with my negative encounter with hypnosis I looked for others who had negative things happen to them, mostly with abusive hypnotists. with very disturbing suggestions given to some. Like "Every time you call your brother you will dial my number instead."

In your book you had an example of a student who was to walk around the room before returning to his seat though he thought enough is enough and wanted to go directly to his seat. This conflict was uncomfortable for the subject, though that was not expanded on in your book. That uncomfortable experience when a subject is given a suggestion that is distressing for the subject.

Also I notice there was little information on abreaactions in your book. I believe this is an important part for students to know about. And would be remiss to practice hypnosis on friends with knowing about it. Even if it would be as simple as a headache, the student and the subject should make an informed choice.

Being honest with my fear and my abusive encounter with this field is not easy. I have found most sites promote hypnosis freely and without limits or consideration for teaching responsibility or ethical use for the subject.

When in trance I became aware of some abusive memories. The hypnotist continued and disregarded the information I was giving him, to continue his agenda with the trance. A student just wishing to learn and develop the skill might also make the same error.

I encourage you to add to your web page information on abreaction's and the ethical use for hypnosis. To promote the positive use of hypnosis.

Personally it helps me cope and grow when I can share a little about what happened to me and I thank you for this opportunity.

You, the reader may well know that an abreaction is the name given to what happens if a person has for a long time suppressed all recall of an unpleasant event, and it then surfaces as a kind of reliving of the emotions and sensations of the time. There are many schools of therapy, dating back at least to Freud who believe that this can be therapeutic and cathartic.

What this email correctly observes is that it is in fact far from sufficient to allow such material to surface in an uncontrolled and unrecognised way. The correct strategy involves such things as allowing the experience to surface by degrees; always to help the client to deal with the memories in a more positive way than simply suppressing them and to "tidy up" in the memory all loose ends.

It would appear that in this case the hypnotist failed to do any of these things.

How can you avoid such treatment?

Here are some ideas that you might like to bear in mind when selecting a hypnotherapist.

*** Do you *feel* that he/she is competent and trustworthy?**

Most people, like animals, can actually sense such things as a slight nervousness or deviousness in another. It may be nothing that we can pin down rationally, but I would suggest that it is actually a very good criterion. Since you may not feel this until you are well into a session, or even into the hypnotic treatment it would be wise to establish as a ground rule, "Will it be alright if I terminate treatment if I get uneasy?" Personally I would not go for therapy with anyone who answered "No" to this.

*** Is the practitioner a member of an organisation?**

Since in fact there are very few practising therapists who are NOT members of some society, this may not be as useful as it sounds. There are a LOT of organisations in this field at present.

*** How long as the therapist been in full-time practice?**

An honest answer to this can be very useful. As in most fields the less experience you have the less you are able to deal with difficulties. I gather that plane crashes are most common when pilots have done about 100 hours training. It is enough to give some confidence and competence but not enough to deal

with emergencies. Also there is the pragmatic fact that if a person has been able to make a living for many years from hypnotherapy it is more likely that not that they must be getting something right!

*** What is the person's background?**

Almost all of us in the UK have done something else before retraining as hypnotherapists. It is not like dentistry where you start training from university. As I make it clear I was previously a university mathematician, which tells you that I must have a good brain, and be able to think and analyse clearly. You may well wonder if I am also able to relate to people: but that is something that you could find out on the phone or face to face. If a hypnotherapist dropped out of school at fourteen and was previously a stage hypnotist it would tell you that he had good personal confidence and certain hypnotic skills. But you would then have to check that he also knew something about psychological problems and was more interested in helping you than in making a living. In short the answer to this question will tell you something, and leave other things to be checked.

*** Ask around.**

In practice a lot of people come to established hypnotherapists on the recommendation of a friend or a friend of a friend who say "It worked for me. He/she seemed fine." Common sense suggests that this is not a bad start.

Dylan Morgan

M.A.(Oxon.), D.Phil.(Oxon.), MNCP, FHRA, MNHR

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Hypnotherapy Psychotherapy Counselling Advice

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249a Otley Road, LEEDS. 0113 2306333

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HYPNOTHERAPY - What is it?

A full theory of Hypnotherapy can be found in my book *The Principles of Hypnotherapy*, Eildon Press, 1985. But a very simple idea can be obtained by realising that in order to change a complex thing like the

mind it makes sense to shut down most activity other than that in the thing you are changing. And that is the key to most of what happens in hypnosis.

What does it feel like?

Since most muscular activity will be switched off you will feel very relaxed. Since most emotions are normally switched off you will feel very calm and secure. Since most other thoughts are switched off your mind will be able to concentrate totally on the hypnotist's voice.

Will I fall asleep?

It is true that some people *do* fall asleep, but in that case they have to be woken up again! If there is no awareness of the hypnotist's voice then nothing said can be expected to have any effect. So normally you will expect to hear what is going on and also to stop at any time, if you feel the need.

What can Hypnotherapy do?

It has the power to change, **powerfully and effectively**, a large number of things, which can fall into four broad classes.

- **Thoughts and ideas**

People can suffer from thoughts of low self-esteem, or obsessive thoughts about someone or something. They may not be able to get out of their minds the idea that they are suffering from an illness, or from jealous thoughts. Equally hypnosis is a powerful tool for introducing positive thoughts, of self-confidence and the like.

- **Feelings**

At other times it is more the heart or feelings that are the problem. Such problems range widely over panic attacks, anxiety, guilt, anger or inadequacy. It is quite often the case that such feelings are rooted in the past and hypnotherapy can be very effective indeed at getting to the roots of such problems and removing them. In addition it is possible to introduce new positive feelings such as calmness, confidence and well-being which can greatly improve a person's state.

- **Habits**

The third big class of problems with which hypnotherapy can help is that of habits. It is often the case that people are in the grip of habits that they are unable to control - the most common ones being smoking and overeating. But there are others, such as nail-biting and deep-seated compulsions. All of these are susceptible to Hypnotherapy which can focus on the small part of the subconscious brain which controls habits.

- **Health**

The final broad category is that of physical health. There are quite a number of physical symptoms that respond well to hypnotic techniques. Many of these are also things that medicine does not have specific antidotes to. Irritable Bowel Syndrome (IBS) is one example. Many migraines and headaches, incontinence, sexual dysfunction and the like can also be treated in a straightforward way.

- **Other**

But there are many other things, such as improved sports performance, that can also be helped: just ask if you are in doubt!

Psychotherapy

An understanding of human psychology is a **must** if we are to attempt to deal with anything but the most superficial problems. Hypnosis without an understanding of psychology is like trying to repair a car without any knowledge of how a car works! And so some psychology is involved in anything that a good hypnotherapist does.

Psychology is a more general term which covers many methods - of which hypnosis is only one - of helping a person to overcome a variety of psychological problems. And there are people who would prefer to adopt some such approach which usually relies on **understanding** what is happening to them and how they work, rather than placing all of the responsibility on the therapist.

Such people may well prefer not to use hypnosis, and then I will proceed by other means to help the client to get to the root of any problem, and to discover ways then of overcoming it.

Counselling

Counselling is related to psychotherapy, differing mainly in emphasis: in counselling the problems are more likely to be seen as arising out of the current situation, whereas psychotherapy is more likely to deal with problems arising out of the past.

There are many styles of counselling, as there are of the other practices. My own is fairly directive: I do not normally simply sit and listen, I make suggestions and give feedback. But I can be non-directive if required.

Advice

And that brings us to the last heading, that of advice. There are many situations in life in which human psychology is an important factor. A parent may have some problem with a child. A Managing Director may have some weighty decision to make and has no impartial person to talk things over with. A writer may be plotting a story and want an assessment of the psychology of the characters. Someone may be trying to decide whether or not to go ahead with a marriage.

None of these situations need be very serious, but they can all benefit from some intelligent understanding of the way people are and work. And since I am dealing with people and their natures and motivations on a daily basis, it is often quite easy for me to come up with useful suggestions or advice which is felt to be well worth the visit.

- I have been in practice for 17 years in this area.
- I have run courses in Hypnosis together with Dr. Peter Davies, then Head of Psychology, for doctors and dentists at Leeds University.
- I have been editor of the Journal of the National Council of Psychotherapists and the National Council for Hypnotherapy.
- I have written an acclaimed book *The Principles of Hypnotherapy*, Eildon Press.

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Hypnosis for Beginners

[Dylan Morgan](#)

Introduction

THIS BOOK, as the title suggests, is aimed at beginners - people who would like to learn how hypnosis and hypnotherapy works. It does not suppose that you know anything about the subject. It is quite **practical**, with lots of suggestions for things that you can **do**. For most people it is better to start with this before going on to read [The Principles of Hypnotherapy](#) which is more theoretical.

In accordance with the [ethics](#) of this site any of this material may be copied and used by anyone. And though, just as with any other book, the author has no control over how the material can be used, it is hoped that anyone who **does** use it will do so ethically, as outlined in the practitioner ethics.

If you plan to become a hypnotherapist yourself then this is quite a good place to start, but do remember that I do not provide formal qualifications: for that you should attend a good course. However doing some of this groundwork first will enable you to assess schools better. Compare the material in [student training](#).

The starting point and home page for this book is [contents](#)

(Completed 29th Dec 1998.)

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JAMES BRAID is one of the giants in the history of Hypnosis. He was born in 1795 in Fife, studied medicine at Edinburgh, and settled as a surgeon in Manchester, where he died on 25th March 1860.

He became interested in Mesmerism as a result of watching a demonstration by Lafontaine (1803-1892), whose personality and exhibitions were very similar to those of a Stage Hypnotist of the present day. Lafontaine came from a theatrical family, was very self-confident and would demonstrate the more dramatic Hypnotic phenomena on a particularly susceptible member of the audience or a "good" Subject he had brought with him. Braid's personality was quite opposite. He was calm, rational and well-balanced. After watching the demonstration in November 1841 he began to experiment for himself, and was soon demonstrating and lecturing and encouraging open discussion and criticism. He was attacked on both flanks. On the one hand the Mesmerists were naturally incensed at his undermining of the belief in some magnetic power they possessed. On the other there were the average men and women who were incredulous of the effects of Hypnosis and believed that some trickery was involved. Braid must have worked very hard, as must his publisher and printers, because his extensive book [Neurypnology](#) was published little more than two years after he first watched the demonstration.

His primary technique was to get the Subject to focus on a small bright object held very close (20cm - 40cm away from the eyes) in a position which strained the eyes and eyelids. This would generally lead to a spontaneous closing of the eyes, with a vibration of the eyelids. This response could be encouraged by moving two fingers of the right hand towards the eyes. The details appear in [Braid's Induction](#).

He did not develop a detailed theory of Hypnotism other than to regard it as involving processes which could either depress or "prodigiously enhance" the activity of the nerves. He gave us the words "hypnotism", "hypnotise", "hypnotist", etc. He also used the concept of a hypnotic state, which is being avoided in this book.

Since Braid did not found a school, his influence waned after his death and the centre of Hypnosis moved to France in the second half of the nineteenth century. However, his book continued to be influential.

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NEURYPNOLOGY

James Braid

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TO

CHARLES ANDERSON, M.D., F.R.C.S. ED. &c.

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NEURYPNOLOGY

James Braid

Introduction

IT was my intention to have published my "Practical Essay on the Curative Agency of Neuro-Hypnotism," exactly as delivered at the *Conversazione* given, to the members of the British Association in Manchester, on the 19th June, 1842. By so doing, and by appending foot notes, comprising the data on which my views were grounded, it would have conveyed a pretty clear knowledge of the subject, and of the manner in which it had been treated. It has since been suggested, however, that it might readily be incorporated with the short *Elementary Treatise on Neuro-Hypnology*, which I originally intended to publish, and which I am earnestly solicited to do, by letters from professional gentlemen from all quarters. I now, therefore, submit my views to the public in the following condensed form. I shall aim at brevity and perspicuity; and my great object will be to teach others all I know of the modes of inducing the phenomena, and their application in the cure of diseases, and to invite my professional brethren to labour in the same field of inquiry, feeling assured, that the cause of science and humanity must thereby be promoted.

It was with this conviction I offered my "Practical Essay on the Curative Agency of Neuro-Hypnotism," to the medical section of the British Association.

In November, 1841, I was led to investigate the pretensions of animal magnetism, or mesmerism, as a complete sceptic, from an anxiety to discover the source of fallacy in certain phenomena I had heard were exhibited at M. Lafontaine's *conversazioni*. The result was, that I made some discoveries which appeared to elucidate certain of the phenomena, and rendered them interesting, both in a speculative and practical point of view. I considered it a most favourable opportunity for having additional light thrown upon this subject, to offer a paper to the medical section of the British Association, which was about to meet in Manchester. Gentlemen of scientific attainments might thus have had an opportunity of investigating it, and eliciting the truth, unbiassed by local or personal prejudice. I hoped to learn something from others, on certain points which were extremely mysterious to me, as to the cause of some remarkable phenomena. I accordingly intimated my intention to the secretaries, by letter, on 18th May and on the morning of Wednesday, the 22d June, 1842, sent the paper I proposed reading for the consideration of the committee, intimating also, by letter, my intention to produce before them as many of the patients as possible, whose cases were referred to in proof of the curative agency of Neuro-Hypnotism, so that they might have an opportunity of ascertaining, for themselves, the real facts of the

cases, uninfluenced by any bias or partiality that I might exhibit as the discoverer and adapter of this new mode of treatment. The committee of the medical section, however, were pleased to decline entertaining the subject.

Many of the most eminent and influential members of the Association, however, had already witnessed and investigated my experiments in private, and expressed themselves highly gratified and interested with them. In compliance with the repeated desire of these gentlemen, and many other eminent members of the Association to whom I could not possibly afford time to exhibit my experiments in private, and who were anxious to have an opportunity afforded them of seeing, hearing, and judging of the phenomena for themselves, I gave a gratuitous conversazione, when I read the "Rejected Essay," and exhibited the experiments in a public room, to which all the members of the Association had been respectfully invited. The interest with which the subject was viewed by the members of the Association generally, was sufficiently testified by the number and high respectability of those who attended on that occasion; in reference to which the chairman requested the reporters to put on record, "that he had been in the habit for many years of attending public meetings, and he had never in his life seen a more unmixed, a more entirely respectable assembly in Manchester." It was also manifested by their passing a vote of thanks at the conclusion of the conversazione, for my having afforded an opportunity to the members of the British Association of witnessing my experiments, to which they had previously borne testimony as having been "highly successful."

On that occasion I stated, there were certain phenomena, which I could readily induce by particular manipulations, whilst I candidly confessed myself unable to explain the *modus operandi* by which they were induced. I referred particularly to the extraordinary rapidity with which dormant functions, and a state of cataleptiform rigidity, may be changed to the extreme opposite condition, by a simple waft of wind, either from the lips, a pair of bellows, or by any other mechanical means. I solicited information on these points, both privately and publicly, from all the eminently scientific gentlemen who honoured me with their company during the meetings of the British Association in this town; but no one ventured to express a decided opinion as to the causes of these remarkable phenomena. I now beg to assure every reader of this treatise, that I shall esteem it a great favour to be enlightened on points which I confess are, at present, still above my comprehension. It will be observed, for reasons adduced, I have now entirely separated Hypnotism from Animal Magnetism. I consider it to be merely a simple, speedy, and certain mode of throwing the nervous system into a new condition, which may be rendered eminently available in the cure of certain disorders. I trust, therefore, it may be investigated quite independently of any bias, either for or against the subject, as connected with mesmerism; and only by the facts which can be adduced. I feel quite confident we have acquired in this process a valuable addition to our curative means; but I repudiate the idea of holding it up as a universal remedy; nor do I even pretend to understand, as yet, the *whole range of diseases* in which it may be useful. Time and experience alone can determine this question, as is the case with all other new remedies.

When we consider that in this process we have acquired the power of raising sensibility to the most extraordinary degree, and also of depressing it far below the torpor of natural sleep; (Footnote: *Vide Experiments*, pp. 61 to 67. Chapter IV) and that from the latter condition, any or all of the senses may be raised to the exalted state of sensibility referred to, almost *with the rapidity of thought*, by so simple an

agency as a puff of air directed against the respective parts; and that we can also raise and depress the force and frequency of the circulation, locally or generally, in a most extraordinary degree, it must be evident we have thus an important power to act with. Whether these extraordinary physical effects are produced through the imagination chiefly, or by other means, it appears to me quite certain, that the imagination has never been so much under our control, or capable of being made to act in the same beneficial and uniform manner, by any other mode of management hitherto known.

That we really have acquired in this process a valuable addition to our curative means, which enables us speedily to put an end to many diseases which resisted ordinary treatment, I think will be satisfactorily manifested by the cases which I have recorded. Many of these cases have been seen by other medical men, and are so remarkable, so self-evident to every candid and intelligent mind, that it is impossible, with any shew of propriety, to deny them. Most unwarrantable and novel attempts have been made, not only to extinguish the farther prosecution of Hypnotism, but also to misrepresent all I had either said or done on the subject, and thus damage me, as well as Hypnotism, in public estimation. I am in possession of a mass of documentary evidence in proof of this, to an extent which could scarcely be credited. But I shall not trouble my readers with details of all that has been done in order to prejudice my patients against me.

As regards general principles, it has even been attempted, by garbled statements, to set forth such gross misrepresentations as could only be credited by parties totally ignorant of the subject. Thus it was alleged, that my mode of hypnotizing was no novelty; on the contrary, that it was an unacknowledged plagiarism, and that it was the opinion and practice of Bertrand and the Abbé Faria. Now, so far as I have been able to comprehend the meaning of Bertrand, which Colquhoun observes, "it is rather difficult to comprehend," he adheres "to the theory of imagination, and imagination alone," (Colquhoun's *Introduction*, p. 94.) At p. 34, vol. iv, of the "Encyclopaedia of Practical Medicine," Dr Prichard says of Bertrand, that he "comes at last to the conclusion, that all the results of these operations are brought about through the influence of the mind;" that is, through the influence of the imagination of the patients acting on themselves. Bertrand also

supports this opinion by the manner in which the Abbé Faria performed magnetization. His plan was his : "He placed the patient in an arm-chair, and after telling him to shut his eyes, and collect himself, suddenly pronounced, in a strong voice and imperative tone, the word 'dormez,' which generally produced on the individual an impression sufficiently strong to give a slight shock, and occasion warmth, transpiration, and sometimes somnambulism." Had his success by this method been as general as mine, would he have used the Word "*sometimes*" on this occasion ? [Footnote: *Vide* p.24.] It is farther added, "if the first attempt failed, he tried the experiment a second, third, and

even a fourth time, after which he declared the individual incapable of entering into the state of lucid sleep." whilst it is doubted that his success was equal to what he represented it, still Bertrand states, in reference to the Ab Fair, that it was incontestable, "that he very often succeeded." Now, is this not sufficient proof, that his success was by no means so general as mine? And who does not see, on perusing my directions for hypnotizing, [Footnote: For proof of this, see pp. 27 and 28.] that our methods are very different?

It is farther added, "The complete identity of the phenomena thus produced by a method which operated confessedly through the imagination, with those which display themselves under the ordinary treatment of the magnetizers, affords a strong reason for concluding that the results in other instances depend upon a similar principle." It is still farther added, that M. Bertrand denies the necessity of strong intense volitions of the operator being necessary to produce the result. He declared, "that in trials made by himself, precisely the same results followed, whether he WILLED to produce them or not, provided that the patient was inwardly persuaded that the whole ritual was duly observed. Can any farther remarks be required to prove that Bertrand referred the result entirely to the effect of imagination ? And can any one who has attended to what I have given as my opinion, say that this either was, or is my opinion? Certainly quite the contrary. The parties referred to, therefore, have only proved their belief of how easy it is, by garbled statements, to misrepresent the truth, when submitting such remarks to those ignorant of the subject, or who are blinded by prejudice.

The following remarks by Mr H. Brookes, a celebrated lecturer on animal magnetism, will illustrate this point rather better than the individuals referred to. On hearing that I had changed my original opinion about *identity*, he writes thus: "I am very glad you have length found reason to change your original opinion as to the identity of your phenomena with those of mesmerism. From the very first I freely admitted the value and importance of your discovery, but I could not admit that identity, and I blamed you for insisting upon it so hastily, and using such hard words against the animal Magnetists, because could not agree with you. I thought, and still think, you did wrong in that, and that you certainly did yourself injustice, for in fact you are the original discoverer of *a new agency*, and not of a mere modification of an old one."

But when so much had been said of Bertrand, with the hope of making it appear that I had either been ignorant of, or copied his views without due acknowledgment, which is evidently erroneous, why not have quoted him also to prove I was wrong in attributing curative effects as resulting from these operations? Let us hear what M. Bertrand says on this point. He "declares, that it is difficult to imagine with what facility the practisers of the art succeed in relieving the most severe affections of the nervous system. Attacks of epilepsy, in particular, are rendered considerably less frequent and severe by their method skilfully employed; which displays in so remarkable a manner the influence of moral impressions on the physical state of the constitution." After such declarations in favour of the *curative power* of mesmerism, had M. Bertrand's method of inducing the condition been as generally and speedily successful as mine, will any one believe that it would not have been brought more generally into practice ere now ? Mr Mayo, one of our best authorities, in a letter to me on this subject states distinctly that the great reason for its not being more generally introduced into practice, was the tediousness of the processes for inducing the condition, and the uncertainty, after all the time and trouble devoted to the manipulation, of producing any result whatever. He concludes his observations on this subject, by the remark, "*It took up too much time.*" And Dr Pritchard, author of the article referred to in the Encyclopedia of Practical Medicine, adds, "On the whole, when we consider the degree of suffering occasioned by disorders of the class over which magnetism exerts an influence, through the medium of the imagination, and the little efficacy which ordinary remedies possess, of alleviating or counteracting them, it is much to be wished that this art, notwithstanding the problematical nature of the theories

connected with it, were better known to us in actual practice."

I am aware great prejudice has been raised against mesmerism, from the idea that it might be turned to immoral purposes. In respect to the Neuro-Hypnotic state, induced by the method explained in this treatise, I am quite certain that *it* deserves no such censure. I have proved by experiments, both in public and in private, that during the state of excitement, the judgment is sufficiently active to make the patients, if possible, even *more* fastidious as regards propriety of conduct, than in the waking condition; and from the state of rigidity and insensibility, they can be roused to a state of mobility, arid exalted sensibility, either by being rudely handled, or even by a breath of air. Nor is it requisite this should be done by the person who put them into the Hypnotic state. It will follow equally from the manipulations of any one else, or a current of air impinging against the body, from any mechanical contrivance whatever. And, finally, the state cannot be induced, in any stage, unless with the knowledge and consent of the party operated on. This is more than can be said respecting a great number of our most valuable medicines, for there are many which we are in the daily habit of using, with the best advantage in the relief and cure of disease, which may be, and have been rendered most potent for the furtherance of the ends of the vicious and cruel; and which can be administered *without the knowledge of the intended victim*. It ought never to be lost sight of, that there is the *use* and *abuse* of every thing in nature. It is the *use*, and only the *judicious use* of Hypnotism, which I advocate.

It is well known that I have never made any secret of my modes of operating, as they have not only been exhibited and explained publicly, but also privately, to any professional gentleman, who wished for farther information on the subject. Encouraged by the confidence which flows from a consciousness of the honesty and integrity of my purpose, and a thorough conviction of the reality and value of this as a means of cure, I have persevered, in defiance of much, and, as I think, unwarrantable and capricious opposition.

In now unfolding to the medical profession generally - to whose notice, and kind consideration, this treatise is more particularly presented - my views on what I conceive to be a very important, powerful, and extraordinary agent in the healing art; I beg at once distinctly to be understood, as repudiating the idea of its being, or ever becoming, a universal remedy. On the contrary, I feel quite assured it will require ill the acumen and experience of medical men, to decide in what cases it would be safe and proper to have recourse to such a mean; and I have always deprecated, in the strongest terms, any attempts at its use amongst unprofessional persons, for the sake of curiosity, or even for a nobler and more benevolent object - the relief of the infirm; because I am satisfied it ought to be left in the hands of professional men, and of them only. I have myself met with some cases in which I considered it unsafe to apply it at all; and with other cases in which it would have been most hazardous to have carried the operation so far as the patients urged me to do. [*Footnote*: The circumstances which render my operations dangerous, the symptoms which indicate danger, and the mode of acting when they occur, to remove them, are pointed out, pp. 52 and 53 - end of Chapter III.]

In now submitting my opinions and practice to the profession in the following treatise, I consider

myself as having discharged an imperative duty to them, and to the cause of humanity. In future, I intend to go on quietly and patiently, prosecuting the subject in the course of my practice, and shall leave others to adopt or reject it, as they shall find consistent with their own convictions. As it is of the utmost importance, in discussing any subject, to have a correct knowledge of the meaning attached to peculiar terms made use of, I shall now give a few definitions, and explain my reasons for adopting the terms selected.

Neurypnology is derived from the Greek words *neuron*, nerve; *hypnos*, sleep; *logos*, a discourse [*Greek letters in original* - DM]; and means the *rationale*, or *doctrine* of *nervous* sleep, which I define to be, "a peculiar condition of the nervous system, into which it can be thrown by artificial contrivance:" or thus, "a peculiar condition of the nervous system, induced by a fixed and abstracted attention of the mental and visual eye, on one object, not of an exciting nature."

By the term "Neuro-Hypnotism," then, is to be understood "nervous sleep ;" and, for the sake of brevity, suppressing the prefix "Neuro," by the terms-

HYPNOTIC = The state or condition of *nervous* sleep.

HYPNOTIZE = To induce *nervous* sleep.

HYPNOTIZED = One who has been put into the state of *nervous* sleep

HYPNOTISM = *Nervous* sleep.

DEHYPNOTIZE = To restore from the state or condition of *nervous* sleep.

DEHYPNOTIZED = Restored from the state or condition of *nervous* sleep.

and

HYPNOTIST = One who practises Neuro-Hypnotism.

Whenever, therefore, any of these terms are used in the following pages, I beg to be understood as alluding to the discovery I have made of certain peculiar phenomena derived and elicited by my mode of operating; and of which, to prevent misconception, and intermingling with other theories and practices on the nervous system, I have thought it best to give the foregoing designation.

I regret, as many of my readers may do, the inconvenient length of the name; but, as most of our professional terms, and nearly all those of a doctrinal meaning, have a Greek origin, I considered it most in accordance with good taste, not to deviate from an established usage. To obviate this in some degree, I have struck out two letters from the original orthography, which was Neuro-Hypnology.

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Neurypnology

James Braid

PART I.

CHAPTER I.

HAVING in the introduction, presented a cursory view of certain points, and given a few explanatory remarks, I shall now proceed to a more particular and detailed consideration of the subject. I shall explain the course I have pursued in prosecuting my investigation; the phenomena which I discovered to result from the manipulations had recourse to; the inferences I was consequently led to deduce from them; the method I now recommend for inducing the hypnotic condition, for applying it in the cure of various disorders, and the result of my experience, as to the efficacy of hypnotism as a curative agent.

By the impression which hypnotism induces on the nervous system, we acquire a power of rapidly curing many functional disorders, most intractable, or altogether incurable, by ordinary remedies, and also many of those distressing affections which, as in most cases they evince no pathological change of structure, have been presumed to depend on some peculiar condition of the nervous system, and have therefore, by universal consent, been denominated '*nervous complaints*;' and as I felt satisfied it was not dependent on any special agency or emanation, passing from the body of the operator to that of the patient, as the animal magnetisers allege is the case by their process, I considered it desirable, for the sake of preventing misconception, to adopt new terms, as explained in the introduction.

I was led to discover the mode I now adopt with so much success for inducing this artificial condition of the nervous system, by a course of experiments instituted with the view to determine the cause of mesmeric phenomena. From all I had read and heard of mesmerism, (such as, the phenomena being capable of being excited in so few, and these few individuals in a state of disease, or naturally of a delicate constitution, or peculiarly susceptible temperament, and from the phenomena, when induced, being said to be so exaggerated, or of such an extraordinary nature) I was fully inclined to join with those who considered the whole to be a system of collusion or delusion, or of excited imagination, sympathy, or imitation.

The first exhibition of the kind I ever had an opportunity of attending, was one of M. Lafontaine's *conversazione*, on the 13th November, 1841. That night I saw nothing to diminish, but rather to confirm,

my previous prejudices. At the next conversazione, six nights afterwards, *one* fact, the inability of a patient to *open his eyelids*, arrested my attention. I considered that to be a *real phenomenon*, and was anxious to discover the physiological cause of it. Next night, I watched this case when again operated on, with intense interest, and before the termination of the experiment, felt assured I had discovered its cause, but considered it prudent not to announce my opinion publicly, until I had had an opportunity of testing its accuracy, by experiments and observation in private.

In two days afterwards, I developed my views to my friend Captain Brown, as I had also previously done to four other friends; and in his presence, and that of my family, and another friend, the same evening, I instituted a series of experiments to prove the correctness of my theory, namely, that the continued fixed stare, by paralysing nervous centres in the eyes and their appendages, [**Footnote:** By this expression I mean the state of exhaustion which follows too long continued, or too intense action, of any organ or function.] and destroying the equilibrium of the nervous system, thus produced the phenomenon referred to. The experiments were varied so as to convince all present, that they fully bore out the correctness of my theoretical views.

My first object, was to prove, that the inability of the patient to open his eyes was caused by paralysing the levator muscles of the eyelids, through their continued action during the protracted fixed stare, and thus rendering it *physically* impossible for him to open them. [**Footnote:** Attempts have been made to prove, that I got this idea from a person who publicly maintained that the patient referred to *could* have opened his eyes *if he liked*; to this the patient having replied, 'I have tried all I could and cannot;' the individual referred to, in support of his opinion, alleged, that the inability *was only imaginary*; that he 'could easily believe that a man may stand with his back to a wall, and may really believe that he has no power to move from the wall.' It is therefore clear this individual attributed the phenomena to a *mental*, whilst I attributed it to a *physical* cause.]

With the view of proving this, I requested Mr Walker, a young gentleman present, to sit down, and maintain a fixed stare at the top of a wine bottle, placed so much above him as to produce a considerable strain on the eyes and eyelids, to enable him to maintain a steady view of the object. In three minutes his eyelids closed, a gush of tears ran down his cheeks, his head drooped, his face was slightly convulsed, he gave a groan, and instantly fell into profound sleep, the respiration becoming slow, deep and sibilant, the right hand and arm being agitated by slight convulsive movements. At the end of four minutes I considered it necessary, for his safety, to put an end to the experiment.

This experiment not only proved what I expected, but also, by calling my attention to the spasmodic state of the muscles of the face and arm, the peculiar state of the respiration, and the condition of the mind, as evinced on rousing the patient, tended to prove to my mind I had got the key to the solution of mesmerism. The agitation and alarm of this gentleman, on being roused, very much astonished Mrs Braid. She expressed herself greatly surprised at his being so much alarmed about nothing, as she had watched the whole time, and never saw me near him, or touching him in any way whatever. I proposed that she should be the next subject operated on, to which she readily consented, assuring all present that she would not be so easily alarmed as the gentleman referred to. I requested her to sit down, and gaze on

the ornament of a china sugar basin, placed at the same angle to the eyes as the bottle in the former experiment. In two minutes the expression of the face was very much changed; at the end of two minutes and a half the eyelids closed convulsively; the mouth was distorted; she gave a deep sigh, the bosom heaved, she fell back, and was evidently passing into an hysteric paroxysm, to prevent which I instantly aroused her, on counting the pulse I found it had mounted up to 180 strokes a minute.

In order to prove my position still more clearly, I called up one of my men-servants, who knew nothing of mesmerism, and gave him such directions as were calculated to impress his mind with the idea, that his fixed attention was merely for the purpose of watching a chemical experiment in the preparation of some medicine, and being familiar with such he could feel no alarm. In two minutes and a half his eyelids closed stoutly with a vibrating motion, his chin fell on his breast, he gave a deep sigh, and instantly was in a profound sleep, breathing loudly. All the persons present burst into a fit of laughter, but still he was not interrupted by us. In about one minute after his profound sleep I roused him, and pretended to chide him for being so careless, said he ought to be ashamed of himself for not being able to attend to my instructions for three minutes without falling asleep, and ordered him down stairs. In a short time I recalled this young man, and desired him to sit down once more, but to be careful not to go to sleep again, as on the former occasion. He sat down with this intention, but in the expiration of two minutes and a half his eyelids closed, and exactly the same phenomena as in the former experiment ensued.

I again tried the experiment by causing Mr Walker to gaze on a different object from that used in the first experiments, but still, as I anticipated, the phenomena were the same. I also tried him *à la Fontaine*, with the thumbs and eyes, and likewise by gazing on my eyes without contact, and still the effects were the same, as I fully expected.

I now stated that I considered the experiments fully proved my theory; and expressed my entire conviction that the phenomena of mesmerism were to be accounted for on the principle of a derangement of the state of the cerebrospinal centres, and of the circulatory, and respiratory, and muscular systems, induced, as I have explained, by a fixed stare, absolute repose of body, fixed attention, and suppressed respiration, concomitant with that fixity of attention. That the whole depended on the physical and psychical condition of the patient, arising from the causes referred to, and not it all on the volition, or passes of the operator, throwing out a magnetic fluid, or exciting into activity some mystical universal fluid medium. I farther added, that having thus produced the *primary* phenomena, I had no doubt but the others would follow as a matter of course, time being allowed for their gradual and successive development. **[Footnote:** It has been asserted, for the mere purpose of proving the contrary, that I had claimed being the first to discover that *contact* was *not* necessary, and that a magnetic fluid, was not required to produce the phenomena of mesmerism. I never made any such claim, but illustrated these facts by the most simple and conclusive experiments probably which were ever adduced for that purpose. In one of my lectures, I gave a history of mesmerism, including Mesmer's attempt to mesmerise trees in Dr Franklin's garden, to prove to the Commission of 1784, that the patients would become affected when they went under the mesmerised trees, from the magnetic fluid passing from the trees to the patients. This was proof sufficient, that even *Mesmer* did not hold that *contact* was necessary. I farther stated the fact, that the experiment was a failure, as the patient became affected, *not* under the *mesmerised*, but under the

unmesmerised trees, which led the Commission to infer, that the phenomena resulted from imagination, and not from the influence of a magnetic fluid. Here, then, we had two theories, neither of which considered contact necessary. Surely no one could suppose that I wished to lay claim to these facts as discoveries of my own, seeing I gave the dates when the occurrence took place, which was many years before I was born.]

Moreover, I explained, at the same lecture, the different modes of mesmerising, by passes *at a distance*, and by pointing the fingers at the eyes and forehead, adopted by others, long before I made any experiments on the subject; and at subsequent lectures, from observing the graceful attitudes some patients assumed during the hypnotic state, and the ease with which they could maintain any given position, by becoming cataleptiformly fixed in it, I hazarded the opinion, that it may have been to hypnotism the Grecians, were indebted for their fine statuary; and the Fakirs for their power of performing their remarkable feats. I also expressed my belief, that the rapt state of religious enthusiasts, such as that of the monks of Mount Athos, arose from the same cause, although none of the parties might have understood the true principle by which they were produced.

For a considerable time I was of opinion that the phenomena induced by my mode of operating and that of the mesmerisers, were identical; and, so far as I have yet personally seen, I still consider the condition of the nervous system induced by both modes to be at least analogous. It appeared to me that the fixation of the mind and eyes Was attained occasionally during the monotonous movements of the mesmerises, and thus they succeeded sometimes, and as it were, by chance; Whereas, by my insisting on the eyes being fixed in the most favourable position, and the mind thus riveted to one idea, as the *primary and imperative conditions*, my success was consequently general and the effects intense, while theirs was feeble and uncertain. However, from what the mesmerisers state as to effects which they can produce in certain cases, there seem to be differences sufficient to warrant the conclusion that they ought to be considered as distinct agencies; and for the following reasons. The mesmerisers positively assert that they can produce certain effects, which I have never been able to produce by my mode, although I have tried to do so. **[Footnote:** The effects I allude to are such as, telling the time on a watch held behind the head, or placed on the pit of the stomach; reading closed letters, or a shut book; perceiving what is doing miles off; having the power of perceiving the nature and cure of the diseases of others, although uneducated in medical science; mesmerising patients at miles' distance, without the knowledge or belief in the patient that any such operation is intended.]

Now, I do not consider it fair or proper to impugn the statements of others in this matter, who are known to be men of talent and observation, and of undoubted credit in *other* matters, merely because *I* have not *personally* witnessed the phenomena, or been able to produce them myself, either by my own mode or theirs. With my present means of knowledge I am willing to admit that certain phenomena to which I refer *have* been induced by others, but still I think most of them may be explained in a different and more natural way than that of the mesmerisers. When I shall have personally had evidence of the special influence and its effects to which they lay claim, I shall not be backward in bearing testimony to the fact.

However, the greatest and most important difference is this, that they can succeed so seldom, anti I so generally, in inducing the phenomena which we both profess thus to effect. Granting, therefore, to the

mesmerisers the full credit of being able to produce certain wonderful phenomena which I have not been able to produce by my plan, still it follows, that mine is superior to theirs in as far as *general applicability and practical utility are concerned*. Mine has also this advantage, that I am quite certain no one can be affected by it, in any stage of the process, unless by the free will and consent of the patient, which is at once sufficient to exonerate the practice from the imputations of being capable of being converted to immoral purposes, which has been so much insisted on to the prejudice of animal magnetism. This has arisen from the mesmerisers asserting that they have the power of overmastering patients irresistibly, even whilst at a distance, by mere volition and secret passes.

I am fully borne out by the opinion of that eminent physiologist, Mr Herbert Mayo, in my view of the subject, that my plan is 'the best, the shortest, and surest for getting the sleep,' and throwing the nervous system, by artificial contrivance, into a new condition, which may be rendered available in the healing art. At a private conversazione, which I gave to the profession in London on the 1st of March, 1842, he examined and tested my patients most carefully, submitted himself to be operated on by me both publicly and privately, and was so searching and inquisitive in his investigations as to call forth the animadversions of a medical gentleman present, who thought he was not giving me fair play; but which he has assured me proceeded from an anxious desire to know the truth, not being biased by having any peculiar views of his own to bring forward; and because he considered the subject most important, both in a speculative and practical point of view.

Whatever I advance, therefore, in the following remarks, I wish to be distinctly understood as strictly in reference to my own mode of operating, and distinct from that of all others. The latter I shall merely refer to in as far as is necessary to point out certain sources of fallacy by which the phenomena of the one may be confounded with those of the other.

In proof of the general success of my mode of operating, I need only name, that at one of my public lectures in Manchester, fourteen male adults, in good health, all strangers to me, stood up at once, and ten of them became decidedly hypnotised. At Rochdale I conducted the experiments for a friend, and hypnotised twenty strangers in one night. At a private conversazione to the profession in London, on the 1st of March, 1842, eighteen adults, most of them entire strangers to me, sat down at once, and in ten minutes sixteen of them were decidedly hypnotised. Mr Herbert Mayo tested some of these patients, and satisfied himself of the reality of the phenomena.

On another occasion I took thirty-two children into a room, none of whom had either seen or heard of hypnotism or mesmerism : I made them stand up at three times, and in ten or twelve minutes had the whole thirty-two hypnotised, maintaining their arms extended while in the hypnotic condition, and this at mid-day. In making this statement, I do not mean to say they were in the *ulterior* stage, or state of *torpor*; but that they were in the *primary* stage, or that of *excitement*, from which experience has taught me confidently to rely that the torpid and rigid state will certainly follow, by merely affording time for the phenomena to develop themselves. In the Stockport Chronicle of 4th February, 1842, there is a report of a lecture delivered in that town a few days before. A dozen male patients were made to stand up at once, and treated according to my method, six of them became hypnotised, and two of them so deeply, as to

cause the lecturer very considerable trouble to rouse them. With one named 'Charlie', all the usual means, including buffeting and frictions before a fire, did not succeed in restoring speech until he had been made to swallow nearly half a tumbler glass of *neat gin*. I consider this important as being the testimony of *an enemy*. It can take place also in the dark, as well as by day or by gas light; when the eyes are bandaged, as when they are uncovered, by merely keeping the eyes fixed, the body in a state of absolute rest, and the mind abstracted from all other considerations. In cases of children, and those of weak intellect, or of restless and excitable minds, whom I could not manage so as to make them comply with these simple rules, I have always been foiled, although most anxious to succeed. This I consider a strong proof of the correctness of my views. By arresting the attention, and fixing the eyes, it is also successful with brute animals.

This general success of my plan, both with man and brute animals, I consider sufficient to prove it proceeds from a law in the animal economy. The exceptions to success are so few as to lead to the conclusion that they arise from a non-compliance with the conditions. It is, however, unquestionable, that there exists great difference in the susceptibility of different individuals, some becoming rapidly and intensely affected, others slowly and feebly so.

I am aware that some say they have tried my mode, and failed to produce the phenomena. The reason, I presume, is simply this. They will not believe the necessity of complying with the **WHOLE** of the conditions I have distinctly insisted on. But, in all fairness, if they do not comply with the **WHOLE** conditions, they have no right to expect the promised results, nor to be disappointed because they fail. If the patient and operator comply in *all* respects as I direct, success is almost certain; but, on the contrary, he is almost equally certain to fail if *all* the conditions are not *strictly* complied with.

When we consider the great difficulty to some persons of abstracting their minds, and the greater difficulty of ensuring that patients operated on in a public room shall be able to abstract their minds entirely from the circumstances with which they are surrounded, and from other considerations concentrate their ideas entirely on the subject in hand, and the equally great difficulty of securing absolute quiet where a large number of people are assembled, and the extreme quickness of hearing when patients are passing into the hypnotic state, which makes them liable to be roused by the slightest noise, it must be evident, that a public lecture-room is by no means a favourable place for operating on patients for the first time.

Prosecuting the investigation, as I have been doing, by experiments and observations, I have, as might be expected, had occasion to modify and alter some of my views and manipulations; but still the principle remains the same.

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NEURYPNOLOGY

James Braid

Chapter II

I now proceed to detail the mode which I practise for inducing the phenomena. Take any bright object (I generally use my lancet case) between the thumb and fore and middle fingers of the left hand; hold it from about eight to fifteen inches from the eyes, at such position above the forehead as may be necessary to produce the greatest possible strain upon the eyes and eyelids, and enable the patient to maintain a steady fixed stare at the object. [**Footnote:** At an early period of my investigations, I caused the patients to look at a cork bound on the forehead. This was a very efficient plan with those who had the power of converging the eyes so as to keep them *both steadily* directed on the object. I very soon found, however, that there were many who could not keep *both* eyes steadily fixed on so near an object, and that the result was, that such patients did not become hypnotised. To obviate this, I caused them to look at a more distant point, which, although scarcely so rapid and intense in its effects, succeeds more generally than the other, and is therefore what I now adopt and recommend.] The patient must be made to understand that he is to keep the eyes steadily fixed on the object, and the mind riveted on the idea of that one object. It will be observed, that owing to the consensual adjustment of the eyes, the pupils will be at first contracted : they will shortly begin to dilate, and after they have done so to a considerable extent, and have assumed a wavy motion, if the fore and middle fingers of the right hand, extended and a little separated, are carried from the object towards the eyes, most probably the eyelids will close involuntarily, with a vibratory motion. If this is not the case, or the patient allows the *eyeballs to move*, desire him to begin anew, giving him to understand that he is to allow the eyelids to close when the fingers are again carried towards the eyes, but that the eyeballs *must be kept fixed*, in the same position, and the mind riveted to the one idea of the object held above the eyes.

It will generally be found, that the eyelids close with a *vibratory* motion, or become spasmodically closed. After ten or fifteen seconds have elapsed, by gently elevating the arms and legs, it will be found that the patient has a disposition to retain them in the situation in which they have been placed, if *he is intensely affected*.

If this is not the case, in a soft tone of voice desire him to retain the limbs in the extended position, and thus the pulse will speedily become greatly accelerated, and the limbs, in process of time, will become quite rigid and involuntarily fixed. It will also be found, that all the organs of special sense, excepting sight, including heat and cold, and muscular motion, or resistance, and certain mental faculties, are at *first* prodigiously *exalted*, such as happens with regard to the primary effects of opium, wine, and spirits. After a certain point, however, this exaltation of function is followed by a state of depression, far greater than the torpor of *natural* sleep. [Footnote: I wish to direct especial attention to this circumstance, as from overlooking the fact of the first stage of this artificial hypnotism being one of excitement, with the possession of consciousness and docility, many imagine they are not affected, whilst the acceleration of pulse, peculiar expression of countenance, and other characteristic symptoms, prove the existence of the condition beyond the possibility of a doubt, to all who understand the subject. I consider it very imprudent to carry it to the ulterior stage, or that of torpor, at a first trial. Moreover, there is great difference in the susceptibility to the neuro- hypnotic impression, some arriving at the state of rigidity and insensibility in a few minutes, whilst others may readily pass into the primary stage, but can scarcely be brought into the ulterior, or rigid and torpid state. It is also most important to note, that many instances of remarkable and permanent cures have occurred, where it has never been carried beyond the state of consciousness.]

From the state of the most profound torpor of the organs of special sense, and tonic rigidity of the muscles, their may, at this stage, instantly be restored to the opposite condition of extreme mobility and exalted sensibility, by directing a current of air against the organ or organs we wish to excite to action, or the muscles we wish to render limber, and which had been in the cataleptiform state. By mere repose the senses will speedily merge into the original condition again. The *modus operandi* of the current of air producing such extraordinary effects, I acknowledge myself quite unable to explain, but I have no difficulty in producing and reproducing the effects by the same means, whether performed by myself or others, and whether the current of air is from the lips, from a pair of bellows, or by the motion of the hand, or any inanimate object. The extent and abruptness of these transitions (see page 63) are so extraordinary, that they must be seen before the possibility is believed.

An abrupt blow, or pressure over the rigid muscle, will de-hypnotise a rigid part; but, I have found pressing the nose will not restore smell, unless very gentle and continued, nor will pressing a handkerchief against the ear restore hearing when the ear has become torpid, nor will *gentle* friction over the skin restore sensibility to the dormant skin, or mobility to the rigid muscles underneath, (unless so gentle as to be titillation, properly so called) and yet a slight puff of wind will *instantly* rouse the whole to abnormal sensibility and mobility : a fact which has perplexed and puzzled me exceedingly.

At first I required the patients to look at an object until the eyelids closed of themselves, involuntarily. I found, however, that in many cases this was followed by pain in the globes of the eyes, and slight inflammation of the conjunctival membrane. In order to avoid this, I now close the eyelids, when the impression on the pupil already referred to has taken place, because I find that the *beneficial* phenomena follow this method, provided the eyeballs are kept fixed, and thus, too, the unpleasant feelings in the globes of the eyes will be prevented. Were the object to produce astonishment in the person operated on, by finding himself unable to open his eyes, the former method is the better; as the eyes once closed it is

generally impossible for him to open them; whereas they may be opened for a considerable time after being closed in the other mode I now recommend. However, for curative purposes, I prefer the plan which leaves no pain in the globes of the eyes.

In fine, from a careful analysis of the whole of my experiments, which have been very numerous, I have been led to the following conclusion :- That it is a law in the animal economy, that by a continued fixation of the mental and visual eye, on any object which is not of itself of an exciting nature, with absolute repose of body, and general quietude, they become wearied; and, provided the patients rather favour than resist the feeling of stupor of which they will soon experience the tendency to creep upon them, during such experiments, a state of somnolency is induced, accompanied with that condition of the brain and nervous system generally, which renders the patient liable to be affected, according to the mode of manipulating, so as to exhibit the hypnotic phenomena. As the experiment succeeds with the blind, I consider it not so much the optic, as the sentient, motor, and sympathetic nerves, and the mind through which the impression is made. I feel so thoroughly convinced that it is a law of the animal economy that such effects should follow such condition of mind and body, that I hesitated not to give it as my deliberate opinion, that this is a *fact* which cannot be controverted. As to the *modus operandi* we may never be able to account for that in a manner so as to satisfy all objections; but neither can we tell why the law of gravitation should act as experience has taught us it *does* act. Still, as our ignorance of the cause of gravitation acting as it is known to do, does not prevent us profiting by an accumulation of the facts known as to its results, so ought not our ignorance of the *whole* laws of the hypnotic state to prevent our studying it practically, and applying it beneficially, when we have the power of doing so.

I feel confident that the phenomena are induced solely by an impression made on the nervous centres, by the physical and psychical condition of the patient, irrespective of any agency proceeding from, or excited into action by another - as any one can hypnotise himself by attending strictly to the simple rules I lay down; and the following is a striking example of the fact, which was communicated to me and two other gentlemen, by a most respectable teacher. He found that a number of his pupils had been in the habit of hypnotising themselves, and he had ordered them to discontinue the practice. However, one day he ascertained a girl had hypnotised herself by looking at the wall, and that her companions had put a pen in her hand, with which she had written the word 'Manchester'; and she held the pen very firmly - in fact the fingers were cataleptiformly rigid. He spoke to her in a gentle tone of voice, and called her. She arose and advanced towards him, and when awoke, was not aware he had called her, or of what had passed. I have also had the state of the patient tested before, during, and after being hypnotised, to ascertain if there was any alteration in the magnetic or electric condition, but although tested by excellent instruments, and with great care, no appreciable difference could be detected. Patients have been hypnotised whilst positively, and also whilst negatively, electrified, without any appreciable difference in the phenomena; so that they appear to be excited independently of electric or magnetic change. I have also repeatedly made two patients hypnotise each other, at the same time, by personal contact. How could this be reconciled with the theory of a special influence transmitted being the cause of the phenomena, *plus* and *minus* being equally efficient?

It is also well known, that occasionally the phenomena arise spontaneously in the course of disease.

It is now admitted even by the editor of the *Lancet*, one of the greatest opponents of mesmerism, in the leading article of 4th February, 1843, that the phenomena 'are wonderful only to those who are unacquainted with the aspects of disease'; and 'that we continually see patients labouring under hysteria, and analogous forms of nervous disease, falling suddenly into various states of stupor, trance, and convulsion, without *any* assignable cause'. When it is acknowledged that such effects as those named, may spring from such slight influences as to be said to arise '*without any assignable cause*', can it be wondered at that important changes may be induced by acting on the nervous system in the way I have adopted, of which Mr Herbert Mayo, (whose competence to give an opinion on *any* physiological subject no one will question, and who himself publicly submitted to be operated on by me) observed, in the course of our correspondence, that it induces 'a feeling of stupor, which anyone may observe has a disposition to creep upon him, when he tries your experiment of looking fixedly at an object as you direct'.

I thought it desirable, therefore, to adopt the name I did, for the reasons explained in the introduction.

A patient may be hypnotised by keeping the eyes fixed in *any* direction. It occurs most *slowly* and *feebly* when the eyes are directed straight forward, and most *rapidly* and *intensely* when they can be maintained in the position of a double internal and upward squint.**[Footnote:** It is not a little amusing to find any one try to distort so greatly, by garbled statements, the plain meaning of an author, as to make it appear that a writer of some articles on Animal Magnetism, in the *Medical Gazette* in 1833, was well acquainted with my mode of operating. He observes at page 856, 'On the majority of persons no influence whatever is exhibited'. How does this coincide with the general success of my mode as stated at page 24? 'On those least affected a number of anomalous slight symptoms are produced'. He then describes those 'feelings of heat and cold, and those of creeping and trembling', which, he adds, 'are only the usual imaginary feelings which most persons have if their attention be strongly directed to any particular part of the body, more especially if (as is generally the case with magnetic patients) something is expected to occur'. Such are the symptoms attributed by this writer to 'attention', but are these the symptoms or phenomena induced by Hypnotism, as stated in Chapter IV? Or is there the slightest similarity in the cause? In this author's view it is the result of 'attention strongly directed to different parts of the body', whereas mine is by attention riveted to something without the body. The best mode of gathering the opinion of an author appears to me to be that of his summing up at the conclusion of his subject. Now, at page 1037, the subject is concluded by the following observations : 'This, then, is our case. Every credible effect of magnetism has occurred, and every incredible is *said* to have occurred in cases where no magnetic influence has been exerted, but in all which excited imagination, irritation, or some powerful mental impression, has operated : where the mind has been alone acted on, magnetic effects have been produced without magnetic manipulations : where magnetic manipulations have been employed, unknown, and therefore without the assistance of the mind, no result has ever been produced'. Now, can any thing more be required than this, to prove that this writer, as well as Bertrand, adheres to the theory of imagination ? Such was the impression left on my mind by reading these papers when they were published; and, together with Wakley's experiments, determined me to consider the whole as a system of collusion or illusion, or of excited imagination, sympathy, or imitation. I therefore abandoned the subject as unworthy of further investigation, until I attended the *conversazioni* of Lafontaine, where I saw one fact, the inability of a patient to open his eyelids, which arrested my attention; I felt convinced it was not to be

attributed to any of the causes referred to, and I therefore instituted experiments to determine the question; and exhibited the results to the public in a few days after.

It is now pretty generally known, that during the effort to look at a very near object, there is produced, according to the direction of the object, a double internal squint, or double internal and downward or upward squint, and the pupils are thereby powerfully contracted. I am not aware, however, that it has been recorded, that by directing the eyes loosely, upwards or downwards, to the right or to the left, as if looking at a very distant object, the pupils become very much *dilated*, irrespective of the quantity of light passing to the retina; so that in this manner we can contract or dilate the pupil at will. To those who consider the movement of the iris as the mere effect of irritability, I may observe, in that view, the former position increases, the latter diminishes, the irritability. I may farther remark, if the eyes are much *strained* in ANY direction, I think the pupils will be found to contract as a consequence.

It is important to remark, that the oftener patients are hypnotised, from association of ideas and habit, the more susceptible they become; and in this way they are liable to be affected *entirely through the imagination*. Thus, if they consider or imagine there is something doing, although they do not see it, from which they are to be affected, they *will become affected*; but, on the contrary, the most expert hypnotist in the world may exert all his endeavours in vain, if the party does not expect it, and mentally and bodily comply, and thus yield to it.

It is this very circumstance, coupled with the extreme docility and mobility of the patients, and extended range and extreme quickness of action, at a certain stage, of the ordinary functions of the organs of sense, including heat and cold, and muscular motion, the tendency of the patients in this state to approach to, or recede from, impressions, according as their intensity or quality is agreeable or the contrary, which I consider has misled so many, and induced the animal magnetisers to imagine they could produce their effects on patients at a distance, through mere volition and secret passes. [FOOTNOTE: In the Medical Times of 26th March, 1842, I published a letter on this subject, from which I make the following extracts :

'The supposed power of seeing with other parts of the body than the eyes, I consider is a misnomer, so far as I have yet personally witnessed. It is quite certain, however, that some patients can tell the shape of what is held at an inch and a half from the skin, on the back of the neck, crown of the head, arm, or hand, or other parts of the body, but it is from *feeling* they do so; the extremely exalted sensibility of the skin enabling them to discern the shape of the object so presented, from its tendency to emit or absorb caloric. This, however, is not *sight*, but *feeling*.

'In like manner I have satisfied myself and others, that patients are drawn, or induced to obey the motions of the operator, not from any peculiar inherent magnetic power in him, but from their exalted state of feeling enabling them to discern the currents of air, which they advance to, or retire from, according to their direction. This I clearly proved to be the case today, and that a patient could feel and obey, the motion of a glass funnel passed through the air at a distance of *fifteen feet*.

"To remove all sources of fallacy as to the extent of influence exercised by the patient herself, independently of any, personal or mental influence on my part, whilst I was otherwise engaged, my daughter requested the patient to go into a room by herself, and, when alone, try neither she could hypnotise herself. In a short time, I was told the patient was found fast asleep in my drawing-room. I went to her, bandaged her eyes, and then, with the glass funnel, (which I used to avoid the chance of electric or magnetic influence being passed from my person to that of the patient) elevated, or drew up her arms, and then her whole body. I now retired fifteen feet from her, and found every time I drew the funnel *towards me*, she approached nearer, but when it was forced sharply from me, she invariably retired; and if it was moved laterally, she moved to the right or left accordingly."]

I now continued drawing the funnel so as to keep up the currents towards the door, and in this way, her arms being extended, and eyes bandaged, she followed me downstairs and up again, a flight of twenty-two steps, with the peculiar characteristic caution of the somnambulist. After arriving at the top of the stair, I allowed her to stand a little, and again began the drawing motion. She evidently felt the motion, and attempted to come, but could not. I now endeavoured to lead her by the hand, but found that *the legs had become cataleptiform, so that she could not move*. I now carried her into the drawing-room, and, after she was seated on a chair, awoke her. She was quite unconscious of what had happened, and could not be made to believe she had been down stairs - she said she was quite sure she could have done no such thing without falling - and to this moment believes we were only hoaxing her by saying she had had such a ramble.

'I had repeatedly performed this experiment with this patient and others before, with the same result in all respects but walking up and down stairs; and proved their readiness to be drawn by others equally as myself when in that state; so that I consider it quite evident to any unprejudiced person, that a patient can hypnotise himself independently of any personal influence of another; and that it is by extreme sensibility of the skin, and docility of the patients, that they are drawn after an operator, rather than by magnetic attraction; and that the power of discriminating objects held near the skin in different parts of the body, is the result of *feeling*, and *not of sight*.

'The moment I witnessed the attempts of a celebrated professor, *to draw a patient*, I formed my opinion of the cause; - that it arose from currents of air produced by his hand, together with the extreme sensibility of the skin, and docility of the patients when in that state; and my experiments have clearly proved this, *some patients acknowledging the fact*.

'It may be interesting to remark, that whilst passing up and down stairs the door bell rang, which produced such a tremor through the whole frame as nearly caused the patient's fall- a fact quite in accordance with the effect of any abrupt noise on NATURAL somnambulists'.

It is owing to this extreme sensibility of the skin during hypnotism, that patients may walk through a room blindfolded, without running against the furniture - the difference of temperature, or rather degree of conducting power of objects, and the resistance of the air directing them.

I have frequently illustrated this with very sensitive patients in the most beautiful and satisfactory manner, thus : By throwing any fragrant and agreeable scent on a bare table the patients will approach, anxious to smell it, but are repelled before they come quite close to the cold table. Place a handkerchief on the table, on which place the scent, and now the patient will approach close to it, and revel in its fragrance. Remove the handkerchief, and the attractive and repulsive movements will again ensue.

This was beautifully illustrated at a private conversazione at my house lately, in the presence of several medical and other eminently scientific gentlemen. Two patients were hypnotised, when one became so enamoured of the scent of a gentleman's snuff-box as to follow him round the room. He then laid the box about eighteen inches from the edge of an uncovered table, when she advanced, her arms being extended, anxious to reach the box, but when about ten or twelve inches from it, she started back, from perceiving the impression of the cold table at that distance. She now made another attempt to approach the box, being attracted by the fragrance of its contents, but was as speedily repelled by the cold table before she approached it, and now kept bobbing over the box, much in the same manner as I have witnessed in the attempts of a hungry dog to partake of very hot food. The other patient, in passing round the table, also caught the smell of the box, and advanced from another point, and thus both kept bobbing over it, much to the amusement of all present. I now covered the table with a handkerchief, and placed the box on it, when they instantly approached close to it, and seemed to feast on its fragrance; on removing the handkerchief they withdrew, and commenced bobbing over it as at first. The former patient had never seen such experiments, or been tested in this way before.

It would be difficult to adduce a more striking example than the following of the fact, that the phenomena are produced by the fixation of the mind and eyes, and general repose of the patient, and not from imagination, or the look or will of another. After my lecture at the Hanover Square Rooms, London, on the 1st of March, 1842, a gentleman told Mr Walker, who was along with me, that he was most anxious to see me, that I might try whether I could hypnotise him. He said both himself and friends were anxious he should be affected, but that neither Lafontaine nor others who had tried him, could succeed. Mr Walker said, if that is what you want, as Mr Braid is engaged otherwise, sit down, and I will hypnotise you myself in a minute. When I went into the room I observed what was going on, the gentleman sitting staring at Mr Walker's finger, who was standing a little to the right of the patient, with his eyes fixed steadily on those of the latter. I passed on, and attended to something else, and when I returned a little after, found Mr Walker standing in the same position *fast asleep, his arm and finger in a state of cataleptiform rigidity*, and the patient wide awake, and staring at the finger all the while. After I had roused Mr Walker, the gentleman observed, 'this is really very strange, that no one can mesmerise *me*; I must have extraordinary powers of resistance'. I requested him to stay a little, and I would try what I could do for him when all was quiet. In three minutes I had him asleep, and in a little more quite rigid. The following reasons may be assigned for my success after Mr Walker had so signally failed. He tried it whilst there were several people in the room, who were moving about and talking; I took care not to commence till all was quiet - Mr Walker had not taken the precaution to make the patient direct his eyes in the best possible manner, but I was careful that he should do so. Moreover, although Mr Walker had not succeeded in putting him into the somnolent condition, he had, no doubt partially affected him, and the influence had not entirely passed off when I began my operation. Two days after, Mr Walker accompanied me when I called on one of the most celebrated mesmerisers in Europe, Who, during our

conversation, stated, that a glance of the eye was quite enough, in many cases, to produce the effects. During our conversation, I presume, he had determined to surprise both Mr Walker and myself, by keeping his large intellectual eyes fixed on Mr Walker. The latter, however, suspecting what was intended, and knowing my opinion as to the mode, of *resisting* the influence of *such fascination*, kept his eyes moving, and his mind roaming, and thus frustrated the volition of one of the most energetic minds, and the glances and fascination of one of the finest pair of eyes imaginable for such a purpose. I must remark, that Mr Walker was once magnetised by M. Lafontaine, after having been several times operated on by me, a circumstance which of course would render him more susceptible to the influence of the animal magnetisers' modes of operating, according to their own theory. Had Mr Walker believed in the power, I know he would have become affected, even supposing the gentleman referred to had no such intention - and I am not prepared to say he had. Mr Walker, however, firmly believed he was trying to mesmerise him by the fascination referred to; but, relying on my opinion, and acting accordingly, he escaped. In order to show the efficacy of my simple plan, in a short time after, in the presence of the same gentleman, I requested Mr Walker to hypnotise himself. By simply fixing his eyes and mind this was accomplished in about a minute.

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NEURYPNOLOGY

James Braid

CHAPTER III.

I CONSIDER it unnecessary, in this treatise, to enter into a *detailed* account of the ordinary phenomena of sleep, dreaming, and somnambulism, as contrasted , with the waking state. Suffice it to say, the waking condition is that of mental and bodily activity, during which we are enabled to hold communion with the external world, by perceiving the ordinary impressions of appropriate stimuli through the organs of special sense, and of exercising the power of voluntary motion, and the mental functions generally. The state of *profound* sleep is exactly the *reverse* of this - a state of absolute *unconsciousness* of all that is going on around, and suspension of voluntary motion, and intellectual activity. In as far as regards the organs of special sense, and voluntary motion, and a temporary suspension of the mental energies, it is the emblem of death.

Between these extreme points there are *gradual* transitions, so that there are all possible varieties of condition imaginable, from the highest state of mental and bodily activity, to absolute torpor of both. There are two conditions, however, to which I may *briefly* advert - that of dreaming and of somnambulism. In the former, there are some of the mental and bodily functions in a state of partial activity, but, from the sensations arising from external stimuli being perceived very imperfectly, erroneous impressions are conveyed to the mind ; and, as happens in some cases of insanity, the power of controlling the current of thought being absent, one idea excites another, until the most incongruous combinations are produced in many instances. Somnambulism, properly so called, is a state still more nearly allied to the waking condition than dreaming. The mental functions are more awake, a more just estimate of external impressions can be formed, and there is the power of voluntary motion present in a remarkable degree. Persons in this state are thus capable of being directed by those around, into certain trains of thought and action. The principal difference between the natural somnambulists, and those who become so through hypnotising in the manner pointed out in this treatise, is the greater tendency of the latter to lapse into a state of *profound* sleep, unless prevented by being roused and directed by those present. Natural somnambulists seem to be impelled to certain trains of action by *internal* impulses ; but, so far as I have seen, the artificial somnambulists have an inclination to remain at absolute rest, unless excited to action by some impression from without. In compliance with such excitement, however, they evince great acuteness and docility. There is also another remarkable difference. It is stated, that although natural somnambulists cannot remember, when awake, what they were engaged in when asleep, they have a vivid recollection of it when in that state again ; but I have found no parallel to *this* in the somnambulism induced by hypnotism.

By this I mean that they cannot explain what happened during the former somnambulic state, but they may approximate to the words and actions which had formerly manifested themselves, provided they are placed under exactly similar circumstances. For the extent to which peculiar manifestations may be brought out by manipulating the head and face, at a certain stage of hypnotism, see Chapter VI, where examples are given of memory as regarded events which happened during the *waking* condition, whilst they seemed to have no recollection of what happened during a former state of hypnotism.

As to the causes of common sleep, I may remark, that, by the exercise of the mental operations, and the impressions conveyed through the organs of special sense, muscular effort, and the discharge of other animal functions, the brain becomes exhausted, and ceases to be affected by ordinary stimuli, and lapses into that dormant state we call sleep. During this condition it becomes recruited, and fitted for again receiving its wonted impressions through the organs of sense, and of holding intercourse with external nature, and exercising those powers of voluntary motion and mental function peculiar to the waking condition.

It will be generally admitted, that the most refreshing, and therefore the *most natural sleep*, accompanies that condition or languor which follows the *moderate* exercise or fatigue of *all* the bodily and mental functions, rather than an undue exercise of *one* or *more* to the neglect of the others. It is long since it was observed that inordinate attention to one subject caused *dreaming*, instead of *sound sleep*. It will also be found that the absolute length of time during which any function may be exercised, depends very much on the *continuity* of its exertion, or its alternation with that of other functions ; thus the mind may become confused and bewildered by continuing one particular study for a length of time, but may be able to return to it with energy and advantage, and prosecute the subject longer on the whole, by varying it with study of a different nature; moreover, bodily disease, and even insanity, frequently arises from following the mind to be occupied inordinately by one particular object or pursuit, whether that may be religion politics, avarice, schemes of ambition, or any other passion, emotion, or object of unvaried contemplation.

In like manner, continued and over-intense muscular effort very soon exhausts the power of the muscles so exercised or over-exerted ; and by keeping the eyes steadily and constantly exercised by gazing on a coloured spot, they soon cease to be able to discern the boundaries of the respective colours, (Muller) and ultimately seem scarcely to be capable of distinguishing the spot at all. The same might be proved of the other senses. In fine, *alternate action and repose is the law of animated nature*. [Footnote: This subject is beautifully illustrated by Muller, at page 1410, Vol. II. (Baly's translation) which I now quote:

"The excitement of the organic processes in the brain which attends an active state of the mind, gradually renders that organ incapable of maintaining the mental action, and thus induces sleep ; which is to the brain what bodily fatigue is to other parts of the nervous system. The cessation or remission of mental activity during sleep, in its turn, however, affords an opportunity for the restoration of integrity to the organic conditions of the cerebrum, by which they regain their excitability. The brain, whose action is essential to the manifestation of mind, obeys, in fact, the general law which prevails over all organic phenomena - that the phenomena of life being particular states induced in the organic structures, are

attended with changes in the constituent matter of these structures. Hence, the longer the action of the mind is continued, the more incapable does the brain become of supporting that action, and the more imperfectly are the mental processes performed, until at length sensations cease to be perceived, notwithstanding the impressions of external stimuli continue. This is entirely analogous to what frequently occurs during the waking state, in the case of individual sensations'.

I must beg leave to take one exception to the correctness of these remarks, and that is, *moderate* exercise, I consider, instead of *exhausting*, seems rather to act as a *salutary stimulus*, and thus *strengthens* both *organ and function*. He then goes on to state, most lucidly and fairly, 'Nor merely the action of the mind, but the long continued exertion of other functions of animal life, such as the senses or muscular actions, induces the same exhaustion of the organic states of the brain, and thereby want of sleep and sleep itself ; for these different systems of the body participate in the change which the organic condition of any one of them may undergo. Lastly, impairment of the normal organic state of the brain, by the circulation through it of blood charged with imperfectly assimilated nutriment, as after full meals in which spirituous drinks have been taken, also induces sleep. The narcotic medicaments act still more strongly by the change they produce in the organic composition of the sensorium. Even the increased pressure of the blood upon the brain, produced by the horizontal posture, may become the cause of sleep'.

Here then is the opinion of this author in a few words. The exercise of function is attended with a change, deterioration, or wasting of the organic structure at a more rapid rate than can be repaired by the slow, but regular and persistent organic renovation continually going on in the whole system. A cessation of sentient, and mental, and muscular functions, therefore, as happens in sleep, becomes necessary to afford time for the renovation of the deteriorated organic structures of the respective organs, and of the brain in particular, which, in so eminent a degree, sympathises and participates in the organic changes which have been induced in other organs.

Liebig's views seem confirmatory of this, where he points out the fact, that the chemical principles of those substances which act most energetically on the brain and nerves have a composition analogous to that of the substance of the brain and nerves, as in the case of the vegetable alkaloids. He believes that all the active principles which produce powerfully poisonous or medicinal effects, in minute doses, are compounds of nitrogen ; and that those compounds, being resolved into their elements, take a share in the formation, or transformation, of brain and nervous matter.

It is on this very principle, of over-exerting the attention, by *keeping it riveted to one subject or idea which is not of itself of an exciting nature*, and, over-exercising one set of muscles, and the state of the strained eyes, with the suppressed respiration, and general repose, which attend such experiments, which excites in the brain and whole nervous system that peculiar state which I call Hypnotism, or nervous sleep. The most striking proofs that it is different from common sleep, are the extraordinary effects produced by it. In deep abstraction of mind, it is well known, the individual becomes unconscious of surrounding objects, and in some cases, even of severe bodily infliction. During hypnotism, or nervous sleep, the functions in action seem to be so *intensely* active, as must in a great measure rob the others of that degree of nervous energy necessary for exciting their sensibility. This alone may account for much of the dullness of common feeling during the abnormal quickness and extended range of action of certain

other functions. **[Footnote:** It was certainly presuming very much on the ignorance of others for any one to attempt so to pervert the meaning of an author, as to twist what M'Nish has written on the article 'Reverie', and represent it as the basis of my theory. How does M'Nish define it? 'Reverie', he says, 'proceeds from an unusual quiescence of the brain, and inability of the mind to direct itself strongly to any one point ; it is often the prelude of sleep. There is a *defect* in the *attention* which, instead of being fixed on *one* subject, *wanders over a thousand*, and even on these is feebly and ineffectively directed'. Now this, as everyone must own, is the very *reverse* of what is induced by *my plan*, because I *rivet the attention to one idea*, and the eyes to *one point*, as the *primary and imperative conditions*. Then, as to another passage, 'That kind of reverie in which the mind is nearly divested of all ideas, and approximates nearly to the state of sleep, I have sometimes experienced while gazing long and intently upon a river. The thoughts seem to glide away, one by one, upon the surface of the stream, till the mind is emptied of them altogether. In this state we see the glassy volume of the water moving past us, and hear its murmur, but lose all power of fixing our attention definitively upon any subject ; and either fall asleep, or are aroused by some spontaneous reaction of the mind, or by some appeal to the senses sufficiently strong to startle us from our reverie'. Now, I should have read this passage a thousand times without discovering any analogy between it and my theoretical views. They appear to me to be 'wide as the poles asunder'. Instead of ridding the mind of ideas 'one by one, till the mind is *emptied* of them *altogether*,' I endeavour to rid the mind at *once* of all ideas *but one*, and to fix *that* one in the mind *even after passing into the hypnotic state*. This is very different from what happens in the reverie referred to, in which M'Nish confesses the difficulty 'of fixing our attention definitively upon *any* subject'. Again, so far from a reaction of the mind being sufficient to rouse patients from the hypnotic state, as in the reverie referred to, I can only state, that I have never seen patients deeply affected come out of it without assistance ; and I heard Lafontaine say, he had been unable to restore the Frenchman who was with him for twelve hours on one occasion, when a surgeon operated on him ; and I have read the report of another, who operated on a patient at Stockport, 'Charlie', according to my method, and, from having allowed him to go too far, experienced no small difficulty in rousing him, nor could he be restored to speech after much manipulation, and buffeting, and friction, till he had swallowed nearly *half a tumbler glass of neat gin*. To prevent misrepresentation, I shall quote the case as reported in the Stockport Chronicle of 4th February, 1842 - 'To the final instance the lecturer now drew particular attention. It was that of a young man, recognised by many in the room by the familiar name of 'Charlie'. He was just entering upon the state of somnolence, and the attention of the audience was directed to the fact, that it was so indicated, by the different members becoming rigid. Presently his eyelids closed, and he became as though apparently under the influence of catalepsy. It was tried to make him sit down, but his whole frame was perfectly rigid, and that object could not therefore be accomplished. He was then laid on the floor, and the usual means, with cold water added, were employed in order to bring him to a state of consciousness. After a time these partially succeeded, his limbs became once more supple, and he was set in a chair, apparently conscious, though his eyelids were not yet open. He was several times requested to open them, and as often made the most vigorous efforts to do so, but was unable ; at last they were opened, and it was discovered that the operation had so far influenced the entire functions of his body, that he had for a time lost the power of utterance, the muscles of the throat and tongue still remaining in a state of the most perfect rigidity. In this state, and being affected by a tremor which seized every part of his person, the patient was conducted into an ante-room, and placed before a fire, while the operator continued to rub the parts, in order to excite them to renewed action, and to restore animation. All this, however, had not the

desired effect for some time, during which the patient evinced feelings of considerable surprise at his condition ; but nevertheless was exceedingly lively, and made several efforts to speak, but could not. At last half a tumbler glass of neat gin was brought, the greater portion of which he drank off, and this partially restored the power of utterance, for he was afterwards able to articulate a little, and asked, though only in a whisper, for his hat ; and also requested that some water might be mixed with the remaining portion of the gin. He complained also of a sense of excessive fulness of the stomach ; and said, in answer to inquiries, that although not feeling cold, he was yet unable to resist the tremor which had seized him'.]

Was not this a beautiful illustration of the facility with which patients might be roused from this condition '*by a reaction of the mind*'? Nor was this the only Case that evening, in which great difficulty had been experienced in rousing patients from the hypnotic state.

The untoward result referred to in the note above, I have no doubt, was the effect of permitting the experiment to be carried too far. No such consequence has ever followed in any of my operations, and for this reason, that I have always watched each case with close attention, and aroused the patient the moment I saw the slightest symptom of danger. I shall, therefore, now point out the symptoms of danger, with the mode of arousing patients, and thus preventing mischief which might ensue from want of due caution in the operator.

Whenever I observe the breathing very much oppressed, the face greatly flushed, the rigidity excessive, or the action of the heart very quick and tumultuous, I instantly arouse the patient, which I have always readily and speedily succeeded in doing by a clap of the hands, an abrupt shock on the arm or leg by striking them sharply with the flat hand, pressure and friction over the eyelids, and by a current of air wafted against the face. I have never failed by these means to restore my patients very speedily.

I feel convinced hypnotism is not only a valuable, but also a perfectly safe remedy for many complaints, if judiciously used; still it ought not to be trifled with by ignorant persons for the mere sake of gratifying idle curiosity. In all cases of apoplectic tendency, or where there is aneurysm, or serious organic disease of the heart, it ought not to be resorted to, excepting with the precaution, that it may be in the mode calculated to depress the force and frequency of the heart's action.

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NEURYPNOLOGY

James Braid

CHAPTER IV.

In passing into common sleep objects are perceived more and more faintly, the eyelids close, and remain quiescent, and all the other organs of special sense become gradually blunted, and cease to convey their usual impressions to the brain, the limbs become flaccid from cessation of muscular tone and action, the pulse and respiration become slower, the pupils are turned upwards and inwards, and are *contracted* (Muller).

In the hypnotic state, induced with the view of exhibiting what I call the hypnotic phenomena, vision becomes more and more imperfect, the eyelids are closed, but have, for a considerable time a *vibratory motion*, (in some few they are forcibly closed, as by spasm of the orbiculares) the organs of special sense, particularly of smell, touch, and hearing, heat and cold, and resistance, are greatly *exalted*, and afterwards become blunted, in a degree far beyond the torpor of natural sleep; the pupils are turned upwards and inwards, but, contrary to what happens in *natural* sleep, they are greatly *dilated*, and highly insensible to light ; after a length of time the pupils become contracted, whilst the eyes are still insensible to light.

The pulse and respiration are, at first, slower than is natural, but immediately on calling muscles into action, a tendency to cataleptiform rigidity is assumed, with rapid pulse, and oppressed and quick breathing. The limbs are thus maintained in a state of tonic *rigidity* for any length of time I have yet thought it prudent to try, instead of that state of flaccidity induced by common sleep ; and the most remarkable circumstance is this; that there seems to be no corresponding state of muscular exhaustion from such action. [**Footnote:** The average of a great number of experiments gives me the following results : The rise in the pulse from mere muscular effort, to enable patients to keep their legs and arms extended for five minutes, is about 20 per cent. When in the state of hypnotism it is upwards of 100 per cent. By arousing all the senses, and the head and neck, it will speedily fall to 40 per cent, (that is, twice what it was when so tested in the natural condition) and by rendering the whole muscles limber, whilst the patient is in the state of hypnotism the pulse very speedily falls to, or even below, the condition it was before the experiment.]

In passing into natural sleep, any thing held in the hand is soon allowed to drop from our grasp, but, in the artificial sleep now referred to, it will be held more firmly than before falling asleep. This is *a very remarkable difference*.

The power of balancing themselves is so great that I have never seen one of these hypnotic somnambulists fall. The same is noted of natural somnambulist. This is a remarkable fact, and would appear to occur in this way, that they acquire the centre of gravity, as if by instinct, in the *most natural, and therefore, in the most graceful manner*, and if allowed to remain in this position, they speedily become cataleptiformly and immovably fixed. From observing these two facts, and the general tendency and taste for dancing displayed by most patients on hearing lively music during hypnotism, the peculiarly graceful and appropriate movement of many when thus excited, and the varied and elegant postures they may be made to assume by slight currents of air, and the faculty of retaining any position with so much ease, I have hazarded the opinion, that the Greeks may have been indebted to hypnotism for the perfection of their sculpture, and the Fakirs for their wonderful feats of suspending their bodies by a leg or an arm. **[Footnote:** It has been suggested to me, that it can scarcely be doubted that the Bacchanalians, who had no feeling of wounds, ('*non sentit vulnera Moenas*', - *Ovid*) and whose condition was a stupor different from common sleep, ('*Exsomnia stupet Oevias*', - *Horace*) were in the hypnotic condition or nervous sleep, and therein excited to dance by music ; and that, as uneducated maid-servants, when under the full influence of that state of nerve, move with the grace and peculiar action of the most accomplished dancers of pantomimic ballet, there is reason to believe, not merely that the perfect grace exhibited in the attitudes represented in ancient sculpture and painting, was derived from studying the Bacchanalian and other mystic dancers, but that the movements used by stage-dancers, in our days, have been transmitted to us by continued imitation, through Italy, from the dancers in the Greek mysteries. No person can see girls of humble education, under the influence of music while in the nervous sleep, without perceiving, that those individuals, if awake, could not move with the elegance they exhibit under that influence. The reason of such grace probably is, that it arises from the simple and pure effects of nature to balance the body perfectly in all its complicated movements while the power of sight is suspended.]

It thus clearly appears that it differs from common sleep in many respects, that there is first a state of excitement as with opium, and wine, and spirits, and afterwards a state of corresponding deep depression or torpor.

In the case of two patients, symptoms very much the same as those produced in them by the laughing gas, were produced twice on each patient, and the only time I know of their having been hypnotised. One lost the power of speech for two hours, as happened also after the gas. Both these patients had hypnotised themselves. There is a remarkable difference between the hypnotic condition, and that induced by the nitrous oxide. In the latter there is great, almost irresistible inclination to *general muscular effort*, as well as laughter ; in the former there seems to be no inclination to *any* bodily effort, unless excited by *impressions from without*. When the latter are used, there is a remarkable difference again in the power of locomotion and accurate balancing of themselves, when contrasted with the condition of intoxication from wine or spirits, where the limbs become partially paralysed, whilst the judgement remains pretty clear and acute. The state of muscular quiescence, with acute hearing, and dreamy, glowing imagination, approximates it somewhat to the condition induced by conium.

During the course of last spring some lectures were delivered in this town to prove that the *mesmeric*

phenomena might be induced by an 'undue continuance or repetition of the same sensible impression' on any of the senses. Immediately after the first lecture I instituted experiments according to this plan, but very soon ascertained, that the sleep induced by this mode of operating, *unless through the eye*, was nothing more than NATURAL or common sleep, *excepting in patients who had had the impressibility stamped on them, by having been previously mesmerised or hypnotised*. The lecturer concluded his course by stating his opinion, that he knew no sleep but natural or common sleep ; and by representing that he considered the effects produced by the different modes to be the same. [Footnote: This being his belief, there could be no novelty in his views. The following was the language of Cullen, long before he was born, 'If the mind is attached to a single sensation, it is brought very nearly to the state of the total absence of impressions ; or, in other words, to the state most closely bordering upon sleep ; remove those stimuli which keep it employed, and sleep ensues at any time'.]

M'Nish also writes, 'Attention to a single sensation has the same effect (of inducing slumber). This has been exemplified in the case of all kinds of monotony, where there is a want of variety to stimulate the ideas, and keep them on the alert'.

And again M'Nish writes, 'I have often coaxed myself to sleep by internally repeating half a dozen times any well known rhyme. Whilst doing so the ideas must be strictly directed to this particular theme, and prevented from wandering'. He then adds, that the great secret is to compel the mind to depart from its favourite train of thought, into which it has a tendency to run, 'and address itself solely to the *verbal* repetition of what is substituted in its place' ; and farther adds, 'the more the mind is brought to turn upon a *single impression*, the more closely it is made to approach to the state of sleep, which is the total absence of all impressions'. Which also, some forty years ago, wrote thus, 'Sleep is promoted by tranquillity of mind, * * * by *gently and uniformly affecting one of the senses*; for instance, by music or reading ; and lastly, a gentle external motion of the whole body, as by rocking or sailing'. Counting and repeating a few words have been also long and generally known and resorted to for the purpose of procuring sleep.

Let any one read attentively the following extract from the Medical Gazette of February 24, 1838, on the power of weak monotonous impressions on the senses having the power of inducing sleep, and many phenomena usually attributed to mesmerism, and say what merit could be due to a person acquainted with the article referred to, for *recording a note to the same effects some six or eight months thereafter*, and that without having instituted a single experiment to prove the correctness of the hypothesis? 'For the other slight symptoms' (others enumerated having been attributed to imagination or emotion of mind) 'of vapours, drowsiness, and at last natural sleep, no other cause need be sought than the tediousness and ennui of passing the hands for more or less than an hour over the most sensitive parts of the body. This is only an instance of the well known effect of weak, monotonous impressions on the senses inducing sleep ; analogous examples are found in the soothing influence of a body seen slowly vibrating, or of a distant calm scene, or the motions of the waves, or of quivering leaves ; or in impressions on the sense of learning by the sound of a waterfall, the rippling of billows, the humming of insects, the low howling of the winds, the voice of a dull reader ; or on the nerves of common sensation by *gentle friction of the temple or eyebrow, or any sensitive part of the body* ; the rocking of a cradle ; any slow and regular motion of the limbs or trunk ; all these instances show that the effect of monotonous impressions on the

senses is to produce, in most persons, tranquillity, or drowsiness, and ultimately sleep'.

Where, then, is the great merit of any one having recorded a note six or eight months after this was published, that these phenomena were induced by 'the undue continuance and repetition of the same sensible impression!'

I believe most, if not all the patients this gentleman exhibited at his lectures had been previously mesmerised or hypnotised, which, if I am correct in this supposition, from the circumstances already referred to, (see page 36, and note, page 61) would completely nullify the importance of his *apparent* results. However, I have never heard of his having *operated successfully, and exhibited the phenomena on numbers of patients taken indiscriminately from a mixed audience, who had never been operated on before* ; or produced curative results such as I have so repeatedly done. I therefore consider it a fair inference, that until the same phenomena are produced by his method in cases of persons which have *never* been hypnotised or mesmerised, nothing is proved beyond the fact *which I have so often urged*, namely, the power of imagination, sympathy, and habit, in producing the expected effects ON THOSE PREVIOUSLY IMPRESSED. [Footnote: A very decided proof of this was exhibited at one of my lectures, where, as may be seen from the report of it, twenty-two who had been operated on before, laid hold of different parts of each other's persons or dresses, and by concentrating their attention to that act, and anticipating the effect, they all became hypnotised in about a minute. After another lecture, in the ante-room, sixteen who had been hypnotised formerly, stood up in the same manner, and also *one* who *had never been hypnotised*. In about a minute all were affected *excepting the latter*. I then operated on him alone in my usual way, and in two or three minutes he was very decidedly affected. Suffice it to say, I have varied my experiments in every possible form, and clearly proved the power of imagination *over those previously impressed*, as the patients have become hypnotised or not by the same appliance, accordingly to the result which they previously expected. This readily accounts for the result of Mr Wakley's experiments with the Okeys.]

From overlooking another important fact which I have repeatedly explained, that all the phenomena are consecutive, that is, first increased sensibility, inobility, and docility, and afterwards a subsidence into insensibility and cataleptiform rigidity, this gentleman, by mistaking and exhibiting the *primary* phenomena for the *secondary*, seems to have managed to deceive both himself and some others who are satisfied to look at such matters loosely. *This, however, is confounding things which are in themselves essentially different*. I beg especial attention to the note below. [FOOTNOTE: In illustration of this, I may here state the following remarkable facts, which have been frequently repeated before many most competent witnesses, and of which, therefore, I consider there can be no doubt.]

The first symptoms after the induction of the hypnotic state, and extending the limbs, are those of extreme excitement of all the organs of sense, sight excepted. I have ascertained by accurate measurement, that the hearing is about twelve times more acute than in the natural condition. Thus a patient who could not hear the tick of a watch beyond 3 feet when awake, could do so when hypnotised at the distance of 35 feet, and walk to it in a direct line, without difficulty or hesitation. Smell is in like manner, wonderfully exalted ; one patient has been able to trace a rose through the air when held 46 feet from her. May this not account for the fact of Dr Elliotson's patient Okey, discovering the peculiar odour

of patients in *articulo mortis*? when she said on passing them, 'there is Jack'. The tactual sensibility is so great, that the slightest touch is felt, and will call into action corresponding muscles, which will also be found to exert a most inordinate power. The sense of heat, cold, and resistance, are also exalted to that degree, as to enable the patient to feel anything *without actual contact*, in some cases at a considerable distance, (18 or 20 inches) if the temperature is very different from that of the body ; and some will feel a breath of air from the lips, or the blast of a pair of bellows, at the distance of 50, or even 90 feet, and bend from it, and, by making a back current, as by waving the hand or a fan, will move in the opposite direction. The patient has a tendency to *approach to, or recede from impressions, according as they are agreeable or disagreeable, either in quality or intensity*. Thus, they will approach to soft sounds, but they will recede from loud sounds, however harmonious. A discord, such as two semi-tones sounded at same time, *however soft*, will cause a sensitive patient to shudder and recede when hypnotised, although ignorant of music, and not at all disagreeably affected by such discord when awake. By allowing a little time to elapse, and the patient to be in a state of quietude, he will lapse into the opposite extreme, of rigidity and torpor of *all* the senses, so that he will not hear the loudest noise, nor smell the most fragrant or pungent odour ; nor feel what is either hot or cold, although not only approximated to, but brought into actual contact with, the skin. He may now be pricked, or pinched, or maimed, without evincing the slightest symptom of pain or sensibility, and the limbs will remain rigidly fixed. At this stage a puff of wind directed against any organ *instantaneously* rouses it to inordinate sensibility, and the rigid muscles to a state of mobility. Thus, the patient may be unconscious of the loudest noise, but by simply causing a current of air to come against the ear, a very moderate noise will *instantly* be heard so *intensely* as to make the patient start and shiver violently, although the whole body had immediately before been rigidly cataleptiform. A rose, valerian, or asafoetida, or strongest *liquor ammonioe*, may have been held close under the nostrils without being perceived, but a puff of wind directed against the nostrils will instantly rouse the sense so much, that supposing the rose had been carried 46 feet distant, the patient has instantly set off in pursuit of it ; and even whilst the eyes were bandaged, reached it as certainly as a dog traces out game ; but, as respects valerian or asafoetida, will rush *from* the unpleasant smell, with the greatest haste. The same with the sense of touch.

The remarkable fact that the whole senses may have been in the state of profound torpor, and the body in a state of rigidity, and yet by very gentle pressure over the eyeballs, the patient shall be instantly roused to the waking condition, as regards all the senses, and mobility of the head and neck, in short to all parts supplied by nerves originating above the origin of the fifth pair, and those inosculating with them, and will not be affected by simple mechanical appliance to other organs of sense, is a striking proof that there exists some remarkable connection between the state of the eyes, and condition of the brain and spinal cord during the hypnotic state.

This is also a remarkably good illustration of the propriety of Mr Mayo's designation of the origin of the fifth pair of nerves, which he styles 'the dynamic centre of the nervous system'. (The Nervous System, and its Functions, p.27)

Another remarkable proof to the same effect is this ; supposing the same state of torpor of all the senses, and rigidity of the body and limbs to exist, a puff of air, or gentle pressure against ONE eye will restore sight to *that eye*, and sense and mobility to *one half of the body* - the same side as the eye operated on -

but will leave the other eye insensible, and the other half of the body rigid and torpid as before. Neither hearing nor smell, however, are restored in this case to either side. Thus, by one mode of acting through the eye, we reduce the patient to a state of hemiplegia, by the other to that of paraplegia, as regards both sense and motion. In many cases, when the patient has been hypnotised by looking sideways, this gives a tendency to the body to turn round in that direction when asleep.

It seemed puzzling, that by acting on one eye, both sense and motion could be communicated to the *same* side of the body, seeing the motor influence is communicated from the *opposite hemisphere of the brain*. It has occurred to me that the partial decussation of the optic nerves may account for this, and that this partial decussation may be for the express purpose of perfecting the union of sensation and motion through the eyes, 'on which we lean as on crutches' ; thus enabling us to balance ourselves so much more perfectly than we could otherwise have done.

There is another most remarkable circumstance, that whilst the patient is in the state of torpor and rigidity, we may pass powerful shocks of the galvanic battery through the arms, so as to cause violent contortions of them, without his evincing the slightest symptom of perceiving the shocks, either by movement of the head or neck, or expression of the countenance. On partially arousing the head and neck, as by gentle pressure on the eyes, or passing a current of air against the face, the same shocks *will* be felt, as evinced by the movements of the head and neck, the contortions of the face, and the whine, moan, or scream of the patient. All this may happen, as I have witnessed innumerable times, and the patient be altogether unconscious of it when roused from the hypnotic condition.

Moreover, whilst the patient is in the condition to be unconscious of the shock passed through the arms whilst a rod is placed in each hand, if one of the rods is applied to any part of the head, or neck, or face, in short, to any part, which is set at liberty by acting on *both eyes*, as formerly referred to, he will instantly manifest symptoms of feeling a shock, though it be much less powerful than that which had failed to produce any sensation or consciousness when passed through both arms. This might readily be accounted for on the principle of the circuit being shortened, and also by one of the rods being nearer the centre of the sensorium ; but that it depends on something else is apparent from the following fact : Without moving the rod placed on the neck, head, or face, carry the other rod *from the hand*, to any other part of the head, neck, or face, and all evidence of feeling will disappear, *unless the power of the galvanic current is increased*.

Analogous to this is another most puzzling phenomenon : The brain being in a state of torpor, the limbs rigid, and the skin insensible to pricking, pinching, heat or cold, by gently pressing the point of one or two fingers against the back of the hand, or any other part of the extremity, the rigidity will very speedily give place to mobility, and quivering of the arm, hand, and fingers, and which is greatly increased by pressing another finger against the neck, head, or face. Indeed, in the latter case, the commotion of the whole body is as violent in some patients as from shocks of the galvanic battery. By placing BOTH fingers on any part of the head, face, or neck, the commotion almost, or entirely ceases. By pinching the skin of the hand or arm with one finger and thumb, and the skin of the neck or face with the other, no effect is produced. Pressure, made, with insulating rods, glass, or sealing wax, is followed by the same phenomena as when done by the points of the fingers. The flat hand applied has very little effect. The

pressure being made against both hands, the arms are contorted, and if the head is partially de-hypnotised, the patient will complain of pins running into the fingers, especially if one point of contact is the hand, and the other the face or head. These phenomena do not occur whilst the skin remains sensible to pricking or pinching.

Moreover, during the state of cataleptiform rigidity, the circulation becomes greatly accelerated, in many cases it has more than double the natural velocity ; and may be brought down to the natural standard, in most cases in less than a minute, by reducing the cataleptiform condition. It is also found, that it may be kept at any intermediate condition between these two extremes, according to the manipulations used ; and that the blood is circulated with less *force* (the pulse being always contracted) in the *rigid limbs*, and sent in correspondingly greater quantity and force into those parts which are not directly subjected to the pressure of rigid muscles. It is also important to note, that by acting on both eyes in the manner required to induce the state of paraplegia, as already explained, the force and frequency of the heart's action may be as speedily and perceptibly diminished, as the action of a steam engine by turning off the steam. By again fixing the eyes, its former force and velocity will be almost as speedily restored, as can be satisfactorily proved to anyone who keeps his ear applied to the chest during these experiments. The amount of change in the pulse, by acting on the two eyes, and thus liberating the organs of special sense, and the head and neck, is about 60 per cent of the actual rise of the pulse when at the maximum above the ordinary velocity of the circulation. We might therefore, I think, *a priori*, infer, that in this new condition of the nervous system we have acquired an important power to act with.

N.B. - It is to be observed, that owing to the extreme acuteness of hearing during the first stage of hypnotism, it is extremely apt to mislead the operator, or those who do not understand this fact, during operations on the acuteness of the other senses, such as smell, currents of air, and heat and cold. To avoid such mistakes, therefore, it is best to allow the hearing to disappear, by which time all the other senses will have gone to rest, with the exception of the susceptibility to be affected by a current of air. I allow all the senses to become dormant, and then rouse only the one I wish to exhibit in the state of exalted function, when operating carefully.

Of all the circumstances connected with the artificial sleep which I induce, nothing so strongly marks the difference between it and *natural* sleep as the wonderful power the former evinces in curing many diseases of long standing, and which had resisted natural sleep, and every known agency, for years, e.g. patients who have been born deaf and dumb, of various ages, up to 32 years, had continued without the power of hearing sound until the time they were operated on by me, and yet they were enabled to do so by being kept in the hypnotic state for eight, ten, or twelve minutes, and have had their hearing still farther improved by a repetition of similar operations. Now, supposing these patients to have spent six hours out of twenty-four in sleep, many of them had had four, five, six, or eight years of *continuous* sleep, but still awoke as they lay down, incapable of hearing sound, and yet they had some degree of it communicated to them by a few *minutes* of *Hypnotism*. Can any stronger proof be wanted, or adduced, than this, that it is very different from *common* sleep? A lady, 54 years of age, had been suffering for 16 years from incipient amaurosis. According to the same ratio, she must have had four years of sleep, but instead of improving she was every month getting worse, and when she called on me, could with difficulty read two words of the largest heading of a newspaper. After *eight minutes* hypnotic sleep,

however, she could read the other words, and in three minutes more, the whole of the smaller heading, soon after a smaller sized type, and the same afternoon, with the aid of her glasses, read the 118th Psalm, 29 verses, in the small diamond Polyglot Bible, which for years had been a sealed book to her. There has also been a most remarkable improvement in this lady's general health since she was hypnotised. Is there any individual who can fail to see, in this case, something different from common sleep? Another lady, 44 years of age, had required glasses 22 years, to enable her to see to sew, read, or write. She had thus five years and a-half of sleep, but the sight was still getting worse, so that, before being hypnotised, she could not distinguish the capitals in the advertising columns of a newspaper. After being hypnotised, however, she could, in a few minutes, see to read the large and second heading of the newspaper, and next day, to make herself a blond cap, threading her needle without the aid of glasses. This lady's daughter, who had been compelled to use glasses for two years, was enabled to dispense with them, after being *once* hypnotised. It is also important to note, that all these three, as well as many others, were agreeably surprised by improvement of *memory* after being hypnotised. The memory of one was so bad that she was often forced to go upstairs several times before she could remember what she went for, and could scarcely carry on a conversation ; but all this remnant of a slight paralytic affection is gone, by the same operations which roused the optic nerves, and restored the sight. Now, with such cases as these, who can doubt that there is a real difference in the state of the brain and nervous system generally, during the hypnotic sleep, from that which occurs in common sleep? The same might be urged from various other diseases cured or relieved by this process, but I shall only briefly refer to a few.

In the second part of this treatise, where the cases are recorded, will be found many examples of the curative power of hypnotism, equally remarkable with those to which I have just referred : such as Tic Doloureux ; Nervous headache ; Spinal irritation ; Neuralgia of the heart ; Palpitation and intermittent action of the heart ; Epilepsy ; Rheumatism ; Paralysis ; Distortions and tonic spasm, etc.

I shall here give a few particulars of a case which shows in a most remarkable degree the difference of this and common sleep, or that induced by opium and the whole range of medicines of that class. Miss Collins, of Newark, Nottinghamshire, had a spasmodic seizure during the night, by which her head was bound firmly to her left shoulder. The most energetic and well directed means, under a most talented physician, and aided by the opinion of Sir Benjamin Brodie, had been tried, as far as known remedies could be carried (amongst other means, narcotics, in as large doses as were compatible with the safety of the patient) and although she was carefully watched by night and by day, there had never been the slightest relaxation of the spasm, which had continued nearly six months. When I first examined her, no force I was capable of exerting could succeed in separating the head and shoulder in the slightest degree. Experience led me to hope, however, that I might be able to do so after she was hypnotised. Having requested all present, excepting the patient, her father, and her physician, to retire, I hypnotised her, and in three minutes from commencing the operation, with the most perfect ease to myself, and without the slightest pain to the patient, her head was inclined in the opposite direction, and in two minutes more she was roused, and was quite straight. I visited this patient only three times, after which she returned home. Shortly afterwards, she had a nervous twitching of the head, and on one occasion it was again drawn to her shoulder. Dr Chawner, however, hypnotised her as he had seen me do, and put it right immediately ; and she is now (about twelve months after she was hypnotised) in perfect health, 'her head quite straight, and she has perfect control over the muscles of the neck' (See cases).

Miss E Atkinson had been unable to speak above a whisper for four years and a half, notwithstanding every known remedy had been perseveringly adopted, under able practitioners. After the ninth hypnotic operation she could speak aloud without effort, and has continued quite well ever since - now about nine months. (See case at length, Part II.)

The extraordinary effects of a few minutes hypnotism, manifested in such cases (so very different from what we realise by the application of ordinary means) may appear startling to those unacquainted with the remarkable powers of this process. I have been recommended, on this account, to conceal the fact of the rapidity and extent of the changes induced, as many may consider the thing *impossible*, and thus be led to reject the *less* startling, although *not more* true, reports of its beneficial action in other cases. In recording the cases, however, I have considered it my duty to record *facts as I found them*, and to make no compromise for the sake of accommodating them to the preconceived notions or prejudices of others.

It may be proper to add, however, that I have afforded opportunities to many eminent professional and scientific gentlemen to see the patients, and investigate for themselves the real state of these respective cases ; and to them I can confidently appeal as to the accuracy and fidelity of the reports of most of the cases recorded in this treatise.

After such evidence as this, no one can reasonably doubt that there is a remarkable difference between hypnotism and natural sleep, and that it is a valuable addition to our therapeutic means.

How these extraordinary effects are produced, it may be impossible absolutely to decide. One thing, however, I am certain of, that, in this condition, besides the peculiar impression directly made on the nervous centres, by which the mind is for the time 'thrown out of gear', and which enables us, in a remarkable manner, to localise or concentrate the nervous energy, or seasonal power, to any particular point or function, instead of the more equal distribution which exists in the ordinary condition, we have also an extraordinary power of acting on the capillaries, and of increasing and diminishing the force and frequency of the circulation, locally and generally. [**Footnote:** By this I mean that any one examining the pulse by the radial artery, whilst the patient has his arms in the cataleptiform condition, and held at right angles with his body, (and when, of course, the circulation can only be influenced by the state of rigidity or flaccidity of the muscles) it will be found feeble or contracted, but the moment the rigidity of the muscles is reduced, by blowing on or fanning them, the pulse will become much more developed. This, of course, which may, be done without the patient being conscious of the experiment, is totally different from what may be displayed as a trick, by a person voluntarily compressing the axillary and brachial arteries, by drawing his arms firmly against his side. The former is independent of volition, the latter is entirely voluntary, and a mere trick.]

This can be done in a most remarkable degree, both as regards the extent and rapidity of these changes. [**Footnote:** The first time I ever had an opportunity of examining a patient minutely, or of feeling the pulse of one, under the mesmeric influence, was on the 19th November, 1841. I was much struck with the state of the pulse at the wrist - so small and rapid as, combined with the state of tremor, or slight

subsultus in the arm, rendered it impossible to count it accurately at the wrist. This circumstance induced me to reckon the velocity of the pulse by the carotid artery, as will be found recorded in the 'Manchester Guardian' of the 24th of that month. I adduced this as the cause of the discrepancy between the numeration of the pulse by others and myself, that I had counted it *by the carotid artery*, and considered it impossible for any one to reckon it correctly by the radial artery in such a case. The injected state of the conjunctival membrane of the eye, and the whole capillary system in the neck, head, and face, was so apparent, as Dr Radford very correctly stated, that no one near the patient could fail to observe it : this, together with the cold hands and contracted pulse at the wrist, led me to infer, that the rigid state of the cataleptiform muscles, opposed the free transmission of the blood through the extremities, and would thus cause increased action in the heart and determination to the brain and spinal cord, as resulted from the ingenious experiments of my late friend Dr Kellie, for speedily terminating the cold stage of ague, by putting a tourniquet round one of the extremities.]

And, moreover, changes from absolute insensibility to the most exalted sensibility, may be effected at a certain stage, almost with the rapidity of thought, as exemplified at page 63. On the whole, I consider it is of great importance to have acquired a knowledge of how these effects can be produced and generally applied, and turned to advantage in the cure of disease, although. we should never ascertain the real proximate cause, or principle through which we produce our effects. Who can tell how, or why, quinine and arsenic cure intermittent fever ? They are, nevertheless, well known to do so, and are prescribed accordingly.

Whilst I feel assured from personal experience, and the testimony of professional friends, on whose judgement and candour I can implicitly rely, that in this we have acquired an important curative agency for *a certain class* of diseases, I desire it to be distinctly understood, as already stated, that I by no means wish to hold it up as a universal remedy. I believe it is capable of doing great good, if judiciously applied. Diseases evince totally different pathological conditions, and the treatment ought to be varied accordingly. We have, therefore, no right to expect to find a universal remedy either in *this*, or *any other*, method of treatment.

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NEURYPNOLOGY

James Braid

CHAPTER V.

WHEN I had ascertained that Hypnotism was important as a curative power, and that the prejudices existing against it in the public mind, as to its having an immoral tendency, were erroneous; and the idea, that it was calculated to sap the foundation of the Christian creed, by suggesting that the Gospel miracles might have been wrought by this agency, was quite unfounded and absurd, I felt it to be a duty I owed to the cause of humanity, and my profession, to use my best endeavours to remove those fallacies, so that the profession generally might be at liberty to prosecute the inquiry, and apply it practically, without hazarding their personal and professional interest, by prosecuting it in opposition to popular prejudice. It appeared to me there was no mode so likely to insure this happy consummation as delivering lectures on the subject to mixed audiences. The public could thus have demonstrative proof of its practical utility; and, when it was proved to proceed from a law of the animal economy, and that the patient could only be affected in accordance with his own free will and consent, and not, as the animal magnetizers contend, through the irresistible power of volitions and passes of the mesmerizers, which might be done in secret and at a distance, the ground of charge as to my agency having an immoral tendency, must at once fall to the ground. I have reason to believe my labours have not been altogether unsuccessful, in removing the popular prejudices; and I hope that the more liberal of my professional brethren, now that they know my true motives of action, in giving lectures to mixed audiences, instead of confining them to the profession only, and especially as I made no secret of my modes of operating, will be inclined to approve rather than blame me, for the course I have taken in this respect. From some peculiar views, I was led to make experiments, by which I hoped to obtain natural or refreshing sleep, and the results were quite satisfactory. I have thus succeeded in making a patient, who, when operated upon in the usual way, was highly susceptible, and disposed to become strongly cataleptic, with rapid pulse and oppressed breathing, remain in a sound sleep for upwards of three hours, with all the muscles flaccid, and the pulse and respiration slower than natural, when operated on in this manner. All this difference arises from the simple circumstance of the position into which the eyes are placed during the operation, namely, closing the eyelids, and bringing the eyes closely upwards, as if looking at an object at a great distance, the eyeballs being turned up only gently, so as to cause dilatation of the pupil, as already explained; and the limbs placed so as to relax the muscles as much as possible, and thus prevent acceleration of the pulse.

I was led to the adoption of this method from the following train of reasoning. If, as I inferred was the case, the spasmodic tendency was reflected to the muscular system generally, from the spasmodic state of the branches of the third pair of nerves (which supply the levatores palpebrarum and irides,)

during the continued fixed stare and straining of the eyes, I thought, were I to insure all the other concomitant requirements for procuring hypnotism, minus the strain on the ciliary muscles and irides, I ought to procure refreshing sleep, without rigidity of muscle or quickened circulation. By closing the eyelids, the first could be obtained, and by turning the eyes up loosely, which dilates the pupils, the other would also be attained; I therefore tried the experiment, which, as already noted, proved most successful.

I think the plan I have just pointed out is quite as simple, and I feel assured it will prove as efficacious in procuring "sleep at will" as that of Gardener, lately published by Dr Binns. I may add, that I publicly stated my plan at my lectures in London, in the first and second series, 1842, which was at least five or six months prior to the publication of Dr Binns's work. I had also done the same at my lectures in Liverpool, about six weeks before that last period. Mr Barrallier, an intelligent surgeon, of Milford, who investigated the subject of Hypnotism with much zeal and success, and published some interesting experiments on the subject in the Medical Times, also referred to the case of a gentleman in that town, whom he had heard, of as having been in the habit of procuring sleep immediately 'by keeping his eyes fixed' for a few minutes in one direction. Until he adopted this method he scarcely slept at all. For various modes of procuring sleep see pages 58-60 of this treatise.

In reference to my original theory, Dr Binns, at page 372, calls in question the justice of my allegation, that during Hypnotism, natural or artificial, there should be any imperfect arterialization of the blood, notwithstanding the suppressed or modified respiration and circulation. He has adduced no arguments, however, to convince me to the contrary; and I again repent my conviction, that such condition of the blood does exist, and is a cause of ordinary sleep; and that the still more intense state of torpor, in a certain state of Neuro-Hypnotism, results from a still less perfectly purified blood; and, on the other hand, that the dreamy and exalted states arise from different degrees of stimulating properties of the blood, from being more highly arterialized at various stages, together with the velocity of circulation, and pressure or tension on the brain during the cataleptiform state.

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NEURYPNOLOGY

James Braid

CHAPTER VI.

I have no doubt that some of the views already advanced, and the facts on which they are grounded, have appeared startling to many of my readers, and I feel assured the subject to be discussed in the following chapter must be still more so; namely, that during hypnotism, we acquire the power, through the nerves of common sensation, of rousing any sentiment, feeling, passion, or emotion, and any mental manifestation, according to our mode of manipulating the patient. This is what has been designated phreno-magnetism by the discoverers of these curious phenomena, but which, in accordance with my nomenclature, I shall designate phreno-hypnotism. It appears with this, as with many other discoveries that similar investigations were going forward at the same time in England and America, while the discoverers were without the knowledge of each other's views or proceedings, and that the results of their experiments led all parties to form analogous conclusions.

It must be evident to every one who reflects deeply and dispassionately on the subject, that if we really can thus acquire such power as to rouse into great activity any faculty or propensity, whilst we diminish the activity of antagonist faculties, we must thereby acquire an important power for meliorating the moral, intellectual, and physical condition of man. I shall have no difficulty in adducing sufficient proof, that the human mind *can* be so developed and acted on through the bodily organs; but, before entering into a detail of the modes of doing so, I shall endeavour to remove a prejudice against the discussion of this subject, which has arisen from the unhappy circumstance that some of those who promulgated this doctrine have professed a belief in materialism. Such an avowal was indeed calculated to excite, not the prejudices, but the sound principles, of Christian society in general against the reception or dispassionate consideration of the facts on which it rested. For my own part, I can see nothing in the subject to warrant such conclusions as the materialists have avowed; and truth is not to be rejected, because misguided men attempt to build upon it a hollow and unseemly superstructure. The following are my views of the relation which subsists betwixt mind and matter:- I look upon the brain simply as the *organ* of the mind, and the bodily organs as the instruments for upholding the integrity of the bodily frame, and for acquiring and extending its communion with external nature in our present state of existence. That the mind acts on matter, and is acted on *by* matter, according to the quality and quantity, and relative disposition of cerebral development. This, however, does not imply, that mind is *a mere attribute of matter*. [Footnote: "A few sounds acting on the tympanum of the ear, or a few black and small figures scribbled on a piece of white paper (see Mr Renuell's pamphlet) have been known to knock a man down as effectually as a sledge hammer, and to deprive him not only of vision, but even of life. Here, then, we have instances of mind

acting upon matter, and I by no means affirm that matter does not also act upon mind; for to those who advocate the intimate connection between body and mind, these reciprocities of action are easily reconcilable; but this will be an insuperable difficulty to those who affirm the identity of mind and body." Again, "This intimate union between body and mind is, in fact, analogous to all that we see, and feel, and comprehend. Thus, we observe that the material stimuli of alcohol, or of opium, act upon the mind through the body, and that the moral stimuli of love, or of anger, act upon the body through the mind: these are reciprocities of action that establish the principle of connection between the two, but are fatal to that of an identity." - "Does not every passion of the mind act directly, primarily, and, as it were, *per se* upon the body, with greater or with lesser influence in proportion to their force? Does not the activity belong on this occasion to the mind, and the mere passiveness to the body? Does not the quickened circulation *follow* the anger, the start the surprise, and the swoon the sorrow? Do not these instances, and a thousand others, clearly convince us that priority of action *here* belongs to the mind, and not to the body? and those who deny this, are reduced to the ridiculous absurdity of attempting to prove that a man is frightened because he runs away, not that he runs away because he is frightened, and that the motion produces the terror, not the terror the motion." - Colton's *Lacon*. The same author also urges the argument effectively by an appeal to the fact of mania being so frequently produced by *moral* causes, and the success which has attended the treatment of the insane by strict attention to *moral* management.] My thinking and willing, and acting, so as to influence the mental and bodily condition of another, surely does not destroy our separate individuality? As well might we say, that the refined compositions of a Mozart or Beethoven, which were conveyed to the ears of their delighted auditors through different instruments, were created by the thought and will of the instruments.

It appears to me quite clear, that the musician might conceive, and compose, and record every idea, whilst others could have no conception of their nature or merits, unless communicated through an appropriate instrument or instruments. The musician and instrument, therefore, are distinct in their nature, is the soul and the bodily organs are essentially distinct from each other.

I shall endeavour to illustrate my views by the following simile. Suppose the instrument is good, and well fitted for expressing musical composition, it is evident, that it will better convey the beauties of the composition, than if represented by a bad or indifferent instrument; and will also afford more delight, and satisfaction, and encouragement to the farther exertions of the composer, than if performed on a bad instrument. Just so the mind furnished with a well developed brain. Supposing the musical instrument is very perfect in *some* parts, but very *imperfect* in others, it is evident, that the musician can afford more pleasure to others, as well as more satisfaction to himself, by playing on the more perfect parts. Then, supposing the parts played on capable of becoming improved, *by being so exercised*, (which is the case with several instruments, as the violin,) it is clear, that there will be greater and greater inducement for the musician to confine himself to the better parts of the instrument, and thus, by concentrating his whole energies to these points, he will more and more enamour himself, as well as his auditors, by the perfection of his performances.

This is exactly what I conceive takes place in reference to the brain, supposing different parts to be appropriated as the instruments for the manifestation of different mental functions. Every part of the human frame is continually undergoing the process of waste and repair - that is to say, the molecular

particles of the various organs are continually changing, and *moderate* exercise tends to *increased development and power*, whilst *inaction* has the opposite tendency. This no one will deny. The analogy, therefore, is complete. The soul or mind, by being exercised judiciously in a particular direction, strengthens some peculiar organ, and acquires precision from habit, which gives a tendency to perseverance in the same course of action; and, by refraining from certain practices, the corresponding organs become feeble, and thus exercise a less powerful influence on the mind. Thus we can account for the power of habit, both physical and mental, each tending to strengthen the other by correct training; and it is on this principle that we can hope to meliorate the condition of the vicious members of society, by separating them from bad companions and practices, and encouraging them in the exercise of virtuous habits.

Moreover, the mind of the musician may conceive and excite into activity the corresponding organs of the brain; these may react on his corporeal organs, and excite into activity the silent lyre; all these links of intercommunication may be perfected, without conveying any corresponding feeling or emotion to the minds of others, unless they are provided with appropriate recipient organs (musical ears) for conveying to their brains certain vibrations, and thus inducing in corresponding parts of their brains such condition as may awaken in their minds certain associations of ideas, and manifest the peculiar emotions which arise from them. It is not enough that we have *part* of this concatenation complete; the whole must be complete, or the results cannot be perfect. [Footnote: Some time after I had written the above, I had the satisfaction to meet with a somewhat analogous illustration from the pen of the late celebrated Dr John Armstrong, which I now quote from his work on *Fever*, p. 418 :-

"It will have been perceived, that I consider insanity as the effect of some disorder in the circulation, whether produced by agencies of a corporeal or mental nature. It might be shewn by familiar facts, that the brain is the principal organ through which the operations of the mind are performed; and it does not, as many have supposed, necessarily involve the doctrine of materialism to affirm, that certain disorders of that organ are capable of disturbing those operations. If the most skilful musician in the world were placed before an unstrung or broken instrument, he could not produce the harmony which he was accustomed to do when that instrument was perfect, nay, on the contrary, the sounds would be discordant; and yet it would be manifestly most illogical to conclude, from such an effect, that the powers of the musician were impaired, since they merely appeared to be so from the imperfection of the instrument. Now what the instrument is to the musician, the brain may be to the mind, for ought we know to the contrary; and to pursue the figure, as the musician has an existence distinct from that of the instrument, so the mind may have an existence distinct from that of the brain; for in truth we have no proof whatever of mind being a property dependent upon any arrangement of matter. We perceive, indeed, the properties of matter wonderfully modified in the various things of the universe, which strike our senses with the force of their sublimity or beauty; but in all these we recognize certain radical and common properties, that bear no conceivable relation to those mysterious capacities of thought and of feeling, referable to that something which, to designate and distinguish from matter, we term mind. In this way, I conceive, the common sense of mankind has made the distinction which every where obtains between mind and matter, for it is natural to conclude, that the essence of mind may be distinct from the essence of matter, as the operations of the one are so distinct from the properties of the other. But when we say that mind is immaterial, we only mean, that it has not the properties of matter; for the consciousness which informs us

of the operations, does not reveal the abstract nature of mind, neither do the properties reveal the essence of matter. When any one, therefore, asserts the materiality of mind, he presupposes, that the phenomena of matter clearly shew the real cause of mind, which, as they do not, he unphilosophically places his argument on an assumption. And his ground of reasoning is equally gratuitous, when he contends that mind is an attribute of matter, because it is never known to operate but in conjunction with matter, for though this connection is continually displayed, yet we have no direct proof of its being necessary."

In like manner, Mr Herbert Mayo, in the introduction to his late work on the Nervous System and its Functions, writes thus:- "Life is a force so contrived and used, as to qualify the materials of the inert world for a temporary union with consciousness, - a means how mind may enter into such relations with matter, that it may have its being and part in physical nature, and its faculties developed, and its capabilities and tendencies drawn out and proved (for whatever ulterior purpose) in subjection to, and in harmony with, her laws.

"As we imagine the Supreme Mind to be ubiquitous, infinite, controlling, but uncontrolled by matter, so in contrast with these attributes we conceive the finite mind to be bound down to place, and to be dependent on a certain arrangement of matter, for its manifestation, each power displayed as the property of a tissue, each agency as the function of an organ.

"These views do not lead to materialism. For one cannot disjoin the physiology of the nervous system from mental philosophy, nor investigate the play of its organs without attending to the mind itself. And if equal consideration is given to the two classes of phenomena, it is impossible (so at least it appears to myself) to avoid the conviction, that they are essentially independent the one of the other, and belong to distinct essences; and that ipseity, the consciousness of personal being, is not a mode of material existence, nor physical impenetrability an attribute of that which feels and thinks."]

The same arguments might be enforced in respect to the painter, and sculptor, and orator, but it appears to my mind so evident by what has already been advanced, that I forbear extending my illustrations, conceiving them to be unnecessary. I therefore conclude that the soul and the brain are essentially quite distinct, and stand much in the same relation to each other as the musician and musical instrument.

Another powerful argument of the mind being an independent essence, is the fact, that amidst the continued changes which we know are going on in the physical frame, we still recognize personal identity; and the remembrance of occurrences, even of early life, after every particle of the body has been changed several times, is reconcileable with the idea of the original mind merely having exchanged and renovated the substance of its dwelling - place; but how can we suppose that each particle had, in retiring, transferred its quantum of knowledge to the particle of matter which was to supply its place?

Colton's remark seems very just when he says, - "Many causes are now conspiring to increase the trunk of infidelity, but materialism is the main root of them all." I have therefore endeavoured and I hope, by what has already been said, with some success, to prove, that the belief in the brain being the organ of the mind, leads only to the admission of the necessity of certain conditions of matter, in order to make the varied conditions of mind manifest to ourselves and other beings with which we are surrounded during

the present state of our existence. The charge against the doctrine of phrenology, therefore; as leading to a belief in materialism, is altogether unfounded; for phrenology merely professes to appropriate to *separate portions* of the brain the *execution of special functions* or *manifestations*, which are generally admitted, without hesiaion, to result from its functions as a single organ. I might therefore at once dismiss the subject, leaving the doctrines of the existence of a God, and the immortality of the soul, to the defence of many able writers on that department of mental philosophy. However, as it appears to me that an argument of considerable strength, in support of both these doctrines, may be drawn from the doctrines of phrenology, or the allocation of special functions to particular portions of the brain, I think it may not be out of place for we very briefly to advert to these topics.

The concurrent notions and practices of all nations, savage as well as civilized, clearly indicate their inward belief in a superintendent power who rules the destinies of man and of nations, as verified by their varied forms of worship. Phrenology, as illustrated by Hypnotism, does more - it proves that there is a particular portion of the brain which the mind may use as an organ destined for the especial purpose of adoration; and, as nothing has been made in vain, or without a final cause, we may safely infer that such an organ would never have been made had it not been intended to be exercised; and how could it have been exercised worthily had there been no suitable object of adoration? The very fact, therefore, of the existence of such a special organ having been ascertained, stamps the folly of the Atheist; and, as we have proved that mind is not necessarily a mere attribute of organized matter, but a distinct essence, we cannot suppose it to be more perishable than matter; and as it is an acknowledged fact, that matter, so far as we can apprehend, is essentially indestructible, analogy would lead us to infer, that the mind, the more important part of man, will not be less imperishable; and, consequently, the most rational conclusion to which we can arrive is, that the soul is immortal.

"There is mind, then, as well as matter, or rather, if there be a difference of the degrees of evidence, there is mind, more surely than there is matter; and if at death not a single atom of the body perishes, but that which we term dissolution, decay, putrefaction, is only a change of the relative positions of those atoms, which in themselves continue to exist with all the qualities which they before possessed, there is surely no reason, from this mere change of place of the atoms that formed the body to infer, with respect to the independent mind, any other change than that of its mere relation to those separate atoms. The continued subsistence of every thing corporeal cannot, at least, be regarded as indicative of the annihilation of the other substance, but must, on the contrary, as far as the mere analogy of the body is of any weight, be regarded as a presumption in favour of the continued subsistence of the mind, when there is nothing around it which has perished, and nothing even which has perished, in the whole material universe, since the universe itself was called into being." Dr Thomas Brown.

"The mind remembers, conceives, combines, and reasons; it loves, it fears, and hopes in the total absence of any impression from without, that can influence, in the smallest degree, these emotions; and we have the fullest conviction that it would continue to exercise the same functions in undiminished activity, though all material things were at once annihilated." - Abercrombie.

Mr Stewart also says, "Of all the truths we know the existence of mind is the most certain. Even the system of Berkeley concerning the non-existence of matter, is far mote conceivable, than that nothing but

matter exists in the universe."

Plato also wrote thus:- "The body being compounded, is dissolved by death; the soul, being simple, passeth into another life, incapable of corruption"

That accomplished physician and metaphysician, Dr Abercrombie, after relating the effects on memory of diseases and disorders of the brain, with, in many instances, serious organic lesion, concludes thus; "One thing, however, is certain, that they give no countenance to the doctrine of materialism, which some have presumptuously deduced from a very partial view of the influence of cerebral disease upon the manifestations of mind. They shew us, indeed, in a very striking manner, the mind holding intercourse with the external world through the medium of the brain and nervous system; and, by certain diseases of these organs, they shew this intercourse impaired or suspended; but they shew nothing more. In particular, they warrant nothing in any degree analogous to those partial deductions which form the basis of materialism. On the contrary, they shew us the brain injured and diseased to an extraordinary extent, without the mental functions being affected in any sensible degree." (This power no doubt arises from each hemisphere having corresponding organs, and consequently when only *one* is diseased, the other may be adequate to the manifestaion of the mental phenomena.) "They shew us farther, the manifestations of mind obscured for a time, and yet reviving in all their original vigour almost in the very moment of dissolution. Finally, their exhibit to us the mind, cut off from all intercourse with the external world, recalling its old impressions, even of things long forgotten, and exercising its powers on those which had long ceased to exist, in a manner totally irreconcilable with any idea we can form of a material function." *On the Intellectual Powers*, pp. 154, 155.

In addition to what I have already advanced in refutaion of the doctrine of materialism, I beg to submit what appears to me much more probable than that mental manifestations are the result of mere organism, - namely, that organism is the result of mind, or the principle of life influencing or directing organism in accordance with what may be its especial wants and desires. We know that every seed of a plant has a principle of life imparted to it by the great first cause of all, by which, when sown in congenial soil, it will exert its powers, and appropriate to itself materials from the soil, to form an organism in accordance with its peculiar wants and nature; and that, having passed through certain conditions, and formed other kindred seed or germs to propagate its kind under a return of favouring circumstances, the plant dies, and is resolved into its original elements, Man and animals also possess similar faculties for propagating and multiplying their species; and to me it appears far more probable, that the peculiar organism. of each variety results from the vivifying or intelligent principle we call life or mind (and no one denies the existence of the former, although we know nothing of its essence or mode of operation,) directing and determining appropriate formation, than that the mere accidental union of particles of matter, in definite quantity and form, should be the *cause* of mental phenomena [Footnote: The original identity of structure of the germ of the most various organic beings, constituted, as it always is, of a cell, with a nucleus, seems to prove, that the cause of the variety of classes, families, genera, and species of animals and plants developed from the germ, resides not in the structure or chemical property of the germ, but in the idea or spirit. implanted in it at its creation." (*Müller*, p. 1339.).] It is true we can here only speak of analogies, but the analogy in favour of this proposition seems far more natural and probable than the other. Is it not, for example, *a priori*, as probable, on viewing a well planned factory, fitted up with what is called self-

acting machinery, for us to suppose that the whole should have been planned, and the machinery constructed, in accordance with the intelligent designs of a skilful artist, as that the brute matter, of which the whole is constructed, came into its particular forms and arrangements of its own accord, or by accident, and thus produced the intelligence of the superintending possessor? The higher and more perfect the original force, or life, or spirit, originally imparted into each species, the more complex and extensive should we expect to find the corresponding organism, to adapt it for the suitable performance of its more varied functions; and it therefore was necessary for man to have that superiority, even in the form and functions of his hands, in which he so much surpasses that of all other animals, to fit him for the execution of the more extended range of operations, which his superior endowments and cerebral organism fitted him to devise.

In this view of the subject, (and it appears to me, after consulting the various opinions of our ablest authorities on life and organization, to be the most satisfactory conclusion I could arrive at,) every plant or animal, however minute, may have a particular vital or directing principle originally imparted to it, and still sustained in its power by the great Creator, without the necessity of according to each an immortal existence and responsibility. Nor is there any thing irreconcilable in the supposition that man, with higher original powers, and more perfect organism, fitting him to use these appropriately, and who is the highest link in the chain, in this world, between inorganic matter and the Supreme Being, should be constituted a responsible agent, and exist hereafter, whilst those creatures with less expansive faculties, both of life and organization, may be exempted from such ultimate responsibility, and may *not* be immortal.

This is only analogous to what we see in respect to a commanding officer and his men, the *former only* being responsible for imprudent enterprises, the latter being considered merely as instruments in his hands.

I shall close these remarks on the immortality of the soul by a quotation from that excellent work, "Abererombie on the Intellectual Powers." "This momentous truth rests on a species of evidence altogether different, which addresses itself to the moral constitution of man. It is found in those principles of his nature by which he feels upon his spirit the awe of a God, and looks forward to the future with anxiety or with hope, - by which he knows to distinguish truth from falsehood, and evil from good, and has forced upon him the conviction that he is a moral and responsible being. This is the power of conscience, that monitor within, which raises its voice in the breast of every man, a witness for his Creator. He who resigns himself to its guidance, and he who repels its warnings, are both compelled to acknowledge its power; and whether the good man rejoices in the prospect of immortality, or the victim of remorse withers beneath an influence unseen by human eye, and shrinks from the anticipation of a reckoning to come, each has forced upon him a conviction, such as argument never gave, that the being which is essentially himself is distinct from any function of the body, and will survive in undiminished vigour when the body shall have fallen into decay.

"There is thus, in the consciousness of every man, a deep impression of continued existence. The casuist may reason against it till he bewilder himself in his own sophistries; but a voice within gives the lie to his vain speculations, and pleads with authority for a life which is to come. The sincere and humble inquirer cherishes the impression, while he seeks for farther light on a subject so momentous, and he thus receives,

with absolute conviction, the truth which beams upon him from the revelation of God, that the mysterious part of his being, which thinks, and wills, and reasons, shall indeed survive the wreck of its mortal tenement, and is destined for immortality." [Footnote: To those who wish to pursue the subject farther, I beg to refer to Dr Samuel Clarke on the Being and Attributes of God, pp. 70-15; Jackson on Matter and Mind, pp. 41-47, 51; Warburton's Divine Legation, vol. I, book 3d; Drew's Essay on the Immortality of the Soul; and Ramsay's Principles, pp. 233-5; also Brougham and Bakewell, where they will find it ably argued as far as Natural Theology can avail; but the sacred volume contains a lucidity and sanction beyond all we can adduce from mere human ingenuity, and I therefore conclude by referring to it, as "life and immortality are clearly brought to light through the Gospel."]

It must be obvious to all, that every variety of passion and emotion can be excited in the mind by music; but how does this arise? Simply by the different effects produced by the varied degrees of velocity, force, quality, and combinations of the oscillations of the air acting on the auditory nerves, these again communicated to the brain, and this acting on the mind and body, creating corresponding mental and bodily manifestations. Every one must have observed the remarkable effects evinced by these means on the physiognomy, and the more critically observant must have noticed, that in susceptible individuals there is also a very marked change in the state of the respiration and general posture of the body. They must also have experienced, in themselves and others, how prone we are to assume a sympathetic condition, both of mind and body, from those with whom we associate, or during a temporary interview. These physical changes seem to result from a mental influence imparted through the eyes and ears, and then reflected from within, through the respiratory, facial, and spinal nerves, on the external form and features. Now such being the case, is there any great improbability, that by calling the muscles of expression into action during the hypnotic state, by titillating certain nerves, that the impression of the feeling with which such external manifestation is generally associated should be reflected on the brain, and excite in the mind the particular passion or emotion? I think it is highly probable this is the true cause of the phrenological manifestations during the hypnotic condition; and as it is the peculiar feature of this condition, that the whole energies of the soul should be concentrated on the emotion excited, the manifestation, of course, becomes very decided. I presume the different points pressed on, through the stimulus given to various fasciculi of nerves, call into action certain combinations of muscles of expression in the face and general frame, and also influence the organs of respiration, and thus the mind is influenced, *indirectly*, through the organs of common sensation and the sympathetic, as sneezing is excited in some by too strong a light irritating the optic nerves. Two patients who are highly intelligent, and remain partially conscious, and who acknowledge they did all in their power to resist the influence excited by manipulating the head, state, that the first feeling was a drawing of the muscles of the face, and affection of the breathing, which was followed by an irresistible impulse to act as they did, but why they could not tell.

In this view of the subject it would resolve itself into the laws of sympathy, and the question then is, where are the external or superficial points of the sympathies located? Experience must decide this, and in the peculiar condition induced by hypnotism, according to my own experience, this can be more readily and certainly determined than in the normal state. These points having been ascertained, we can then determine how and where to act according to our particular object; and it can be of no real importance where the cerebral points or special organs may be posited.

As to the real locations of the sympathetic points, by stimulating which we produce peculiar manifestations, they appear to me not to be quite accurately the same in all heads, but, on the whole, pretty near the centres of the organs as mapped out on heads generally approved by phrenologists, and I have had decided proof that there is some relation subsists betwixt the size and function, as in general there is more energy displayed when there is large development, and the negative when it is defective. Thus, a patient with large combativeness or destructiveness, when excited during hypnotism, will display great violence and disposition to attack others, whereas, where they are defective, they will shrink and express a fear that some one is quarrelling, or angry with them.

If the solution of the cause of these remarkable phenomena now given should not be deemed correct, the only other which occurs to my mind as at all satisfactory, is this, that the different fasciculi of sentient nerves excite *directly* the *corresponding points* of the brain, and these again the physical manifestations. We know by what musical combinations and movements we can excite the different passions; we know also that this arises from some peculiar impression communicated to the brain through the portio mollis of the seventh pair of nerves; and whether this is conveyed to it as a single organ only, or as a combination of organs, it is clear that, as the origin of the *seventh* is *more remote* from the brain than the origin of the *fifth*, there must, consequently, be at least as great difficulty in accounting for such results being excited through the different branches of the *seventh* as through those of the *fifth* pair.

The animal magnetizers do not now contend for *their volitions* being necessary. Dr Elliotson distinctly states, in a published letter, dated 11th September, 1842, that he had "Never produced any effect by mere willing;" and adds, "I have never seen reason to believe, (and I have made innumerable comparative experiments upon the point,) that I have heightened the effect of my processes by exerting the strongest will, or lessened them by thinking intentionally of other things, and endeavouring to bestow no more attention upon what I was about than was just necessary to carry on the process. So far from willing, I have at first had no idea of what would be the effect of my processes; in exciting the *cerebral organs*, the effect ensues as well in my female patient though the manipulator be a sceptic, and may therefore be presumed not to wish the proper result to ensue and though I stood aside, and do not know what organ he has in view. I have never excited them by the mere will; I have excited them with my fingers just as well when thinking of other matters with my friends, and momentarily forgetting what I was about," &c. The Doctor also denies his belief in the phrenological results arising from *sympathy with the state of the operator's brain*. I feel convinced that he is right in these sentiments, and believe that the same degree of mechanical pressure or stimulus to the integuments of the cranium, from an inanimate substance, when the patient is in the proper stage of the mesmeric condition, will produce the same manifestation as the personal touch of either sceptic or believer in animal magnetism. Thus, touching them with a knobbed glass rod, three feet long, has produced the phenomena with my patients as certainly as personal contact, so that if there is any thing of *vital* magnetism in it, it is subject to different laws from that of *ordinary* magnetism or electricity.

Mere pointing I have myself found sufficient to excite the manifestations in several patients, after previous excitement of the organs, but this arises from feeling, as I know the sensibility of the skin in those cases enables them to feel *without actual contact*.

The following experiment seems to me to prove clearly that the manifestations were entirely attributable to the mechanical pressure operating on an excited state of the nervous system. I placed a cork endways over the organ of veneration, and bound it in that position by a bandage passing under the chin. I now hypnotized the patient, and observed the effect, which was precisely the same, for some time, as when no such appliance was used; after a minute and a half had elapsed, an altered expression of countenance took place, and a movement of the arms and hands, which latter became clasped as in adoration, and the patient now arose from the seat and knelt down as if engaged in prayer. On moving the cork forwards, active benevolence was manifested, and on being pushed back, veneration again manifested itself. I have repeatedly tried similar experiments with this, and other patients, with the like results, including other organs. It is clear there was no mechanical pressure to direct the movement *downwards*, because there was pressure *upwards* also and had there been any preconceived notion in the patient's mind; to excite to such action, it ought to have been manifested *immediately on passing into the sleep*. None of the patients had the slightest notion of what was my object in making such experiments, and none of them saw the others operated on. At page 141, it will be observed, pressure by their own fingers produced similar manifestations, Eden whilst their minds were expecting some other results.

Whilst it is generally agreed that the brain admits of being divided into regions for the animal propensities, moral sentiments, and intellectual faculties, it has not been at all possible to prove satisfactorily the exact position and size of each organ, as noted by the phrenologists. Granting that there is a distinct organ or point in the brain for each faculty, which I think is highly probable, still there must ever be insuperable difficulty in thus accurately determining character, even supposing we knew the exact position and size of each organ, because much must depend upon the state of perfection of structure, and activity of the point or organ, as well as its absolute size. Thus, a person with a large eye may have defective sight, whilst a person with a small eye may see clearly and distinctly, the greater perfection of structure, and activity of the optic nerves, more than compensating for mere deficiency of size. So it is with the brain, a part may be abnormally large, and the faculty dull, from want of power or activity, or perfection of organic structure; and the reverse may obtain, a small development, with high activity, may render its function predominant. It is from a want of such knowledge as this that phrenology must ever prove imperfect, even granting the localities to be correctly ascertained and established. However, when we have ascertained the points where, by acting in any peculiar manner, we can excite into activity particular sympathetic *physical and mental* associations, whilst the other faculties are put into a state of quiescence, it appears to me to be a matter of far greater importance, and a subject still more curious, than any thing ever brought forward by phrenologists. It is far more available for practical purposes too. Phrenologists could at best only pretend to tell the *natural tendencies* of an individual, and direct that he should be educated in accordance with a specific plan, as has hitherto been done independently of phrenology, from watching the natural dispositions and habits of different individuals, by encouraging and directing their studies in such and such a direction; but here, *in addition* to this, we have the power of giving a decided impulse in any particular direction. It ought not to be overlooked, that this does not deprive us of any of our *former* available modes of instruction and morality, but it promises to prove a powerful auxiliary for expediting and ensuring the success of those means. It therefore follows, that it becomes the duty of every well-wisher to his species to investigate this matter, and determine how far it is *generally* applicable. It is still more the duty of the medical faculty to do so, because, should farther experience determine this question in the affirmative, it is reasonable to expect it may be turned to the

best account in the cure of disease, by applying out *remedies locally*, to the cutaneous points which have been ascertained to be the centres of the morbid concatenation. Thus, leeching and sedatives, &c. might be applied to such points when there was excitement of the corresponding functions, *and vice versa*, with the reasonable hope of success; and if this method cannot be effective, we can be pretty certain of success through hypnotism, by exciting the morbidly low faculty where there is depression, and the antagonist organ where there has been excitement. In this manner I have no doubt but hypnotism may prove of incalculable advantage in the treatment of many cases of insanity, and nervous affections tending to induce that disease.

I am quite aware some will be ready to start an objection to my views, by stating that the scalp, where many or most of these demonstrations have been manifested, is not highly sensitive, that it is not extensively supplied with sensient nerves, and that they all arise from the fifth pair, and do not pass directly through the skull to the subjacent points of the brain. This, however, does not prove that the terminal branches may not ultimately have a special influence on such points, notwithstanding their circuitous course to arrive there. I beg to remind such individuals that we are by no means sufficiently acquainted with the laws and distribution of the nervous system, to be able to prescribe rules as to *how* it *ought* and *must* act. Who does not know, that until the discoveries of our illustrious countryman, Sir Charles Bell, the same nerve was considered to give both sense and motion? And when he propounded that the true cause of its double functions was because of its having *double* roots, as not this announcement scouted for some time, and then, when proved to be true, were not attempts made to rob Sir Charles Bell of the honour of the discovery?

There seems to be great reason to conclude that the distribution of the nerves of the scalp will ultimately be found far more intricate and beautifully arranged than at present we have any conception of.

I shall now proceed to state my views as to the mode in which different parts of the brain are associated with different parts of the body. I have long quite agreed with those physiologists who consider that the *vis nervosa* is something circulated in tubes, that the primitive nerve-tubes do not anastomose, but only run parallel with others, remaining distinct and isolated throughout their course, and that consequently the "cerebral extremity of each fibre is connected with the peripheral extremity of a single nervous fibre only, and that this peripheral extremity is in relation with only one point of the brain or spinal cord: so that, corresponding to the many millions of primitive fibres which are given off to peripheral parts of the body, there are the same number of peripheral points of the body represented on the brain. The sensation of a single point evidently depends on the impression being conveyed by means of a single fibre to a single point of the sensorium." (Müller.) It is from the same cause that we can regulate simple or associated movements of distinct members.

From all these considerations it appears quite reasonably to suppose, and analogy, as respects distinct organs being appropriated for other special functions, warrants the inference, that different parts of the brain may have special functions to perform, both as regards mind and matter; and that, when such points are excited into inordinate activity, the manifestations will become correspondingly more conspicuous and *vice versa*.

We know from experience that the various passions and emotions can be excited through the organ of hearing either by music or oratory, through the eyes by painting or sculpture, and likewise, though less extensively and efficiently, through common sensation, and there seems to me to be nothing, *a priori* to militate against the probability, that this may be effected to a much greater extent than has yet been done, provided we can only discover the peculiar mode of exciting certain portions of the brain. If the views already advanced, that every [point of the body supplied by primitive nervous fibres has a distinct corresponding point in the brain, it is clear, that by titillating each peripheral point, we shall excite its corresponding central point; and from what shall be found detailed in experiments recorded, it appears highly probable that the respective parts of the brain corresponding to *every* part of the body, may be excited into activity though certain sympathetic points in the integuments of the head and neck, and if so, we may also excite into activity the whole of those actions, mental and muscular, which are associated with each portion of the cerebrum. In this case Smellie's supposition would be completely realized in man. he expresses himself thus:- "I can conceive a superior being so thoroughly acquainted with the human frame, so perfectly skilled in the connection and mutual dependence which subsist between our intellect and our sensitive organs, as to be able, by titillating in various modes and directions, particular combinations of nerves, or particular branches of any single nerve, to excite in the mind what idea he may think proper. I can likewise conceive the possibility of suggesting any particular idea, or species of ideas, by affecting the nerves in the same manner as these ideas affect them when excited by any other cause." This confident aspiration seems to be now in a great measure realized, by certain modes of manipulating patients during the hypnotic condition, of which I shall now adduce a few illustrations.

My first attempt to excite the phreno-hypnotic phenomena was in the month of April, 1842, in the lecture-room at Liverpool, but it did not succeed. I then tried the experiment repeatedly in private, putting the patients to sleep by contact as well as in my usual way, but still could not succeed. I was anxious to try it fairly, and therefore applied to Mr Brookes, through the kindness of Dr Birt Davies of Birmingham, for information as to the mode Mr Brookes had practised so successfully, and which was most politely communicated to me by both these gentlemen. I tried this mode with several patients, both in my usual plan and that of the animal magnetisers, but was still unsuccessful. I now abandoned it as a hopeless task, presuming the cases which had proved successful with others must have been *lusus naturae*, or that the operators had deceived themselves, the patients having been led to answer, and give the manifestations they did, from the nature of the leading questions proposed, and might afterwards remember what passed at previous operations, and answer accordingly; whilst, like natural somnambulists, they might not remember, when awake, what had passed during their sleep.

Last December I was induced to make another attempt, from reading a report of Mr Spencer T. Hall's two first lectures on the subject, at Sheffield: and it was remarkable, that the very first patient I tried in that way exhibited several of the manifestations. However, I was led to refer the result to a totally different cause from what he and the other animal magnetisers did. I concluded it arose from the different degrees of sensibility of different parts of the integuments, conveying correspondingly varied impressions when similarly impressed, and exciting different ideas in the mind, and thus calling up *Id* associations; and that when similarly impressed the same ideas might again present themselves to the mind. I considered this far more probable than that the brain was affected by any transmission from the operator to the brain directly through the skull; and to prove this, tried the effect of pressure over parts which had *no cerebral*

substance directly subjacent, and the results confirmed my expectations. Thus, pressure on the apex of the *mastoid process*, and the *ossa nasi*, and the *chin* were as certainly followed by particular manifestations, as pressure on different parts of the cranium were followed by others. I also very soon ascertained that the same points of the cranium, when thus excited, did not excite the *same ideas or* emotions to the minds of *different* patients, which I considered ought to have been the case, according to the views of the staunch phrenologists. I have since discovered the cause of this, namely, *not having operated* at the *proper* stage of the hypnotic condition.

I shall now adduce a few examples. On one subject, after being in the hypnotic condition for a few minutes, by applying gentle pressure over *the ossa nasi*, immoderate laughter was immediately excited, and ceased as abruptly on removing the contact. The abruptness of these transitions, especially from immoderate laughter to the extreme gravity and vacancy of expression peculiar to the hypnotic state, was quite ludicrous, and almost beyond belief. Supposing she were singing the most grave tune and solemn words, the moment the nose was touched in this manner, by any one, she was irresistibly thrown into this merry mood, but would join in the tune again with the utmost gravity the moment the contact ceased. Rubbing the same part, or pinching up the skin over it, seemed to produce no effect whatever. On applying pressure to this patient's chin there was an immediate catch in her breathing, with sighing and sobbing, which would subside on removing the point of contact. By touching both nose and chin at same time there was the most ludicrous combination of laughing and crying, each struggling for the mastery, as we sometimes see in hysteric attacks. Both would cease immediately on removing the contact. Friction or pinching the skin on the chin had no effect of producing such phenomena, in short, no part of this patient which I tested seemed capable of being excited by friction or pinching the integuments, excepting around the orbits, which produced spectra, although less perfectly so than by simple pressure

against the bone. This patient, being always pressed over the phrenologists' organ of time, always expressed her desire "to write" - a letter - to her mother or her brother; over their organ of tune, "to sing"; between this and wit, "to be judicious"; the boundary between wit and causality, "to be clever"; causality, "to have knowledge"; in the centre of the forehead, to have "a certain perception of learning"; below this the phrenologists' eventuality, "to be skilful"; the points of the head occupied by veneration and benevolence were sometimes indicated by the desire "to be virtuous," or "to be honourable"; most frequently, when the point touched was over benevolence, the answer was, "to be honourable," and when over the other point, "to be virtuous," when both points were touched at same time, it was, "to be honourable and virtuous," and the same answer was always given when these points were touched *combined with No. 1, or amativeness*. When the latter was touched alone, the answer always was "to be commended;" when approximating the mastoid process, or over that process, a remarkable placidity, or expression of delight, came over the countenance, and the desire was for "complacency," which, when hypnotized, she defined, "to be civil," but when awake she seemed at a loss to know what the word meant. On touching "combateness" the placidity of countenance was speedily exchanged for the opposite expression; but on pressure being made immediately above the ears, the most ferocious aspect of countenance was assumed, the breath being suppressed almost to suffocation, the face becoming flushed, with grinding of the teeth; and when the arms were not rigid, the most vigorous efforts at inflicting violence on all who were within her reach, as several gentlemen can attest to their personal knowledge and sorrow. On pressure being applied to the root of the nose, the idea of seeing different forms, and

figures, and colours, seemed to be excited in the mind, more vividly when certain points were thus excited, but it could be excited by pressing the integuments against the *under*, as well as *upper* edge of the orbit, with this difference, that the objects seen, or rather spectra excited, were then generally of a painful and distressing character, whereas they were generally of a bright, and glowing, or cheerful description when excited by acting on the *upper* margin of the orbit. I should observe, that care was taken, in all these experiments, *not to press against the globe of the eye*. Thus far the phenomena were pretty uniform in this patient, the answers having been generally very much the same when impressed *exactly in the same way, on the same points, anal under similar circumstances in all other respects*. Thus, the last day I had all opportunity of testing this patient, I went over the different points four times with scarcely the slightest variation in the answers, as can be testified by several gentlemen who were present; and they were again repeated two or three times the same evening with like results. This patient was operated on the previous day in presence of several professional and scientific gentlemen, when several answers were given different. More than one being operating on that occasion, and the manner and degree of touching the parts being different, might be the cause of the varied results. I am satisfied this patient knew nothing of phrenology; and that she remembered nothing of what she said, or was done to her during these operations.

Case II. In this patient *friction* would *excite*, whilst pressure had *no effect* in calling forth manifestations. In this case, friction over the *ossa nasi* excited the desire for "something to smell," generally aromatic vinegar or Eau de Cologne; over the chin, for something to eat; over the tendon of orbicularis, a tendency to laugh; close upon the root of the nose, friction excited spectra, and around the orbit, in like manner, the same or different spectra, differing to the *degrees of* pressure and friction applied; over the organ of tune, "to sing"; over the back part of the base of the head, expressed herself "very happy and comfortable"; over combativeness and destructiveness, a quarrelsome disposition, as manifested in word, look, and action. The other parts tried were less certain or decided in this patient.

Case III. In this patient, friction excited the desire "to waltz", when applied over the organ of tune, and the desire "to walk", when applied to the organ of wit, as mapped by the phrenologists, and in like manner, "to sing" when veneration was the point affected. Spectra, also, when the integuments were rubbed against the margin of the orbits. Although not corresponding with the phrenological charts, nor with what occurred in the others, similar answers were given when the same points were similarly excited.

Case IV. When asked what she would like, when manipulated as the others referred to, almost always answered, "nothing at all", excepting over the most sensitive parts of the cranium, when her answer was, "leeches to my head".

Case V. Very much the same as the last.

I think the cases referred to support my position, that the different results arise from the circumstance of different parts of the integuments having different degrees of sensibility, and thus exciting different ideas in the mind when the same quality and intensity of stimulus is applied to each part in succession. There can be no doubt but the point under which the phrenologists have posited "combativeness and destructiveness", is the most highly sensitive of any part of the cranium, and is always accompanied with

symptoms of the patients feeling pain, and, as a matter of course, they will offer resistance, and attempt to free themselves from the offending cause; and so of the rest, according to their respective impressibilities.

After the above remarks had been written, and my work set to the press, I met with the following most interesting case:- I was informed that a child, five years and a half old, who had been present when I exhibited experiments No. I the same evening had proposed to operate on her nurse. The nurse had no objection to indulge the girl, never supposing any effect could take place. However, it appeared she speedily closed her eyes, when the child, imitating what she saw me do, placed a finger on her forehead, and asked what she would like, when the patient answered, "to dance"; on trying another point, the answer was, "to sing", and the two then had a song together, after which the juvenile experimenter roused the patient in the same manner she had seen me do.

The above circumstance being related to me the following day, I felt curious to ascertain whether there might not be some mistake, as there had been no third party present, and it depended entirely on the statement of the child, which induced me, when visiting the family the day after, to request permission to test the patient. This was readily granted; and, to my astonishment, she manifested the phenomena in a degree far beyond any case I had tried; indeed, she did so, with a degree of perfection which baffles description.

however frequently she was tried, the same expression of countenance, the same condition of the respiration, and similar postures of the body have been evinced, when the same points were pressed. Indeed, so highly susceptible was she, that, after a few trials, when I pointed a finger or glass rod over the part, without contact, similar manifestations resulted, only in a less rapid and more modified degree. I also found by trying No. !! *at an earlier stage*, that he susceptibility was almost equal to the present case. The following are a few of the more striking manifestations: pressure on the chin was followed by movement of the jaws, lips, and tongue, with the desire to eat; on the lower part of the nose, "to smell"; insertion of tendon of the orbicularis, immoderate laughter, which, on being asked why she laughed, the answer indicated, it was from a sense of the ludicrousness being excited; over time, "to dance"; tune, "to sing", with pressure on the eye at the same time, she did sing part of a song; over the back of the head, No. I she shuddered and retreated, under the impression that some one was about to take liberties with her, the same feeling of delicacy was also *manifested when any other part of the body was touched excepting the head and face*; over apex of mastoid process, the desire to shake hands and be friendly; the former, with No. 4, or adhesiveness, she would lean to, or clasp any one near her; combativeness, the reverse; destructiveness, (it was very small,) she was distressed from the notion that some *one was quarrelling with her*; philoprogenitiveness, she always said, "hark, the poor child is crying!" secretiveness and caution, she would tell nothing; benevolence, "to travel"; veneration, she knelt down in the most solemn manner and prayed; combined with hope and expression of ecstasy united with devotion; over the eyebrows, spectra of all forms and colours, gay and glowing, and when below the eye, the notion of the sea, a ship, and people about to be drowned; at a farther trial, other manifestations come out equally, or even more strikingly, according to the accuracy with which the corresponding points were touched. In particular, I must note what happened the first time I touched imitation, which was entirely accidental, and whilst, besides a relation of my own, there was present a gentleman whose literary and scientific attainments, and philosophic turn of mind, as well as high standing in society, render him an ornament of our country.

beside imitating everything done or said in English, she imitated correctly French, Italian, Spanish, German, Latin and Greek; every word was spoken with the utmost precision, and has been done several times since before many professional and scientific gentlemen, and ladies, who can bear testimony to the extraordinary fidelity of pronunciation and emphasis. I need scarcely add, she could not do so when tested after being awakened. Many other patients I have since made do the same, one a girl of only twelve years of age.

On Mr Hall's arrival in Manchester, previous to his first lecture, I had the pleasure of seeing him at my house, when I exhibited my experiments on his and another patient, with which he seemed much gratified. I also afforded him an opportunity of seeing them again next day. After I had them in the hypnotic condition, I requested him to manipulate their heads, which he did more minutely than I had done, and consequently brought out additional manifestations. I was on the alert to all he did and said, for I was determined he should not have an opportunity *of prompting in any way*, and most assuredly, by exciting acquisitiveness, he very soon led the patient to steal a silver snuff-box from a gentleman present, and it was most striking the anxiety with which she returned it, on Mr Hall removing the point of contact to conscientiousness, - the movement of the arm was *changed instantly*, as if automatically.

I had never tried to excite either of these two points. The other manifestations, which I had previously seen developed, were previously seen developed, were precisely the same under his manipulations as my own. I made several attempts to excite the organ of benevolence, but without effect, until one day I accidentally placed my finger so low as I should have considered to be the middle of comparison, as marked on the busts, when she instantly evinced the emotion in the most active manner, saying, "poor creature, poor creature", and not content, as many are, with *mere words* of compassion, she anxiously presented us with all the money in her pocket. I should not omit to add, that this patient is *quite unconscious* of all she or others do or say whilst in this state, and did not know the location of a single organ.

It would only be an unnecessary waste of time to detail at length all the cases I have had since of similar manifestations, varying in degree according to the original constitution and habit of mind of each patient. the variety is the most striking proof of the reality of the phenomena. There are some patients who have a sort of indistinct recollection of what had passed, as if it had been a dream; two in particular, who observed they had an indistinct notion of what they were doing, but felt irresistibly impelled, as it were, to do certain things, even whilst they thought complying with the predominant inclination would make them very ridiculous. This, I presume, referred to imitation and comicality, and such like humorous faculties, which they displayed in a very remarkable degree. these patients are highly respectable and intelligent, and manifested the phenomena quite as prominently as the patient last named, that of veneration and hope, also filial affection, in a manner baffling description. Each knew only one phrenological system.

That I might be the better certified that all was reality, I also got a relation of my own to submit to the operation, and it was quite conclusive. She has a slight recollection of *some* things which were said and done, but of other seems quite oblivious.

I had also the opportunity of verifying the truthfulness of these various and interesting phenomena

through the kindness of Mrs. Colonel -----, who submitted to be operated on by me in the presence of her husband, as also the Major; the Captain and Surgeon of the regiment; also a high dignitary of the church, and who is also an eminently scientific gentleman; Mr Gardom, surgeon, and other professional gentlemen; Mr Aspinall Turner, and a number of others, both ladies and gentlemen. In about three minutes after she was asleep, I placed two fingers over the point named veneration, instantly the aspect of her countenance changed; in a little slowly, and solemnly, and majestically arose from her chair, advanced towards the table in the middle of the room, and softly sank on her knees, and exhibited such a picture of devout adoration as can never be forgotten by any who had the gratification to witness it. She was tested with a number of other faculties, when the corresponding manifestations were equally striking and characteristic. When awakened, this lady was quite unconscious of all which had happened.

Here, then, we have the testimony of a lady of the highest respectability and intelligence, and energy of mind, corroborating, both in word and action, and look, the reality of the phenomena as exhibited by others, and that in the presence of most respectable and intelligent witnesses, who can bear testimony that there was nothing said or done to direct her in the important manifestations. This lady had been hypnotized by me once before, for a few minutes, at a private conversazione the week before, when she sat down fully convinced she could NOT be affected, but was soon made to acknowledge the power of hypnotism, and now she was a valuable evidence to the more novel investigation as to how far phrenological manifestations could be developed during hypnotism. [Footnote: A report having been circulated, no doubt with the view of neutralizing the interest attaching to the case, that this lady was a phrenologist, I called to inquire whether there was any ground for such a report. Mrs. S. herself assured me it was quite erroneous, for it was a subject she had never paid any attention to, and one she was quite ignorant of. Wishing to be very circumstantially correct in the statement, she added, "I have understood the organ of music is somewhere about the forehead;" when requested to place her finger on the organ, she was quite wrong, so that *she did not know a single organ*. I mentioned this circumstance, in her presence, at another conversazione, when she most distinctly declared the facts here recorded, to be strictly correct.] I have now realized these phenomena very prominently with forty-five patients, most of whom, I am quite certain, knew nothing of phrenology, some of them not even what the word meant; and the smallness of the points to which the contact must be made to elicit the manifestations correctly, especially the subdivisions by Mr. Hall, is such as to render collusion most improbable. I was also careful to avoid prompting, by putting leading questions. I have also succeeded partially with others; and several of my friends have also been successful with a few other cases.

I attended Mr Hall's public lectures, and the very first experiment he tried, February 24, 1843, convinced me, that the reason why I had not sooner obtained the manifestations more generally was, because I had allowed my patients to pass into the *supersentient* state before testing them. I was aware of the difference in the state of the circulation through the brain in the state in which my patients were, and what it must be in the state in which his were during his operations, and conjectured, that by trying my patients in *that* condition, I might get manifestations which I had failed to do at former trials; and the very first cases I tried; proved this conjecture to be correct. For example, No. II. already referred to, exhibited a number of additional phenomena beautifully; and cases IV. and V. in like manner, came out beautifully. From this single observation on Mr Hall's mode, or rather *time*, of operating, I have been enabled to arrive at a mode of operating which, I believe, by putting patients into the hypnotic condition my own way, there will be

no great difficulty in manifesting some of the phenomena in most cases. There are some patients, however, who will evince them much more prominently than others, and the power of habit seems evident in most, being more readily operated on after a few trials. Some, however, seem as perfect as possible at the first trial.

I have also tried several private friends, on whose intelligence, honour, and integrity, I could rely, and also children, and have found the evidence so satisfactory, that I am quite certain as to the reality of the phenomena; but as to my theoretical views, I wish them to be considered as mere conjectures, thrown out for the purpose of exciting others to think, and investigate this curious and most important subject.

I shall conclude this article by calling attention of my readers to the coincidence which appears to subsist betwixt the phenomena now referred to, and the mode of exciting dreaming, in some patients, by whispering in their ears. I shall illustrate that by reference to a case recorded in one of Dr Abercrombie's valuable works, on the authority of the late Dr Gregory. It is that of the case of an officer in the expedition to Louisburgh in 1758. His brother officers were in the habit of amusing themselves at his expense. They could produce any kind of dream they chose, especially if done by one whose voice he was familiar. Thus, at one time, they conducted him through the whole process of a quarrel, ending in a duel; and when it was supposed the parties met, a pistol was put in his hand, which he fired, and was awakened by its report. ON another occasion, being asleep in the locker of the cabin, he was made to believe that he had fallen overboard, and was told to save himself by swimming, when they told him to dive for his life, as a shark was pursuing him, which he attempted so energetically, that he threw himself from the locker, by which he bruised himself severely. Again, after the landing of the army, he was found one day asleep in his tent, and apparently much annoyed with the noise of the cannonading then going on briskly. He was made to believe he was engaged with the enemy, when he expressed much fear, and betrayed a wish to run away. They remonstrated against this cowardice, whilst they increased his alarm by imitating the groans of the wounded; and when he inquired who was killed, which he often did, they named his particular friends. At last he was told that the man next him in the line had fallen, when he instantly sprang from his sleep, and relived from his fears, by falling over the tent ropes. It is added, that after these experiments, he had not distinct recollection of his dreams, but only a confused feeling of oppression or fatigue; and used to say to his friends, that he was sure they had been playing him some tricks.

I shall add one illustration of the probability of benefit accruing to society from this subject being prosecuted with zeal and due consideration. A highly scientific friend, who had honoured me with his presence at a private conversazione, called two days thereafter, and state, that from reflecting on what I had said and exhibited the day before as to the mode of exciting certain points or functions of the brain through acting on certain points of the scalp and face, it appeared to him most reasonable to expect that by applying *such* points, we might most readily afford relief to disorder of the corresponding internal organs. I told him I was so thoroughly induced to act accordingly; and that the day before I had been visiting an insane patient, who entertained the horrible idea, that she must murder every body she knew, and then murder herself also; that on placing my hand upon the organ of combativeness and destructiveness, in a few seconds, she gave a violent shudder, and seemed greatly excited, and becoming perfectly furious. On examining these parts, I found the integuments quite red. I ordered leeches, and cold lotion afterwards, but next day she remained equally violent, and the pulse between 140 and 150, which it had been for some

time, notwithstanding medicines had been given to depress it. I now made an incision an inch and a half long through the integuments, and down to the bone, and in twelve hours after found her much calmer, and the pulse down to 100, and it remained there for several days. There was no such loss of blood as could have acted constitutionally on the heart directly by the quantity effused. On again rising, Belladonna plasters were applied - these not having the desired effect, recourse was again had to scarification behind both ears, and with great success, as in a few days she was so calm as not to require the strait jacket, and for two months has been sullen but harmless.

At another conversazione, the same gentleman requested me to excite philoprogenitiveness, which I did, and he then asked me to combine destructiveness along with it. I told him the faculty would not be developed, because the organ was so small in this patient as to make her always imagine some one was quarrelling with her. Still he wished me to try, which I did, and the result was that she immediately seemed distressed about some one being angry with the children. Two days after I was informed that the object of the request was to prove that such would be the case, as he had whispered to a professional gentleman present, before the answer was elicited, and no one else in the room knew this remark. Two days after, on a slip of paper handed to me by the same gentleman, he had noted, that if I would excite the same organs in another patient, whose destructiveness was more prominent, I would find she would be angry with the children, and wish to punish or send them away, and assuredly it proved so. He also added, that this is the combination of morbid excitement which he conjectured, and I think with great justice, is the cause of parents murdering their own children during a fit of insanity. An example of more acute, beautiful, and successful induction than this could scarcely be conceived possible; and it is highly gratifying to know that the pinions of a gentleman of such talents and attainments coincides so much with my general views on this subject.

The doctrine propounded by the Rev. La Roy Sunderland, and Mr Spencer T. Hall, and others, seems to be this, that there is a separate organ in the brain for every mental faculty, emotion, propensity, desire, and action, mental or corporeal; that every positive organ has also its negative organ proximate; and that by certain manipulations during the mesmeric state, these organs may be stimulated into activity singly or combined, and thus caused to manifest the corresponding faculty by thought, word, and action. They do not deny the correctness of the outlines as given by former phrenologists; on the contrary, they bear positive testimony to their general correctness. However, they subdivide each of the former faculties, which we may designate the pure faculties, into groups of distinct organs, for the specific manifestation of special faculties, the tendencies to which were naturally included in the simple or primitive general organ; and they allege they can thus give such a special or characteristic direction to the feeling as to entitle it to be considered as the manifestation of a distinct organ or faculty.

It occurs to me, that this might be much simplified, by considering, that on the central point of the general organs, we stimulate fasciculi of nerves connected with a general manifestation, for example, benevolence; but that, as we approach the surrounding organs, we partially excite proximate faculties, from some of their corresponding peripheral sentient nerves co-mingling with those of the other faculty, and thus engender a mixed manifestation; just as we find the intercourse between neighbouring countries modifies the national character which peculiarly belongs to each nation. thus, in one direction, benevolence (by which I illustrate my position) will be blended with comparison, or excited through the

influence of association respecting some one we have known, or from supposing what might be our feelings were we placed in such and such circumstances; in another direction, it will be influenced more or less by the tendency to imitate the benevolent acts of others, and, as we approach veneration, it will partake more of a religious and moral obligation in reference to the Deity. If I am right in this conjecture, of course there will be every possible shade of manifestation as we approach nearer to the adjoining organ. I am not acquainted with the mapping of the head either by La Roy Sunderland or Mr Hall; but, if the original compartments are to be so divided and subdivided, according to the mere varieties of manifestation during the hypnotic state, I feel assured, that each of their *subdivisions* may be again *divided*, as a shade of difference will be manifested by every possible change in the point of contact.

I had much pleasure in witnessing Mr Hall's experiments, and bore public testimony to the reality of the general phenomena. This I could have done from the mere circumstance of carefully watching the peculiar expression of countenance, and state of the respiration, induced by every move of the point of contact. The shades of difference were so minute that collusion was all but impossible. Moreover, I had personal experience of the reality of the leading phenomena in a number of my own patients, with parties who know nothing of phrenology, and whose respectability and known character placed them above the possibility of being suspected as acting a part, either for the purpose of gratifying or deceiving others. Whilst I readily bear testimony to the reality of the phenomena, and I saw nothing in Mr Hall to lead me to suppose he wished to deceive any one, it is due to the cause of truth for me to state, that the varieties which I observed in his phenomena and those occurring in my own patients, I consider were the mere results of the different manipulations used, and not of any such *special* influence as he and other animal magnetizers allege.

In reference to the phenomena which were designated "cross-magnetizing", and which appeared most distressing to the patients, as well as to the operator, (fortunately no such effects have occurred in my patients,) I think they may be explained thus: it seems probably, part may be the result of imagination, or an accidental circumstance exciting the opposing classes of muscles into action at the same time. This may also be caused by exciting two antagonistic emotions, such as one requiring the energetic action of the muscles of inspiration, and the other the muscles of expiration, the consequence of which is, very speedily to throw the patient into a state of partial asphyxia; and the result must be, a great difficulty in restoring the patient from the deleterious influence of insufficiently decarbonated blood circulating through the brain. Such I consider was the case with the patient I saw create so much trouble to Mr Hall on the evening of the 24th February, 1843, in the lecture-room of the Athenaeum, Manchester.

Having heard Mr hall state, that patients who had stolen any thing would always seek out the persons from whom it had been taken, and restore it to them after conscientiousness as excited, and that they would find out the rightful owner, whatever part of the room he had removed to, I was curious to prove this. My first object was to ascertain whether it as a fact, which I very soon did with my own patients, and my next objective was to ascertain *by what means they accomplished this*, and I readily determined it was *by means of smell and touch*. The first thing they did, on rousing conscientiousness, was to look thoughtful, then they began sniffing, and traced out the parties robbed, and restored it to them. When asked, what are you doing? the answer was, "I am giving back something which I had stolen." On being asked, how do you know the person? (having gone to the opposite side of the room,) the answer was, "I

smell them, or him." Every time the experiment was tried, the result was the same and the answer the same, as was obvious to every one in the room. Another patient did the same *when the sense of smell was acute*, but when I tried the experiment with the *sense of smell dulled*, the stolen article was *merely laid down*, without giving it to the proper person. There was thus both positive and negative proof of exalted smell being the cause of them restoring to the proper party; and feeling directs them as to place. I have found this done with the same promptitude and certainty when six, eight, or twelve faculties had been roused and manifested before conscientiousness was excited. I have found this same in all I have tried, only some will throw the article down as if horrorstruck.

The movement of the jaws also, and various other movements in imitation of the operator, I have ascertained arise from their remarkable power of hearing *extremely faint sounds*, and the most curious point is this, that they seem to have the power of discerning such *faint sounds*, when they seem not to be affected by *very loud* sounds. It is also the same with feeling. They will in some states be insensible to pricking, pinching, or maiming, but so highly sensible to a breath of air, or the tickling of a feather, that they may be instantly roused by the latter means, when the former would have no such influence. Probably this is the cause of the remarkable effects of a current of air, its rousing cutaneous sensibility, directing the nervous influences to the skin, and withdrawing it from rigid muscles, thus reducing the cataleptiform state, and permitting the blood and *vis nervosa* to flow in their usual manner. The latter change being induced gradually, may probably be the cause of the feeling which is described as that of needles and pins running into the extremities, and producing a twitching, when gently pressing on the extremity with the finger, &c. as already noticed.

In concluding this chapter, I am well aware the statements it contains must appear startling, and almost beyond belief, to many of my readers. Some may be disposed to think I have been deceived; and because many of the manifestations *might* be simulated, I know it has been alleged, that the patients of those who have been exhibited publicly, were wither deceiving the operator, or that both patients and operators were engaged in a shameful system of collusion. In respect to my own patients, I have endeavoured to take every possible precaution that they should *not* deceive me, and with this view have invited the most sceptical persons I know, both in the profession and out of it, to have it *rigorously* tested, and the result has been my entire conviction as to the reality of the phenomena in my *own* patients, and I am ready to believe others to be as candid as myself. Because much *might* be simulated, and parties have been avowedly trained and exhibited to prove the dexterity of teachers and pupils in a system of avowed collusion, that it might thereby be inferred the patients exhibited by other lecturers were impostors, is a most illogical mode of deciding such a question. there ought to be positive proof of the justice of such imputation, before so assailing any one, when there is so much proof to the contrary, as has been furnished by the concurrent testimony of so many experimenters who have met with such susceptible subjects. Surely it would not be fair to infer, that because some are trained as dexterous thieves, there can, therefore, be no such thing as an honest man in the world?

The question to be decided here is not what patients can be trained to do in violation to nature's laws; that is, by giving them some stronger motive of action, by artificial means, than the impulse arising from natural feeling. What might be achieved in this way I know not, as I have not tried such experiments connected with this branch of the subject. It is well known, however, that so long ago as December, 1841,

I particularly pointed out the remarkable docility of patients during Hypnotism, which made them most anxious to comply with every proper request of supposed wish of others. I have, therefore, no more doubt that they might be trained to manifest, during Hypnotism, opposite tendencies, in accordance with conventional arrangements, than that during their waking moments they could be taught to do so, and thus call black white and white black, night day and day night, and such like, in respect to every custom, word, or action. The proper question to be determined seems to me to be this, - Can the passions, and emotions, and intellectual faculties, be excited during Hypnotism simply by contact or friction over certain sympathetic points of the head and face, without previous knowledge of phrenology, training, or whispering, or such leading questions as must naturally excite in the mind such passions, emotions, or mental and bodily manifestations? My own experience warrants me to answer in the affirmative, and I shall give a few additional cases in illustration of the data from which I have come to this conclusion. Two patients, healthy, strong servant girls, entirely ignorant of phrenology, neither of whom has ever seen an experiment, and one was so sceptical, as to wish to try and convince me *she could not be hypnotized at all*, were operated on separately. At first trial, I succeeded in hypnotizing both, and in developing a great number of the leading organs, such as the desire to eat, benevolence, friendship, pity, attachment, self-esteem, love of approbation, imitation, (when they readily spoke five languages correctly,) stealing under acquisitiveness, and under conscientiousness restoring to the proper person and place what was stolen; eventuality most remarkable: this was tried twice or thrice in each, when they could tell correctly the events of the previous day while the organ was excited, whereas they could not tell a single circumstance before it was stimulated; and a number of others, such as forms, figures, and colours, by exciting the corresponding points. These experiments were tried before several friends, who were astonished with the result, several of the most remarkable manifestations being evinced without a single word being spoken by any one. They were not tried at the same time, and neither saw nor know of the other.

Mr. T., a gentleman of 45 years of age, who was ignorant of phrenology, and had never seen a hypnotic experiment, was hypnotized without expecting any experiment of the kind to be tried. On touching "benevolence" the manifestation was so powerful as to compel me quickly to desist; "self-esteem", very decidedly; "ideality", very decided, combined with "tune and language", he sang when the latter were pressed on, but instantly stopped when the pressure was removed, and resumed as readily on renewing the contact, exactly at the same note and word where he left off. Also the usual spectra when the region of the orbit was pressed on. When aroused, he was quite unconscious of all which had happened. He has been tried three times, with the same results, only that additional manifestations came out. His friends, who were present, can testify he had no signal given to lead him to do so. His wife, also, who had never seen any thing of the kind before, was operated on, when a great many manifestations came out most decidedly. Their daughter, who had seen nothing of this, was now called into the room, and operated on, and exhibited a great many manifestations, and all this by the mere effect of pressure and gentle friction on the integuments. None of the three remembered any of what had happened.

W.T. a boy, had been magnetized, and exhibited a few manifestations. He was again tried in public, but without success. I was requested to try him, when a number of manifestations came out at once beautifully - under benevolence, he took off his coat to give to some distressed person, and after a number of other manifestations had been educed, on being awakened he seemed very much surprised to find his coat off.

John W., 22 years of age, had been magnetized publicly, with the hope of eliciting the phrenological manifestations, but he became so stolid that it was quite a failure. I was afterwards requested to try him, in my way, in the presence of a number of gentlemen, when I at once succeeded in exciting several; pity was so characteristic, that there could be no difficulty or doubt upon the subject, as it was not only exhibited by his features and sobbing, but by the tears which ran over his face in torrents. On trying to excite imitation, on the right side, no effect was produced, which I suspected to be the result of an injury he had sustained, which had destroyed the integuments, and also caused exfoliation of the outer table of the skull. I therefore tried in the opposite side of the cranium, when the faculty was manifested beautifully. This seems a good corroboration of my theory, that it arises from the peculiar condition of the nerves of the scalp. On farther trials many more came out without any cause beyond simple excitation of the integuments by pressure and friction. Not only may such general manifestations be thus excited, but, what is far more curious, by exciting *antagonist* points in the *opposite hemispheres* of the brain, the patients may be made to exhibit correspondingly opposite feelings in the different sided of the body. If the antagonist faculties are excited on the *same* side, there will be exhibited only the *stronger of the two*. These "opposite influences on the two sides", as Dr Elliotson has well remarked, "are the most astonishing and beautiful experiments that all physiology affords"; and are also the most beautiful examples of the correctness of Mr Mayo's fifteenth aphorism, at page 28 of his Nervous System and its Functions, where he says, "Each lateral half of a vertebral animal is separately vitalized. Or the preservation of consciousness in one half is independent of its preservation in the other." It is true that vivisections have proved this, but neither so beautifully or humanely as in the experiments I now refer to, and those already recorded at page 63 of this treatise. Miss S., a lady who had never seen a phrenohypnotic experiment, and knew nothing of phrenology, exhibited at first trial a great number of the leading manifestation, and at a second and third, these opposite ones in a remarkable manner. Under friendship and adhesiveness, she embraced a female friend in the most affectionate manner, and on destructiveness being excited *on the opposite side of the head*, she rushed forward with great impetuosity to repel some imaginary adversary, whilst, with her other arm and hand, she contrived to shield her friend. Had I not laid hold of her, she would most certainly have rushed through the window. On being roused she was quite oblivious of all she had done. Mrs C. another equally ignorant of the subject, displayed the same phenomena. The effect of music in exciting to ecstasy, elegance of movement, and graceful dancing, was most remarkable. Remembered nothing. Miss ----, entirely ignorant of the subject, and had never seen an experiment of the kind, and expecting only to be *attempted* to be hypnotized, but whilst she wished to be tried, she had expressed to the friend who introduced her, that she could not be made to sleep. She exhibited veneration solemnly, with hope, glowing devotion, and with ideality and language, overwhelming ecstasy, expression her happiness and prospect of entering into heaven; "self-esteem", the most conceited pride; "firmness" most decided; "adhesiveness and friend ship", and this on one side, and "combativeness and destructiveness" on the other at pleasure; "imitation" in perfection, speaking correctly every language tried, "benevolence" extremely marked, to the effusion of tears; "acquisitiveness, conscientiousness, eventuality, the desire to eat , to smell, spectra," &c. &c. She was quite unconscious of all that had happened, and the friend who brought her to me knows she had no prompting. She has been tried once since with the same results.

Some parties, who were excellent critics, after seeing the latter and two others operated on, and expressing their utter astonishment with the accurate and natural manner in which every passion and

emotion was manifested, expressed a strong desire to see some one operated on for the first time. I offered to operate on any of three young ladies whom they had introduced to me that afternoon, and whom I had not known previously; indeed, one was a stranger in town, from the south of England, who knew nothing of hypnotism or phrenology, and had no faith in either, notwithstanding what she had just seen. She, Miss S., sat down an entire sceptic, but in a few minutes was not only most decidedly hypnotized, but also one of the most beautiful and decided examples which could possibly have been met with of the phrenological sway during hypnotism, simply by stimulating stimulating the nerves of the scalp and face. The moment "veneration" was touched, her features assumed the peculiar expression of that feeling, the hands were clasped, she sank on her knees in the attitude of the most devout adoration; combined with "hope," the features were illuminated, and beamed with a feeling of ecstasy, the hands being unclasped and moved about in the utmost delight; and when "ideality" was added, the ecstasy was so extreme as scarcely to be supportable. On changing the point of contact to "firmness," she instantly arose, and stood with an attitude of defiance; "self-esteem," flounced about with the utmost self-importance; the "love of approbation" was painted to the greatest perfection; "irritation" imitated accurately every thing done or spoken in any language; "friendship and adhesiveness," clasped hold of me; and by stimulating "combateness" on the opposite side of the head, along with the other, she struck out with the arm of the side on which combateness had been touched, but held me fast, as it to protect me, with the other. Under "benevolence," she seemed much affected, and distributed her property to the imaginary distressed objects her fancy had painted; under "acquisitiveness" she stole, and under "conscientiousness" she restored; "tune," the desire for music, and sang beautifully, a waltz being played, she danced with a grace and elegance surpassing all which any of us ever witnessed. Eventuality was also most remarkable; the desire to eat, to smell, was also excited; also form, figures, colours, &c.; philoprogenitiveness admirable. All this was done at first trial, with an entire stranger, and the lady's immediate friends, as well as others present, can bear testimony that there was not the slightest prompting either by one or other, and when awakened she was quite unconscious of all which had happened. This lady has been twice operated on since, when all these manifestations, and many others, were exhibited in the most perfect manner, as can be certified by Sir Thomas Arbuthnot, Major Wilbraham, Colonel Wemyss, the Rev. Mr P., and another high dignitary of the church, and the patient's family and friends; and that when under "number" she wrote down a sum, and under "constructiveness and ideality," she drew a very good sketch of a cottage, putting in doors and windows correctly. The uncle of the latter subject was so much astonished and gratified with what he had seen, that he begged I would try one of his daughters. I hypnotized the eldest, and all the manifestations came out quite as decidedly as in her cousin. Under "adhesiveness and friendship," she clasped me, and on stimulating the organ of "combateness" on the opposite side of the head, with the arm of that side she struck two gentlemen (whom she imagined were about to attack me), in such a manner as nearly laid one on the floor, whilst with the other arm she held me in the most friendly manner. Under "benevolence," she seemed quite overwhelmed with compassion; "acquisitiveness," stole greedily all she could lay her hands on, which was retained, whilst I excited many other manifestations, but the moment my fingers touched "conscientiousness," she threw all she had stolen on the floor, as if horror-stricken, and burst into a flood of tears; on being asked, Why do you cry, she said, with the utmost agony, "I have done done what was wrong, I have done what was wrong." I now excited "imitation and ideality," and had her laughing and dancing in an instant. On exciting form and ideality, she seemed alarmed, and when asked what she saw, she answered, "The D---l". What colour is he? "Black." On pressing the eyebrow, and repeating the question, the answer was, "red," and the whole body instantly became rigid,

and the face the most complete picture of horror which could be imagined. "Destructiveness," which is largely developed, being touched, she struck her father such a blow on the chest as nearly laid him on the floor, had I not endeavoured to restrain her, he must have sustained serious injury, Having now excited veneration, hope, ideality, and language, we had the most striking example imaginable of extreme ecstasy, and on being aroused, she was quite unconscious of all that had happened, excepting that she had heard music, and had been dancing, Her philoprogenitiveness was admirable. [Footnote: There were a dozen present on this occasion, of whom Mr Vandenhoff was one. Being well known as an accomplished artist, I requested him to watch all he saw with the most critical attention, and to tell me whether the passions were painted naturally or the contrary. After witnessing the first case with evident delight and surprise, he made the following observation,- "If this is acting, it is the most perfect acting I have ever seen. In acting, we aim at being natural, but there is generally some point in which we fail; but here I see nature's language in every point." Similar expressions followed, in what was seen in the next two cases, and when he witnessed the effects on the two ladies, whose cases have just been recorded, he confessed himself so overpowered, as to be scarcely capable of expressing his feelings of delight and astonishment, but said he should write me on the subject. The following is part of a letter I received from him two days after,- "I thank you for your kind invitation to witness a repetition of those experiments which so much delighted me on Saturday last, and with the result of which I was no less gratified than astonished. Never have I seen nature manifesting herself more distinctly - never so beautifully, as in the course of the exhibition on that evening. I believe you know I was a decided sceptic in the mesmeric influence - and I was something more in relation to its phrenological sway - of which the manifestations while under its mysterious influence, by the two young ladies of my own immediate acquaintance, who had not, who could not have had, any knowledge of the subject prior to their experience on that evening, have perfectly convinced me by their truthfulness. I may take a farther opportunity to dilate more fully upon this interesting and wonderful discovery, the beneficial results of which cannot yet be appreciated, because we know not to what extent they may be carried out."]

At a conversazione a few days after, in the presence of Lady S., Sir Thomas Arbuthnot, Colonel Arbuthnot, Major Wilbraham, John Frederick Foster, Esq. Chairman of the Quarter Sessions, D. Maude, Esq, stipendiary magistrate, and many others, both gentlemen and ladies, after exhibiting the phenomena on those who had been previously tested, there was a wish expressed to see some one operated on *for the first time*. I offered to try any one present, and a lady at length consented, whom I never saw before that day, nor since. She exhibited all the usual phenomena very decidedly. Under "acquisitiveness," she stole two handkerchiefs from ladies, and a ring from Mr Foster's finger. After several manifestations had been exhibited, the moment I touched "conscientiousness," she seemed distressed, and set off and searched out the proper parties to whom to restore the respective articles. "They had changed places, but she found them out, and gave back the handkerchiefs to their owners, and also put the ring on the very finger of Mr Foster from which she had taken it. She was a strict methodist, who had never danced in her life, and who, if awake, would have considered it a sin to dance. However, under the excitement of suitable music, she cut a very good figure at waltzing. When awakened, she remembered nothing of all which had happened.

Miss L., a lady of twenty-one years of age, very accomplished, and with great energy of mind, braved me to try to hypnotize her. She felt assured I could not do so. However, she was very soon under the

influence, and gave twenty manifestations in the most decided manner. Under friendship and adhesiveness, and destructiveness on the opposite side, she protected me, and struck her own mother. She knew only one organ, and was inclined to scoff at hypnotism and still more so at phreno-hypnotism. Under form and ideality she wrote very nicely, without the use of her eyes, but by no means equal to what she does when awake. When awakened she seemed surprised when told what had happened. She remembered me touching her head, wondered what I was doing it for, said she felt different impulses arise when I was manipulating different parts, but did not know why, nor could she remember what she had done.

A married lady, Mrs E., and the mother of a family, would not believe any one could be so affected. After seeing one patient done, she still felt assured she, at least, could not be so operated on. I desired her to try, and she at once exhibited upwards of twenty manifestations in the most distinct manner, some of them very strikingly. Under benevolence she shed tears, drew out her purse, and gave half-a-crown "to the poor creatures." She also exhibited the opposite tendencies at the same time, as already described.

Miss R., a young lady of 22 years of age, very well educated, and intelligent, wished to be tried, because she was decidedly sceptical. It so happened that every manifestation tried came out beautifully and prominently, although, when aroused, she admitted she remembered every thing she had done, and added, that she had resisted to the utmost of her power doing any thing, but felt irresistible impulses come over her to act in the way she did, as I touched certain points, but why it was she could not tell. Declared it was not from any association with what ought to be the case, as she was ignorant of the organs, but added, that she first felt a drawing in the muscles of the face, and then the breathing became affected, and with this the peculiar impulse followed. On another occasion, with the eyes bandaged, she had a pencil put in her right hand, when a number of organs were excited, but she showed no evidence of any desire to use the pencil till "constructiveness and ideality" were excited. The moment this was done, however, she scrambled till she got some paper, and began drawing, and made a very tolerable profile. When "acquisitiveness" was excited, she stole a ring off Mr Foster's finger, who, while I was exciting various manifestations, left the room. The moment I touched "conscientiousness," she set off in search of Mr Foster, walked round the room the very way he went, then left that room, crossed the lobby into the front parlour, and having made a gyration in this room she came out and went into a back parlour, where she found Mr Foster, and put the ring on the very finger from whence she took it. She evidently traced him through the air by smell, as she followed the exact track he had taken, for he had first gone into the front parlour. Had it been by clairvoyance, she of course ought to have gone to him direct, and by the shortest way. Such facts are almost past belief, but here they are as they happened, and there could not have been more competent individuals, than those present, to detect any mistake or deception, namely, Mr Foster, Mr Brandt, and Mr Lloyd, barristers; Mr Langton, Mr Bagshaw, Mr Schwabe, and many others, both gentlemen and ladies. Miss W., a very intelligent lady, who knew nothing of phrenology, and had never seen a phreno-hypnotic experiment, was operated on. On "benevolence" being excited, she seemed very distressed, and when asked what she was thinking of, said it was of a poor man who had lost his saw and hammer, that he had no money to purchase others with, and his children were starving. Under "veneration and ideality," wished to die, to go to heaven; under combativeness, first looked very angry, then jumped up and gave a blow, which upset the candlestick. On "destructiveness" being excited, (after she had exhibited several other organs,) she shook her fist, then started on her feet, looked furious, and sprang

across the room, her arm at full length, similar to a person fencing, and seized hold of a young lady's hand, and nearly transfixed it with her nails.

Mr Walker, twenty-two years of age, after passing into the hypnotic state, shewed no symptoms of susceptibility for some time, but at length he did so in the most perfect manner; namely, benevolence, veneration, firmness, self-esteem, combativeness, destructiveness, acquisitiveness, caution, conscientiousness, imitation in perfection, pity, benevolence with the one side, and destructiveness on the other, eventuality, smell, form, colours, number, ideality, &c. This gentleman has seen busts and phrenological experiments also, but, excepting two or three, would be puzzled to point out any of the organs correctly when awake. He remembered nothing of what had passed.

Being desirous of ascertaining whether he might not, during hypnotism, remember the organs better than whilst awake, and thus be led to give the manifestations in the manner he did, I tried the following experiment. I explained my intentions to the friends who were to be present, but he was entirely ignorant of them. He had never seen or heard of such experiment having been tried. When I considered him in the proper condition, I requested him to place the point of a finger on different organs, but it was remarkable that he was wrong in every instance, even with respect to the few he knew when awake. Another most interesting fact was discovered, that whilst his mind was directed to the organ I had named, the *true* manifestation of *the point touched* came out *in every instance*. Thus, when requested to point out ideality, he placed the finger over "veneration," and immediately indicated that feeling. When asked what he was thinking about? "I did not go to church yesterday." What of that? "It was wrong." When he accidentally pressed on benevolence, the feeling was manifested; firmness in like manner; self-esteem in a powerful degree. On evincing symptoms of uneasiness, I asked what he was thinking of? he replied, "something hurts my head." The fact was, his arm had become cataleptiform and the points of the fingers were pressed so strongly against the scalp as to be the cause of complaint, but he had no idea of that. His hand having rested on philoprogenitiveness, he began to hush and rock on his chair as if nursing a baby, his motion became more and more violent till I judged it necessary to put a stop to it, by removing his hand. However, I found his arm and neck had both become so rigid, that they were too firmly fixed to permit of being separated by mechanical force, but so soon as this was reduced, by blowing on them, the peculiar manifestation ceased. Every point pressed on by him shewed the same tendency to excite its peculiar manifestation. I am quite certain this gentleman acted a candid part, and could not be induced to do otherwise by any one.

Another most interesting fact connected with the latter case, was the circumstance of his having hypnotized himself, excited the different manifestations as stated; and on being requested to rub his eyes, he did so, and thus roused himself from the hypnotic condition. I have tried similar experiments with many other patients, and, with the exception of two, each of whom hit upon one organ, have found none of them could point accurately to the organ named, but in every instance the usual indication of the peculiar organ touched came out. None of these subjects remembered any thing of what had happened. Here, then, we have decided proof, that all the phenomena of hypnotizing, exciting the phrenological manifestations, and rousing to the waking condition may be accomplished by the personal acts of the patient on himself, as the only influence required to excite him to the necessary movement might be conveyed by an automaton.

A few days ago, one of these patients, who knows no foreign language, when imitation and tune were excited, followed correctly both the music and words of Italian, French, and German songs, which she never heard till they were played and sung by the wife of a learned barrister, who was also present himself, and who, with the Rev. Mr F. and his lady, can bear testimony to the great accuracy of her performance. Such is the power of Hypnotism.

Besides the twenty-five cases here briefly recorded, I have had many more exhibiting the phenomena in the same decided manner, simply by exciting the Sympathetic points by contact. If I am to believe the evidence of my senses, therefore, *in any thing*, I cannot see how I can doubt the relation which subsists between certain points of the cranium, and the mental manifestations, which are excited by acting on them during Hypnotism. I believe there are very few physiological phenomena which can be more clearly demonstrated, especially at such an early stage of their investigation. Were it not that I consider it would only be an unnecessary waste of time to prosecute the investigation farther, after the number of most unequivocal cases which have been met with by myself, as well as by other experimentalists here and elsewhere, I feel convinced I might soon increase the number of my own cases to any extent I chose.

With all intelligent and honest experimentalists I anticipate similar results to what happened with Mr Ebbage, an intelligent surgeon at Leamington. He had been a determined sceptic, and had much annoyed several of our mutual friends by his strong expressions to that effect, However, whilst on a visit at Manchester lately, at our first interview, I made a convert of him by offering to exhibit the phenomena in his own wife, who had never been so operated on, or even tried the experiment. She soon became decidedly hypnotized, and also exhibited several phrenological manifestations most distinctly. A servant of the family was now called into the room, who had seen no operation of the kind, and did not know what was to be done. She also became decidedly hypnotized, and exhibited several phrenological manifestations most, distinctly. Mr E. now admitted that rational scepticism could not resist such conclusive evidence; and having seen another case or two at my house, of remarkably susceptible subjects, with instructions from me how to operate, he promised to prosecute the inquiry on his return home.

In a letter to me, dated 1st May, 1843, he writes that he had tried the experiments with several; that in some he was unsuccessful, while "in others a perfect state of sleep and unconsciousness was produced at different periods, varying from two to ten minutes. In the case of one lady, who had never seen any thing of the kind before, and, I may add, had not even heard it spoken of as connected with any phrenological developments, the most marked effects were soon produced, resembling very strongly the case you shewed me when I was at your house." He farther adds the following judicious remarks:- "I must say the peculiar development shewn by the influence of this sleep, if closely and scrutinizingly watched, must open to the mind of any thinking man a wide expanse for speculation as to the truly mysterious means by which the effects of sensation and emotion can be produced."

The above is a good illustration of what may be done, even by a determined but honest sceptic. Mr E. had only two interviews with me; and if any one should be less successful in his attempts, it behoves him to inquire, whether his failures are not to be attributed to his unskilful or uncandid performance of the

experiments, rather than to inefficiency of the method recommended.

As to those who will not believe the testimony of others without seeing the experiments tried before themselves, on fresh patients, I beg to remark, that the best plan is for them to try patients *fairly* themselves, and they must soon be convinced; only they must be careful to take them *at the proper time*, otherwise they may fail as I did myself at first.

The following is the mode of operating:- Put the patient into the hypnotic condition in the usual way, extend his arms for a minute or two, then replace them gently on his lap, and allow him to remain perfectly quiet for a few minutes. Let the points of one or two fingers be now placed on the central point of any of his best developed organs, and press it very gently; if no change of countenance or bodily movement is evinced, use gentle friction, and then in a soft voice ask what he is thinking of, what he would like, or wish to do, or what he sees, as the function of the organ may indicate; and repeat the questions and the pressure, or contact, or friction, over the organ till an answer is elicited. If very stolid, gentle pressure on the eyeballs may be necessary to induce him to speak. If the skin is too sensitive, he may awake, in which case try again, *waiting a little longer*; if too stolid, try again beginning the manipulations *sooner*.

The operations should be tried again and again with the same patient, varying the time of beginning the manipulations, as it is impossible to tell, *a priori*, the exact moment they should be commenced; and many of the best cases have only succeeded partially, or not at all, at a first or second trial. When this point has been hit upon, however, there will be little difficulty in getting out additional manifestations, and this will be still more evident at each succeeding trial. Whispering or talking should be carefully avoided by all present, so as to leave nature to manifest herself in her own way, influenced only by the stimulus conveyed through the nerves of touch exciting to automatic muscular action. We all know that during common sleep a person unconsciously changes from an *uncomfortable* position to one which is agreeable. This is a sort of instinctive action, and, as already explained, I think it highly probable, that by thus calling into action muscles which are naturally so exerted in manifesting any given emotion or propensity, they may, by reflection, thereby rouse that portion of the brain, the activity of which usually excites the motion. In this case there would be a sort of inversion of the ordinary sequence, what is naturally the consequence becoming the cause of cerebral and mental excitation. The following hypothesis will illustrate my meaning. It is easy to imagine, that putting a pen or pencil into the hand might excite in the mind the idea of writing or drawing or that stimulating the gastrocnemius, which raises us on our toes, might naturally enough suggest to the

mind the idea of dancing, without any other suggestion to that effect than what arises from the

attitude and activity of the muscles naturally and necessarily brought into play whilst exercising such functions. However, I would very much doubt the probability of stimulating the muscles of the leg exciting the idea of writing, or that placing a pen or pencil in the hand would excite the idea of dancing, without previous concert and arrangement to that effect. It is upon the same principle, as I imagine, that, during the dreamy state of hypnotism by stimulating the sterno-mastoid muscle, which causes an inclination of the heart, the idea of friendship and shaking of hands is excited in the mind, and when the

trapezius is excited at same time, the greater lateral inclination of the head manifests still greater attachment, or "adhesiveness." Philoprogenitiveness, by calling into action the recti and occipito frontalis muscles, gives the rocking motion, and hence the idea of nursing, &c.; pressure on the vertex, by calling into action all the muscles requisite to sustain the body in the erect position, excites the idea of unyielding firmness; veneration and benevolence, from giving the tendency to stoop and suppress the breathing, thus create the corresponding feelings. By exciting the muscles of mastication into action, the idea of eating and drinking is roused, and the same may arise from pressing between the chin and under lip, which excites a flow of saliva, and this again the motion of the tongue and jaws, with an inclination to swallow. In like manner, gently pressing the tip of the nose, by exciting inspiration, creates the desire for something to smell at; if the point of contact is the cheek, under the orbits, over the exit of the infra-orbital branch of the fifth pair, the breathing becomes suppressed, and depressing emotions are excited; whereas, *above* the orbit, so as to stimulate the *supra*-orbital branch of the fifth pair, generally the reverse manifestations are evinced.

Those familiar with Professor Weber's experiments, know that each of those points differs from the other in its degree of sensibility. It is remarkable that the point marked "eventuality," (and which I have strong grounds for believing is the chief seat of memory,) is in the centre of the forehead, which is one of the most sensitive parts of the scalp, and where pressure applied necessarily excites the corresponding points in *both* hemispheres of the brain at the same time. There seems, in fact, to be less matter of wonder in this discovery than some lately brought forward in other departments of physical science; for example, who would have believed, till it was proved, that by looking into a camera-obscura for a few minutes, or even seconds, he might have his likeness accurately and indelibly transferred to a plate of metal? or the still more recent discovery of Professor Moser, that such impressions as he referred to could be effected in the dark?

I shall conclude this article by a quotation, from Dr Abercrombie, on the value of testimony. He observes, - "A very small portion of our knowledge of external things is obtained through our own senses; by far the greater part is procured through other men, and this is received by us on the evidence of testimony. While an unbounded credulity is the part of a weak mind, which never thinks nor reasons at all, an unlimited scepticism is the part of a *contracted* mind, which reasons upon imperfect data, or makes its own knowledge and extent of observation the standard and test of probability." *On the Intellectual Powers*, pp. 71, 72.

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NEURYPNOLOGY

James Braid

PART II

Having in the former part so far explained the mode of inducing the phenomena, I now proceed to detail the cases in which I have successfully applied this process in the cure of disease. I shall endeavour to explain my modes of operating in different affections, so as to enable others to apply with advantage in their practice, what I have found so eminently useful in my own.

When the artificial state of somnolence has been induced in the manner already pointed out, pp. 27-29, the manipulations must be varied according to the peculiar object we have in view. If the *force* of the circulation in a limb is wished to be diminished, and the *sensibility* also to be *reduced*, call the muscles of that member into activity, leaving the other extremities limber. On the other hand, if the force of the circulation and sensibility are wished to be *increased* in a limb, keep *it* limber, and call the *others* into activity, by elevating and extending them, and the desired result will follow. If *general depression* is wanted, after one or two limbs have been extended for a short time, cautiously reduce them, and leave the whole body limber and quiet. If *general excitement* of the system is wanted, extend the *whole* limbs, causing the patient to call the muscles into strong action, and very speedily they will become rigidly fixed, and the force and frequency of the heart's action, and determination to the brain, as evinced by the action of the carotids, distended jugulars, flushed face, and injected eyes, will speedily become apparent. By applying the ear over the region of the heart, it will be apparent that the force and frequency of the heart's action becomes prodigiously increased in a very short time after extending the limbs. It will also be found, they may be very speedily altered and brought down by reducing the rigidity of the limbs. The difference of rise in the pulse when extending the limbs *during hypnotism*, from what happens in the natural state, is one of the strongest proofs of the patient being in the hypnotic condition.

It has appeared to me, that we have thus the power of subjecting the brain and spinal cord, and whole ganglionic system, to a high state of excitement, as the pulse may speedily be raised to double its natural velocity, in most cases, and still more speedily reduced to the natural standard again. Its volume and tension may also be equally rapidly increased or diminished. It is therefore naturally to be expected, that the functions must be greatly influenced by such transitions. Every medical man knows that chronic nervous disorders of the most painful nature may have resisted every known remedy for weeks, or months, or years, but have speedily vanished on the accession of some acute attack. Now, my views were,

in such cases, to induce an intense state of excitement for *a short time*, to be terminated abruptly, with the hope of changing the former action, and thus terminating the disorder; and assuredly, in many instances the most obstinate chronic functional disorder is gone, or greatly meliorated, by a few such operations.

Then, again, by keeping any particular organ awake or active, whilst the others were asleep, I considered there would be a great increase of activity induced, by the whole nervous energy, or sensorial power, being directed to that point; or by keeping all the other organs active, whilst one which had been too active was allowed to remain, in the torpid state, that inordinate activity would be reduced in intensity, and that probably permanently, - that the inordinate stimulus, in one case, would remove the susceptibility to lower impressions, which were frequently exciting, or habitually keeping up morbid feeling or action; and in the other cases, that by suspending the morbid sensibility of a part for a time, and rousing antagonist functions, such condition might be permanently improved.

Whether I have been right or wrong in my theoretical views, there can be no doubt of the fact that in many instances I have been successful in the application of Hypnotism as a curative agent; and the beneficial results of the operations have been so immediate and decided, as to leave no doubt that they stand in the relation of cause and effect. However, that much of the success depends on the impression arising from the altered condition of circulation, seems to me to be proved by the fact, that in cases where the sleep was induced *without the rise in the force and frequency in the heart's action*, by insuring this condition, the beneficial result has instantly followed, where there has been no previous improvement with the *low* pulse. The following is a remarkable instance of this: - Nodan, deaf mute, twenty-four years of age, was considered never to have heard sound excepting the report of a gun or thunder, when there was succussion of the air sufficient to induce *feeling* rather than hearing, properly so called. The mother told me Mr Vaughan, head master of the Deaf and Dumb Institution when Nolan was at school, considered any indication of hearing

referred to was *feeling*, and not hearing, properly so called. At the first operation there was very little rise of pulse, and afterwards I could not discern he had any sense of hearing whatever. At next trial the pulse was excited, and so remarkable was the effect, that in going home he was so much annoyed with the noise of the carts and carriages, that he would not allow himself to be operated on again for some time. He has only been operated on a few times, and the result is, that although he lives in a back street, he can now hear a band of music coming along the *front* street, and will run out to meet it.

I shall first illustrate the efficacy of hypnotism on the various senses, and also on the mental condition. And first, of sight. The mode of operating in chronic cases, is first to induce the sleep, then extend the extremities, and keep the eyes from getting into the torpid state, by fanning them, or passing a current of air over them occasionally. The length of time required to keep such patient in this condition may vary from six to twelve minutes, according to the state of the circulation. The following cases will illustrate the affections of the eyes in which I have applied this mode of treatment with advantage.

Case I, Mrs Roiley applied to me on the 6th April, 1842. She stated she was 54 years of age; that for the last sixteen years she had been a great sufferer from an affection of the head, attended with pain in the eyes and weakness of sight; that it was now become so bad, that she could not continue to read for more

than a few minutes at a time, even with the aid of glasses. She had undergone the most active treatment under first rate medical men, including bleeding general and local, blistering - on one occasion, she was twice bled with leeches, and had five blisters to her head in one month - and almost every variety of internal medicine which could be suggested for such a case; but still without improving her sight. For years she had required to have her head shaved every few weeks, and cold affusions and spirituous lotions frequently applied to it, to reduce the excessive heat and other uncomfortable feelings. The skin of the palms of the hands was so hard, dry, and irritable, as to render it liable to chap whenever she attempted to open the hands fully. The pain during the day, and general irritability, had rendered it necessary for her to take a composing pill three times in twenty-four hours, for some time; still her rest was so bad as to force her to rise and walk about the room several times during the night; and her memory had become so much impaired, that she often required to go up stairs and then down again several times before she could remember what she went up for. About three years before consulting me, she had a paralytic attack, which deprived her of power of the muscles of the right side of the face for a few days. Such had been the general state of her health before consulting me, and the state of her *sight*, and the result of my operation will be understood by the following document, which is attested by herself and others, who were present when I first operated on her: -

"Mrs Roiley, (aged 54,) Chapel Street, Salford, formerly of South Windsor Street, Toxteth Park, Liverpool, as Miss Robinson, (four years ago,) has been gradually losing sight since thirty-eight years of age. Called on me for the first time, 6th April, 1842. Could not read the heading of the newspaper, excepting the words, 'Macclesfield Courier;' after being hypnotized for eight minutes, she could distinctly read 'and Herald,' and in a few minutes more the whole of the smaller line, 'Congleton Gazette, Stockport Express, and Cheshire Advertiser,' also the day, month, and date of the paper. That the above is a correct report, is attested by the patient herself and other three patients, who were present the whole time. (Signed) ALICE ROILEY.

M. A. STOWIE.

ANN STOWIE.

HENRY GAGGS."

When Mrs Roiley called on me two days after, she gave me the following report. After leaving my house on the 6th, she was much gratified to find her sight so much improved, which induced her to go and test it by looking at articles displayed in shop windows, and in particular remarked that she had walked up to Mr Agnew's shop window, and was able to see distinctly the features of a portrait of Sir Robert Peel, and to read under it, "Sir Robert Peel, Bart.," without her glasses, neither of which she could have done for long before. She also stated, that after being at home, she took up the small diamond Polyglot Bible, and with the aid of her glasses, was agreeably surprised to find she was enabled to read the 118th Psalm, (29 verses,) although this had been, as she expressed it, a sealed book to her for years. The following is the report which was recorded and attested by her on the 12th April, 1842: - "Mrs Roiley was able to read a Psalm with the aid of her glasses in the smallest sized Polyglot Bible same afternoon she was first hypnotized. Two days after, (8th April,) was hypnotized a second time. Next day, made a net

handkerchief with the aid of her glasses. April 12, has gone on improving, and in my own presence and several others, with the aid of her glasses, read the Polyglot Bible with ease and correctness, which she said, had been a sealed book to her for years before I operated on her. (Signed) ALICE ROILEY.

M. A. STOWIE.

Wm. HALLDAY."

It is gratifying to be able to add, that the improvement of the sight has been permanent; and not only so, but that the whole painful catalogue of complaints with which she had been afflicted speedily disappeared, namely, pain of the chest, head, and eyes, loss of memory, disturbed sleep, irregularity of the secreting and digestive functions, and instead of the arid skin, regular action of it, so that the palms of the hands, which were so harsh and arid that she could not extend them without lacerating the skin, causing great pain and annoyance, were very soon as soft as a piece of chamois leather. [Footnote: Very lately, a lady about 25 years of age was hypnotized by me. On being roused, she expressed her surprise to find her hands bathed in perspiration, as she observed *she was never known to have the slightest moisture on her hands till that moment.*] The whole of this improvement was accomplished entirely by this agency, as she had no medicine whatever during her attendance on me; nor has she required any up to this date, 20th February, 1843, when I read this report to her, and when she remarked it was much *under* drawn; that with great truth I might have represented her as having been a greater sufferer.

Mrs Roiley is a very intelligent person, and one whose Christian profession and principles place her statements above all suspicion. She has been seen by many eminent professional and scientific gentlemen, who can bear testimony that they have had from her own lips the same statements as I have recorded above.

It appears to me that it would be impossible to adduce a more striking proof than this case affords, of the great and undoubted benefit resulting from the application of any remedial measure. The improvement was so remarkable, as to admit of no doubt as to its reality, and so immediate after the hypnotizing, as to prove they stood in the relation of cause and effect, no other remedy being in operation; and whatever may be supposed capable of being achieved through the mere power of imagination, as regards *certain* functions, the sense of *sight* could scarcely be supposed capable of being so much meliorated directly through that influence.

Case II. is that of Mrs M. A. Stowe. This lady was present when I first operated on Mrs Roiley, and was so much gratified by the effects she witnessed in that case, as to induce her to consult me as to the state of her own eyes, and the probability of benefiting them by a similar operation. Mrs. Stowe was 44 years of age, and had experienced such weakness of sight as to require the aid of glasses for the last twenty-two years, to enable her to sew, read, or write, and, for some years past, she required them to enable her to transact her most ordinary household duties. The following is the statement of her condition, which I noted at the time, and is attested by her own signature, and that of others then present:- Mrs. Stowe, aged 44, 1, Bank Place, Red Bank, Manchester, has been troubled with weakness of sight for twenty-two years, so as to require glasses to enable her to read or sew. When tested to-day, 8th April, 1842, without her

glasses, could not distinguish the large (capital) letters of advertisements in a news-paper, nor large heading of the paper. After being hypnotized for eight minutes, she could distinctly read both the large and small heading, and day, month, and date of the paper.

(Signed) M. A. STOWE.

She has also been able to sign her name to attest the accuracy of the above statement, before her daughter, and another patient.

(Signed) ANN STOWE.

10th, Called on me, and informed me she had been able to make herself a blonde cap, and to thread her needle *without* spectacles, [Footnote: I have myself seen her thread a No. 8 needle on several occasions.] which she could not do before for twenty-two years. 12th, Continued improving; told one she had been able to write up her accounts *without* glasses.

(Signed) STOWE.

Wm. HALLIDAY.

ALICE ROILEY.

ANN STOWE.

This patient has retained the improvement of her sight. She has also informed me, that she was agreeably surprised, after she left my house, the *first day she was operated on*, to find, as she went along the streets, that she could read the *sign-boards*, which she could not do for years before. She has also named to many others, as well as myself, a very convincing proof of her great improvement in this respect. Before being operated on by me, on the 8th April, 1842, if she went a-shopping, *without her glasses*, she was sure to make some mistake as to the quality of goods purchased, and have the trouble of going back to have them exchanged, but now she never requires to take her glasses with her, as can be testified by the shop-men where she makes her purchases. Her memory and general health have also been greatly improved by the same operations.

Case III. Miss Stowe, daughter of the former patient, 22 years of age, "was under the necessity of reading, and doing any particular work, with the aid of glasses, for the last two years, but has never required them since she was first hypnotized, and can now read the small Polyglot Bible." This is attested by her mother, herself, and Mr William Halliday, and Mrs Roiley.

The improvement has been permanent, and she has threaded a No. 12 needle in my presence, eight months after I first operated on her.

Case IV Mr J. A. Walker, 22 years of age, had always had very weak sight, but since being hypnotized has been greatly improved in his sight, as well as in his memory and general health.

Case V. Mrs C., aged 83, had, from her age, required the use of glasses for many years, to enable her to sew or read. Last August I hypnotized her for deafness, with very decided advantage, and I told her I also expected to improve her sight at the same time. She was very incredulous, but was agreeably surprised to find, that after a *second* operation she was not only able to *hear* much better, but also to sew some flannel, threading her needle *without* her glasses. She had been thus occupied for several hours, when I called to see her, after the *second* operation.

There have been cases in which I have tried this method without success, but this proves only that we must never expect to obtain possession of a universal remedy. Cases of confirmed amaurosis, which had resisted every other known remedy, and which were only undertaken by me at the desire of the patients, and sometimes of medical men also, as a forlorn hope, have, as in most cases was suspected might be the result, proved unsuccessful, and, through these, attempts have been most ungenerously and unwarrantably made to throw discredit on the power of hypnotism altogether. It has proved successful in too many instances, however, to be borne down by such paltry and pitiful misrepresentation. I could easily adduce many more successful cases, did I deem it necessary, but shall only give two more.

Case V Mr J-- has always had imperfect vision, is near-sighted, has strabismus of right eye, and the sight so dull, that it was with great difficulty he could, without glasses, see the large letters (on white paper) in the title page of the "Medical Gazette." After the first operation he could see better, and after it had been repeated a few times he could, without glasses, read a few words of the leading article of that work, and after a few more operations, could read the type in which the lectures, at the beginning of the work, are printed.

Case VI. Mrs S., one of my own near relatives, had a severe rheumatic fever in January, 1839. During the course of this disease the left eye became implicated, involving both the internal and external structures of the organ. She had the benefit of the advice of one of the first-rate oculists in Edinburgh. She was under his care till the August following, when he considered farther attendance unnecessary, but gave such instructions as he deemed expedient for her future management of it, and which had been duly attended to till the period when I first saw her, in June, 1842. At that time she came on a visit to my house. The eye was free from pain, but was of no service as an organ of vision. There was an opacity over more than one half of the cornea, sufficient to prevent distinct perception of any object placed opposite the temporal half of the eye, all being seen through a dense haze; and objects placed towards the opposite side were seen very imperfectly, owing to the injury the choroid and retina had sustained in the points on which the images of such objects were reflected. The opacity of the cornea was not only an obstacle to distinct vision, but was also a source of annoyance, from its disfigurement, being obvious even to those at a considerable distance.

Notwithstanding the great advantage I had seen other patients, afflicted with affection of the eyes, derive from hypnotism, it never occurred to me that such a case as that of Mrs S. was likely to be benefited by such an operation. I had, however, recommended it to her for a severe rheumatic affection of the right

shoulder and arm. She had been in my house about three months before she could make up her mind to undergo the operation, but at length, the violence of the pain impelled her to try it, or any thing else I should recommend. I of course hypnotized her, which immediately relieved her pain so much, that after the first operation, she could move the arm freely. The operation was repeated the following day, with complete relief as regarded the arm; and to the surprise and delight of the patient, myself, and others present, she found her *sight* so much improved as to be able to see every thing in the room, and to name different flowers, and distinguish their colours, whilst the right eye was shut, which she had not been able to do for more than three years and a half previously. I consequently now repeated the operation daily, and, in a very short time, had the satisfaction of seeing the cornea so transparent, that it requires close inspection to observe where tiny opacity remains. Neither external nor internal means were used during this improvement, nothing but the hypnotizing was had recourse to; and during the three months I had an opportunity of watching it prior to these operations, there was no visible change in the condition of the organ. I should observe, that after the first operation, there was considerable smarting in the eye, which continued all night, and, in a less degree, after future operations, which, no doubt, roused the absorbents, and effected the removal of the opacity of the cornea. Stimulating the optic nerve to greater activity, however, must have been the chief cause of the very rapid improvement, which enabled her to see objects after second operation. I should remark, that the sight, with regard to objects seen from the temporal side of the eye, is much more distinct than from the nasal side, owing to the retina and choroid having sustained irreparable damage during the inflammatory stage at the commencement of the attack in 1839.

Case VII. Mr Holditch, 39 years of age, had been partially paralytic for ten years, which came on some time after a fall. Shortly after the fall, he experienced an attack of double vision, which went off after bleeding, blistering, and the usual treatment, but was followed by paralysis of the lower limbs, which induced him to consult me on the 18th February, 1843. See Case XXVII. p. 217. He was very much surprised, when I told him he had defective vision of the right eye, said he was not aware of it, *and would not believe that I was not mistaken, till I tested him*, when he found he could barely see the capitals of the words, "Medical Gazette," as heading of the leading article of that work, whilst he could read the ordinary size print of the page with the other eye. After being hypnotized, I tested him in the same position, and with the same degree of light, and he could then read the *same sized print with it*, and it has continued so ever since. He could also walk across the room without crutch or stick, which he could not do before, at which he was very much surprised, as he was quite conscious the whole time, and therefore could not believe any good could have resulted to him from what as done, till he had the positive evidence of it in being able to see and walk.

Here, then, we have seen three cases of improved vision consequent on hypnotizing for other affections, and where, consequently, the improvement could not at all be attributable to imagination, but to the altered condition in the capillary circulation and distribution of the *vis nervosa*.

In cases of active inflammation of the eyes, either external or internal, I have never tried hypnotism. By the mode calculated to excite the circulation, of course it would be quite inadmissible; and it could only be speculation for me to hazard an opinion as to its probable result by the other mode.

The extraordinary excitement of the auditory organ, which I had observed in the course of my early

experiments, and the fact that hearing was the last sense to disappear during this artificial sleep, (unless we except that of the sensibility to a current of air,) led me to anticipate most satisfactory results from this process in the treatment of deafness, arising from torpor of the auditory nerves. I consequently tried it in such cases, and where there has not been destruction, or irreparable organic injury to the auditory apparatus, I can confidently say, I know of no means equal to hypnotism, for benefiting such cases. Of course, it cannot suit *all* cases, but I am satisfied it will succeed in a numerous class of cases, and in some which bid defiance to all other known modes of treatment.

I am enabled to state this confidently, not only from my own personal success, but also from that of others who have fairly tried it. One professional friend, Mr Gardom, introduced to me two patients whom he had improved so much by hypnotism only, that they were enabled to hear the sermons of their respective pastors, which they could not do before, in consequence of which one of them had to leave her favourite minister, and go to another church; but, after being hypnotized, has been able to hear so much better, that she has been thus induced to return to her *former* pastor.

The great success which I had experienced from hypnotism, in improving those who were deaf through disease, led me to hope it might be of service to some of those who were born deaf and dumb, and I therefore tried it in such cases with a considerable degree of success, ultimately with a success beyond my most sanguine expectations. In consequence of what had been done and exhibited at my lectures, the medical profession of Liverpool, to their credit be it recorded, recommended to the governors of the Deaf and Dumb Institution there, to permit an experimental trial to be made at their Institution. The governors refused their assent to this *within the walls of the Institution*, but agreed to permit a trial to be made with such out-door pupils as could be induced to submit to it elsewhere, the consent of the parents having been obtained. In consequence of this, a committee of the governors and the medical faculty was appointed to superintend the said investigation, and I was invited to go over and conduct the experiments in their presence, and it was proposed a report of the results should be published in the Medical Journals, at the termination of our labours. The difficulty of getting the pupils and their parents to attend, induced us to abandon the proceedings after two trials had been made, so that it would be quite inconsistent with the conditions stipulated, at the commencement of said investigation, to publish any report of the result of this *partial* investigation. However, I think I cannot better illustrate the extent of my expectations, in reference to such cases, than by transcribing an extract from my address to the said committee, prior to commencing our experimental trial.

"Hitherto, these patients have been considered beyond the pale of human aid, so decidedly have they resisted all means tried for their relief; and the morbid condition of the organs, as ascertained by dissection, was sufficient to warrant the inference that it was *improbable* any remedy could ever be discovered for such cases. Fully aware of this pathological difficulty, I was nevertheless inclined to try the effect of neuro-hypnotism with congenital deaf mutes, knowing it could be done with perfect safety, and without pain or inconvenience to the patients. Moreover, from having witnessed its extraordinary power of rousing the excitability of the auditory nerves, I entertained the hope that it might thus be capable of exciting *some* degree of hearing, from the increased sensibility of the nerves compensating for the imperfection of the organ. I was not, and am not even now, so visionary, as to expect *perfection of function*, when there is great imperfection of the organ. Perfection of organization and function must be

co-existent; at least the function cannot be *perfectly* performed when the organization is *much* impaired. The result of my first trial was beyond my most sanguine expectations, which induced me to persevere, and the result has been, that I have scarcely met with a case of congenital deaf mute, where I have not succeeded in making the patient hear in some degree. Many may never hear so well as to make it available to holding conversation by its aid; but still it is most interesting in a physiological point of view, to know the fact, that by this means the imperfect organ can be roused to *any* degree of sensibility to sound, as even this must tend to the improvement of the general functions of the brain, rather than being entirely deprived of one source of its appropriate stimuli. I have no doubt, moreover, that many cases will, by this means, be restored to such degree of hearing as will be available for colloquial intercourse in society, which never could have been accomplished by any other means hitherto tried. If my success with the cases assembled here is at all equal to what it has been with others elsewhere, I think it cannot be otherwise than gratifying to you to find that our art has acquired a new and important power in this agency. I must not, however, omit to add, that many cases may shew no improvement at a *first or second trial*, and yet be very satisfactory after a few trials. According to my experience, there is much greater chance of benefiting *congenital* deaf mutes, than those who have become so from disease or accident, *to the extent of total loss of hearing*.

"In testing patients as to their power of hearing, I consider it quite necessary to adopt a different plan for those who are *congenital* deaf mutes, from what we do with those who have known what perfect hearing was at some former period of their lives. It is quite true that the latter class may be unable to hear a musical box, or the tick of a watch, when held at a little distance from the ears, but can hear it when pressed *against* the ear, or the mastoid process, or greater conducting power of the bony structure. There are patients of this class, however, who declare they have no sense of sound when so tested, because their previous knowledge of the sense enables them to distinguish betwixt *hearing*, *properly* so called, and *common feeling*. In testing *congenital* deaf mutes, from their want of this previous knowledge, they will all signify they hear, if any sonorous or vibrating body is pressed against the ear. This, however, I do not consider we have any proof of being *hearing*, but *feeling*; because they had no previous knowledge to direct them as to the peculiar sensation of *correct hearing*; and they will give the same indication if the sonorous body is placed on any other solid part of the body, according to its respective degree of sensibility. In applying tests to *congenital* deaf mutes, therefore, I consider they have no sense of hearing, if they cannot hear the sound of a musical box *held close to*, but *not touching* the ears, or any other sonorous body whose vibrations do not excite such oscillation in the air as is sufficient to be recognized by *common feeling*. It ought also to be borne in mind that the *common* feeling of the deaf and blind is generally much more acute than in those who have not been deprived of those senses. At all events we cannot err in taking this as our standard, because, if those who did not hear on the application of such a test *before* the operation, do not hear it also *after* the operation, we shall consider there is no improvement; and if those who hear it at a certain distance *before* the operation, cannot *after* the operation hear it at a *greater* distance, it must also be considered no improvement has been made. But if the former can, *after* the operation, hear *without* the box touching the ear, and the latter can hear at a *greater* distance, then of course we are entitled to say an improvement has resulted from the operation."

These extracts should be sufficient to explain what the extent of my expectations were as to meliorating the condition of *congenital* deaf and dumb patients, the principles upon which these expectations were

based, and my mode of testing the original and subsequent condition of such patients. The following cases will prove that my anticipations have been so far realized in one case to an extent I never calculated on. The mode of operating is, hypnotize the patient, extend the limbs, and gently fan the ears.

Case VIII. The case of Nodan has already been referred to at page 164, and I shall therefore merely add here, that he was 24 years old, was never considered to have had the power of hearing, properly so called, according to the opinion of the head master of the Deaf and Dumb Institution, where he was a pupil; that *after the first operation* I satisfied myself *he had no sense of hearing*, but after the second, which I carried still farther, he *could* hear, and was so annoyed by the noise of the carts and carriages when going home, after that operation, that he could not be induced to call on me again for some time. He has been operated on only a few times, and has been so much improved, that although he lives in a back street, he can now hear a band of music coming along the front street, and will go out to meet it. I lately tested him, and found he could hear in his room on the second floor a gentle knock on the bottom stair. His improvement, therefore, has been both decided and permanent, and is entirely attributable to hypnotism, as no other means were adopted in his case.

Case IX. "Mr John Wright, Pendleton, 19 years of age. Congenital deaf mute. Was four years at the asylum under Mr Vaughan. Never heard sound. On testing, could not discern the tick of a watch pressed against the ears, nor a musical box, *unless when pressed against the ears*, which was evidently *feeling, and not hearing*, its he evinced the same expressions when it was applied to the shoulder, chest, or back of the hand. After being hypnotized for eight minutes, he could hear the musical box held *more than an inch from the left ear*, but not at all with the *right*, if not pressed against it, which was of course only feeling. Certified as correct by the father of the patient.

(Signed) JOHN WRIGHT."

" MANCHESTER, *8th April*, 1842."

" After writing the above statement, he was again tested, and could hear the box *half an inch from the right ear*. (Signed) JOHN WRIGHT."

The latter fact, of hearing better after being roused than at the very moment they are roused, occurs in cases generally. This patient attended daily for a short time, and made considerable progress in the power of hearing, but like too many others he had not patience to persevere, which his father, who is a very respectable and intelligent man, wished him to do. Unfortunately the deaf and dumb are not aware of the *extent of their privation*, or of the real advantage they would obtain by persevering, and their expectation, and that of their friends, in most cases seems to be, that the moment they have the power of *hearing* restored in some degree, they should, as by a miracle, also be immediately inspired with the gift of tongues, and be able to speak and understand language without study, toil, or trouble. This has been so well expressed by John Harrison Curtis, Esq. that I shall quote a paragraph from his pen on the subject.

"Kramer condemns the cases recorded as cures by Itard, Deleau, and others, because, when published, the

patients had not acquired a facility of speech equal to that evinced by other people of the same age; forgetting, that when the deafness has been cured, the individual is placed precisely in the position of a child that has to acquire the faculty of speech, and not infrequently the power of thought; while, at the same time, if he have approached the age of puberty, he has to contend with false impressions created by the erroneous perceptions which affected him while unable, from his infirmity, to impart his feelings and ideas to his fellow-creatures; in fact, he is placed in the same position in regard to hearing as Cheselden's patient was with respect to vision. The organ, when the cophosis is removed, requires to be carefully educated to perceive, understand, and distinguish the variety of sounds which will impinge upon the auditory nerve, a task requiring much time for its accomplishment. The cure of congenital deafness, consequently, may be effected, and yet rendered efféte, for want of this necessary subsequent education."

After remarking that many cases of deaf dumbness arise from disease, and are only partially deaf, he added, "Many of these cases admit of amelioration, some of cure; and I hold, that wherever there is a chance only of doing good, it ought not to be neglected; it may certainly raise hopes which may be nullified hereafter, but not in the patient, who cannot comprehend the motives of the proceeding; nor would the friends be much annoyed thereat, if the surgeon has performed his duty properly, by shewing, that although there is a chance of success, it is after all only a chance." - "It does not occasion a loss of valuable time, worthy to be put in competition with the prospect of restoring even one individual to the enjoyment of the society and converse of his fellows." - "Many would be rendered (by proper treatment) useful members of society, who, under the present system, remain hopeless objects of commiseration as long as they live," Mr Curtis farther adds, " I perfectly agree with Dr Willams, who says, a cure ought always to be attempted, and that at the earliest moment at which deafness is detected; and children so affected should mix with others not deaf, and no symbolical education should take place until all chances of cure are gone." *Medical Gazette*, 23d September, 1842.

These remarks are so judicious and important as to require no comment by way of enforcing them on any intelligent and candid reader.

The following case having been the cause of much controversy I shall give it in detail. Before operating on the boy, in the presence of the gentleman who brought him to me, I asked the lad, in writing, if he ever heard, to which he returned answer, (also in writing,) "No." I then proceeded to operate on him, and the following is a report of his ease from my note-book.

Case X. "James Sheldmerdine, Mr Barker's, 83 High Street, Manchester, aged fourteen years and a half, was born deaf and dumb, and educated at the Manchester Deaf and Dumb Asylum, and came out last June, in consequence of his age. 4th January, 1842, I subjected him to the mesmeric influence, by causing him look at my glass rod, and in thirteen minutes aroused him by a clap of the hands, when he could hear the tick of my watch applied to the right ear, but only very slightly so when applied to the left. Could hear me speak loudly, but could not tell what I said to him. This took place in presence of his master, who brought him to me, and now attests the correctness of the above. The boy has other two brothers deaf and dumb.

(Signed) MATTHEW BARKER." [**Footnote:** Mr Barker was not the boy's master, but employed some

of his friends, as was afterwards explained to me.]

5th January. Again subjected him to the operation. In twelve minutes he could hear my watch at nine inches from right ear, and at six from left.

7th January. Called upon me, and could hear with the right ear at four and a half inches, and one inch from left ear. After being hypnotized for ten minutes, he could hear the watch at seven inches from right, and at four inches from left ear. 17th January. After operation could hear six and a half inches with *left*, and seven and a half with *right*. 20th. Could, after being roused, hear my watch at seven and a half inches from *left* ear, and at nine inches from right."

The boy was now tested by competent judges, and pronounced capable of imitating articulate sound *without seeing the motion of the lips*. To render this the more certain he was tried with a word requiring no motion of the lips and spoken near his ear, which he distinctly imitated.

I now commenced to teach him to speak a few simple words which he got on very well; and that he could do so very satisfactorily, I considered there was ample proof by what he accomplished at my lectures. There were some who could not believe he could have been born entirely deaf and dumb, when they heard how well he imitated articulate sounds when the motions of the lips were concealed. This was particularly and warmly disputed at a lecture I gave at Liverpool, on the 1st of April, 1842. The boy was asked, without my knowledge, by Mr Rhind, head master of the Deaf and Dumb Institution of Liverpool, if he ever heard before being operated on by me, to which he answered, "No." Next day, in the presence of several friends, I again questioned him in writing as to his original condition, when he gave the following answers, which he certified by his signature as being correct. Fortunately, this document, by the merest accident, (having been written on the back of a letter belonging to another gentleman,) has been preserved, and I shall here transcribe it *verbatim*. "Could you ever hear before I operated on you?" - 'No,' 'How did the master of the school teach you to say, papa, mamma?' - 'Few days.' *How* did he do it?' - 'Ba, be, bi, bo, bu.' 'Did the master ask you to watch the motions of his lips?' - 'Yes.' 'Did he try to teach you to speak by applying his mouth to your ear?' - 'No.' 'Did you ever say what you did to me before?' - 'No.' 'Did you ever read it, so far as you remember?' - 'No.'

(Signed) JAMES SHELMEARDINE."

Hitherto the boy and only been taught single words The last two questions refer to part of the "Lord's Prayer," in English which I had been teaching him to speak by *means of hearing*; and although he speedily made a good attempt at repeating part of it, the effect was so different from that of the mode adopted at school, or that conveyed to his mind through the organ of sight, when reading it, as he must have been accustomed to do, *that he did not know what it was I had been teaching him to speak*. Could a stronger proof than this be adduced that the boy did not learn to speak by *earing* before he was under my treatment?

I also, on the same day, taught this boy to repeat part of the Lord's Prayer in Latin, to do away with all

ground of cavil as to what he *might* have learned it the Institution; and at my next lecture at Liverpool, the week after, he was heard to be able to repeat it when spoken to him in a moderate tone of voice whilst the motions of the lips were concealed, and that taking the words in *any* order, so that there could be no ground of mistake as to his *hearing* what he repeated.

Various surmises having now got out, that this boy, James Shelmerdine, *might* have had, or *must* have had, the sense of hearing originally, and that his present condition could not possibly be the result of hypnotism, I addressed a letter to Mr Bingham, who was head master of the Asylum during the five years this boy was at school, requesting him to favour me with information as to James Shelmerdine's real condition up to the time when he left school. The following is his reply, and I may add, I am not personally acquainted with Mr Bingham. After describing the partial hearing of this boy, which varied greatly, Mr Bingham adds, - "I never considered his hearing sufficient to distinguish one sound from another in conversation, and consequently, never attempted to teach him to speak in any other way than that which I use with all children born deaf. If hypnotism, or mesmerism, has enabled him to imitate the sounds you wished to communicate to him without his observing the lips, I do not hesitate to say that you have achieved that which I never could have expected; and, under such circumstances, I think every encouragement ought to be given to your plan, You would greatly oblige me by saying if this has been accomplished, as *the boy was quite incapable of distinguishing one word from another when he left me, if spoken behind his back.*"

Fortunately I had no difficulty in satisfactorily substantiating this, for, besides having been so repeatedly proved in the public lecture-room, here and elsewhere he had also been tested before a number of the most distinguished members of the British Association last June, and, more recently, before a dozen witnesses, including the present head master of the Deaf and Dumb Institution of this town. I instituted this investigation in consequence of some gross attempts which had been made to misrepresent my conduct in reference to this case. The following is an extract from the report of his condition on the 25th July last, (1842,) and is attested by Mr A. Patterson, head master of our Deaf and Dumb School, and twelve more witnesses; - "James Shelmerdine was examined at Mr Braid's before the undersigned, in reference to his hearing, and he readily repeated part of the Lord's Prayer, both in English and Latin, both backwards and forwards, after Mr Braid repeating the words in a moderate tone of voice, without being able to see the movement of the lips."

I had not seen the boy for about a month before this investigation, and I would ask, did he not here manifest a decided improvement from the state he was in when he left school, when, as borne testimony to by Mr Bingham, "he was quite incapable of distinguishing one word from another," if spoken so that he could not see the motion of the lips? and I am quite certain this was his condition *immediately after the first operation*. As has been already stated, he could not then distinguish one word from another, however loudly spoken close to his ear.

After communicating these statements of what the Boy could do, as recorded at the investigation on the 25th July, Mr Bingham favoured me with a second letter, from which I make the following extract: - "James Shelmerdine's performance in repeating the Lord's Prayer, in Latin and English, when the motions of the lips were concealed from him, is a convincing proof that he must have benefited greatly by it

(hypnotism,) as he could not distinguish one sound from another by oral communication."

The following fact also proves the great improvement in the boy's hearing. One afternoon he was in my hall, when a lady was playing the piano, and singing, in a room up stairs. He seemed so much pleased with the music that I gave him permission to go and hear it. He instantly went up stairs, and into the drawing-room by himself, and seemed quite delighted with the sound of the music, as several who saw him can testify. This, I am quite certain, he could not have done for some time after he came under my care.

In fine, I feel confident, that had this boy persevered with the operations and been taken pains with by his parents, to teach him to speak, and understand the meaning of what he spoke, he would, long ere now, have been able to hold oral communication with others with less trouble, and in a more moderate tone of voice than we must resort to with many whom we

meet with, who have become hard of hearing from age or disease. It is, however, so much more trouble, at first, for the friends to teach them language, than to hold intercourse with them by signs, that they will not bestow it, and the patients, from not knowing the extent of their privation, can be less expected to exert themselves for acquiring the good they know not; and therefore, I feel assured there will never be much achieved for the *poor* in this way, unless within the walls of some public institution; but, that there are many who might be permanently benefited in such situations I have no doubt. In the paper by Mr Curtis, to which I have already referred, he writes thus in reference to the pathological condition of the organ in those born deaf and dumb: - "I am of the same opinion as Itard in this respect, that structural disease does not occasion more than one case in five, leaving, consequently, many cases in which medical assistance may prove of service; and I do not acknowledge that the 'weakness of the nerve, approaching to paralysis, or an actual paralysis of the nerve,' which Dr Kramer assumes to exist in those cases where congenital cophosis is present, and no structural derangement, must necessarily be as incurable as structural deficiency. We are not apt to abandon incipient palsy of a verve of sense or motion, in other parts of the system, without an attempt at relief; and I see no reason why the unfortunate being afflicted with deaf dumbness, should be surrendered to his fate, without a well directed attempt being previously made to redeem him therefrom." This, together with the statement of his experience, ought to encourage farther trials, and especially now that we have got a new and more powerful agent to operate with than any hitherto brought into operation in such cases. The results of the following case have far more than realized my most sanguine expectations. It clearly proves, that persons with perfect organization may have been deaf and dumb from birth, and continue so merely for want of a sufficient stimulus to set the machinery in motion.

In consequence of the remarkable improvement; if hearing, through hypnotism, evinced in the case of Mrs. C., (Case IV. already recorded,) I was asked to give my opinion as to the probability of a similar operation benefiting a girl who had been deaf and dumb from birth, and who was sister to a servant in the family I was then visiting. I told them what my experience had been in respect to such cases, and it was accordingly arranged that I should see the patient, and try what could be done for her, the following day.

Case X. 9th August, 1843. The girl, Sarah Taylor, was nine and a-half years of age, very small for her

age, and very stupid looking. The following is the history of the case, as stated by father, mother, and elder sister. She was a seven months' child, remarkably small, the head large for the size of the body, and soft, ("like a bladder full of water,") and it was long before they expected to be able to rear the child. As she grew up they were much annoyed with her not speaking, and by her paying no attention to what was said to her. At last they found that this was not obstinacy, to which it had been at first attributed. They now came to the painful conviction that she was deaf and dumb. The father has assured myself, and many others, that in his anxiety to obtain proof of her having any degree of hearing, he has "often stood behind her, and shouted (as he expressed himself) till he was hoarse again," without her evincing any sign of hearing; and that when she was out of sight they were in continual terror she would be run over by carts or carriages, as she could not hear their approach. The testimony of the mother and sister was to the same effect, that they never could make her hear, or pay any attention by calling her, when her back was towards them. In such position they could only make her observe them by touching her. They all agree, also, in stating, that she never could speak so as to be understood, till after being operated on by me, excepting two or three words, - father, mother, sister, which she had learned from watching the motions of their lips. I regret not having had her tested by a musical box before I operated on her; but I am quite certain, that after the first operation she could not distinguish one word from another; and I afterwards had the best possible proof of her never having heard for any useful purpose, as she was quite ignorant of the name of *any part of her own body, or of any person place, or thing*, as is well known to many who saw her after I had operated on her. After the third and fourth operation I could manage to make her speak a few simple words, and also to make a tolerable attempt at following me when singing the musical scale.

Ten days after the fourth trial, she was tested and proved able to do this before fifty or sixty highly respectable witnesses, including many professional gentlemen. For months past she has been attending the Scotch Session School, and is making very good progress in learning, and I have no doubt, will prove to be a clever girl; she hears so correctly now, as not only to be able to imitate speaking, but also singing. Mr E. Taylor, Gresham Professor of Music, lately afforded a number of my professional and scientific friends a good proof of this, as he composed an extemporary tune which she and other two patients sang correctly, whilst in the state of neuro-hypnotic sleep. She could have done the same whilst awake, and hundreds have witnessed her speak and sing, both when asleep and when awake.

It is curious, that in some who have a very incorrect musical ear, so that they could not be taught to sing the most simple air correctly when awake, can nevertheless be made to do so, when in this peculiar sleep. This was remarkably exemplified in a young lady, whom I wished to be taught a simple air which she might sing by way of exemplification, at some lectures I was to give at a distance, but it could not be accomplished; she could not follow in tune more than a note or two together; but when asleep, she can sing any air correctly which I have tried her with. Still, when awake, she cannot do so. For an example of the same sort during natural somnambulism, see pages 296-298, and 309, of Dr Abercrombie's work on the Intellectual Powers. Of one it is noted, "She often sung, both sacred and common pieces, incomparably better, Dr Dyce affirms, than she could do in the waking state." Of the other, "she was, when awake, a dull awkward girl, very dull in receiving any kind of instruction, though much care was bestowed upon her, and, in point of intellect, she was much inferior to the other servants of the family. In particular, she shewed no kind of turn for music, and she did not appear to have any recollection of what passed during her sleep." During somnambulism, she sang beautifully, and exhibited great intellectual

powers.

I shall conclude this department by recording the following case from my note book. The inability of this patient to sing *in tune* may have been partly owing to a defect in the organ of hearing, and partly to a state of nervousness affecting the vocal organs. The experiment was undertaken merely to gratify the particular desire of the patient, as at that time I had had no similar case, and was not prepared to say, whether it was likely or not to be successful. However, I felt assured it would do him no harm, and made the trial accordingly, and assuredly nothing could have proved more successful or more gratifying than the result.

Case XI. 7th July, 1842, I was consulted by Alexander M'Roberts, 29 years of age, residing with Mr Hannay, of 42, Thomas Street, Manchester. He said, he had never been able to join in tune, although he had frequently attempted to do so. After being hypnotized for some time, (about ten minutes,) I roused him, and desired him to walk into the dining- room, and after hypnotizing him once more, a friend played the organ, and I directed (or led) him to sing the scale, beginning with D, as he could not sing C, owing to the natural pitch of his voice. He very soon managed to sing the scale quite correctly, upwards and then downwards. I now roused him, and made him sing it when awake, which he did remarkably well. I now tried him with the first part of "Robin Adair," which he followed in correct tune several times. This took place in presence of Mr James Reynolds, Mr Daniels, Mr James Braid, my nephew, and myself. In the evening of that day, after being again hypnotized, he sung the first part of "Robin Adair" very correctly several times, and also Pleyel's German Hymn, and the old Hundred Psalm, quite correctly. Pleyel's German Hymn he never heard before. This took place in presence of four gentlemen.

His inability to sing prior to these operations was borne testimony to by several of his friends, one of whom had a good knowledge of music, but despaired of ever seeing Mr Roberts able to sing, and he was exceedingly surprised at the result. This patient was operated on several times afterwards, and when I last saw him, could sing a considerable number of tunes, and follow any simple air with ease and correctness.

The next sense I shall refer to is that of smell. Having put the patient into the hypnotic state, he ought to be kept in it a longer or shorter time, according to the object had in view. If to excite or quicken the sense, the limbs should be extended and a gentle current of air should be passed against the nostrils occasionally; but if to diminish the sense, this ought not to be done.

Case XII. is an interesting example of restoration of the sense of smell by hypnotizing. A young lady was subjected to this operation for a different complaint. On being aroused, and after I left the room, she made inquiries as to the cause of the great noise she heard in the house, and expressed her surprise at the noisy manner in which the various duties of the apartment where she was were performed. They assured her there was nothing going on in the room where she was, different from what was usually the case, nor was there any thing to account for the noise she complained of, and they therefore held her complaints to be only imaginary. She persisted they were real. The fact was, she had been for a length of time dull of hearing, and the improvement of this sense consequent on the hypnotizing, had so quickened the faculty as to account for the difference she experienced. Moreover, she had for a considerable time previously lost the sense of smell, and it was now ascertained *that this sense had also been restored, though the same operation*. Another patient who had lost the sense of smell for nine years, had it restored after being twice

hypnotized. For a beautiful illustration of the extent to which this sense is aroused during the hypnotic sleep, see footnote, extracted from a report of my conversazione to the Members of the British Association, as recorded by the "Manchester Times." [**Footbote:** "A beautifully contrived experiment was here put in practice by Mr Clarke, and Mr Townend, to test the truth of the phenomena. Mr Braid had drawn their attention to the wonderful exaltation of the sense of smell. A rose had been held before the patient, the scent of which she had followed about the platform in every direction with the most excessive eagerness - now standing on tiptoe to reach it when held aloft, anon bending herself forward with the most graceful ease, till her face came almost in contact with the floor - now darting after it across the platform (notwithstanding that her eyes were bandaged) with unerring aim as to the direction in which it was moved - or throwing herself into the most fantastic attitudes, but always with surprising ease, to catch its fragrance when moved merely round her person in tantalizing play. At length she no longer followed it, and Mr Braid now explained that the sense of smell had entirely gone, and could only be renewed by a current of air across the nostrils. Mr Clarke here motioned Mr Townend to go across the platform, which he did very softly, and Mr Clarke then threw the rose to him, a distance probably of from four to five yards. Mr Clarke having thus taken the precaution to guard against the suspicion of collusion or trick, himself passed a current of air, across the nostrils of the patient, so as to again exalt the sensibility of the organ. She now moved forward as though in search of some object that had escaped her, and was advancing in front of the stage, which was not exactly in the direction the rose was thrown, when suddenly her limbs and entire body shook with a tremulous motion, and she stooped slightly, and evinced the utmost terror. Mr Braid explained that this was occasioned by the rattling of a cartridge over the pavement under the window partly, and partly by a feeling of insecurity, arising from the boards on which she stood being limber and yielding considerably to the foot. When the noise of the carriage had ceased, she turned her face about till it pointed in the direction where Mr Townend stood, when, though he held the rose at a distance of three yards from her, she evidently caught the scent, and darted towards it with unerring precision, and appeared almost to revel with delight in its fragrance. A sudden burst of applause from the audience, quick as thought, dissipated the charm; and she stood aghast, apparently in an agony of terror. Mr --- laughed, and attempted to convey to a small circle around him the impression that all this was feigned, but the attempt was disregarded. In the very front of the company, and amongst those most narrowly watching the experiments, were the Dean of Manchester, the Rev C. D. Wray, the Rev A. W. Gibson, the Rev H. Ethelston, Colonel Wemyss, and a number of others whom we might mention, including several surgeons, who were capable of forming an opinion of their own, and we heard from several of them expressions at once of surprise at the phenomena, and of conviction that they were real. In fact, it was the conviction of common sense, since it would have been far more wonderful as a piece of trickery than as Mr Braid accounts for it. Every one must have felt that it was impossible for any person in a natural state to follow a flower about the stage blindfolded, (supposing the patient was awake,) passed about as it was from hand to hand backwards and forwards, with such ease, certainty, and rapidity; but taking Mr Braid's solution of the difficulty, that the senses are unnaturally exalted, the mystery is at an end. The only thing extraordinary that then remains is, that such an agency should not before have been discovered."]

The next senses I shall refer to, are touch and resistance; under which I shall adduce examples of the beneficial results of this agency, in the cure of abnormal exaltation or depression of these functions. There are few diseases more striking in their manifestations, or more important in their character and tendency,

than those included in this class, namely, paralysis of sense or motion, or both; or the reverse, exalted feeling, and tonic or clonic spasm.

Tic dolooureux is well known to be one of the most agonizing affections to which the human frame is liable. It may arise from a functional disorder of the nervous system, of a local or more general character, or from an organic cause. The symptoms are much the same in both varieties, but the chances of effecting a cure are very different. In the former variety, a cure may be effected, and by no means I know, so speedily and certainly as by hypnotism; but in the latter, the chances of success are very different, either from this or any other known remedy. I have repeatedly applied it in the one case, without any apparent effect, either good or bad, but, in the other, with the most immediate and striking advantage. I give a few cases in illustration of this success in functional disorder.

Case III. W. M'Leod had been suffering for two months from a violent attack of tic of the head and face, which had resisted the treatment prescribed by his surgeon. He had been taking carbonate of iron in ample quantity. After eleven minutes' hypnotism, he was aroused quite free from pain, and it never returned in the same degree of violence, and by a few repetitions of the same process, he was completely cured, and has remained well for about a year. The general state of his health required the aid of other means, but the violence of the tic was overcome before he took a single dose of medicine from me.

Case XIV. A young lady was suffering from a most violent attack of tic dolooureux, so much so, that I heard her screams before entering the house. The paroxysms came on so frequently that she was roused before I could succeed in hypnotizing her at first trial. I now administered thirty drops of laudanum, in a little water, sprinkled some over the poultice on her face, and instantly commenced hypnotizing her again. In five minutes she seemed to be in a comfortable sleep, the features perfectly placid, the respiration calm, not a muscle seemed to move during the time I remained in the room, (which was a quarter of an hour,) whereas she had a violent paroxysm every three minutes previously, contorting her whole body, and when I examined her, after having been down stairs a considerable time, she was lying in exactly the same posture as when I left her, with the same appearance of placid sleep. When I called next morning I was told she had slept for five hours and a half, and had had no return of tic after awaking. As she was in the somnolent state, and the paroxysms of pain suspended *within five minutes*, it is quite clear this could not be due to the few drops of laudanum, as they could not have been adequate to arrest such a violent complaint, at all events, not in the course of five minutes. **[Footnote:** The following is the statement of the above case, attested by Mr. Mallard, druggist, who had been called to visit this patient before my arrival, which I give because of some very unwarrantable interference by other medical men, - " I was present with Miss G. when Mr. Braid visited her, in consequence of a violent pain in the face, coming on in severe paroxysms, as occur in tic dolooureux. I had applied poultices, and had other means in readiness, but owing to the violence of the pain, Mr. Braid, the usual medical attendant of the family, was sent for. Her screams were heard in my house, during the paroxysms, and they recurred about every minute, and lasted nearly a minute and a half, as nearly as I can recollect. Mr. B. had an opportunity of hearing her on coming into the house; and shortly after being in her bedroom she had a second attack. Mr. B. now tried to hypnotize her in his usual way, but she was roused by the violence of the pain. He now gave her a few drops in water, and sprinkled a few over the poultice, and applied it to the cheek again, and immediately repeated his operation, after which she seemed to be in a sound sleep, and gave no farther indication of

pain in less than five minutes. Mr. Braid, as well as myself, remained a considerable time, at least three quarters of an hour, and both left convinced she was comfortably asleep, and next morning I heard she had passed a good night, having slept about five and a half hours, and that the tic had not returned since we left. Every word of this has been carefully read and considered before being signed.

(Signed) A. T. MULLARD."

21st June, 1842.]

Case XV. Miss --- had been suffering severely from tic for several weeks, and had several teeth extracted without relief. During a violent paroxysm, I succeeded in hypnotizing her, and when aroused, it was quite gone, and has never returned. In the affection to which these cases belong, there is frequently such irritability of the skin, that a slight touch over the affected nerve is quite sufficient to excite a paroxysm of pain. I shall now adduce some cases illustrative of the *opposite* condition, when there was deficiency or entire loss of feeling; and which have nevertheless been greatly benefited, or entirely cured by hypnotism. 'The following case is illustrative of its successful application where there was paralysis both of sense and motion.

Case XVI Mrs Slater, 33 years of age, in the autumn of 1841, had suffered a good deal during her pregnancy, and in December of that year was delivered of a seven months' child. From this period, her legs, which had been very weak for some time previously became very much worse, and in a short time she lost all voluntary power over them, together with loss of natural feeling. She had been under the care of three professional gentlemen, but as she became worse instead of better, notwithstanding the means used, the case had been considered hopeless, and left to itself, for some time previous to my being consulted, which was on the 22d April, 1842. I found she had not only lost feeling and voluntary motion of her legs and feet, but that the knees were rigidly flexed, the heels drawn up, the toes flexed, and the feet incurvated, and fixed in the position of slight club foot (*varus*.) She had not menstruated since her confinement, but there was no other function as regarded the secretions or excretions, which appeared to be at fault. Her speech was imperfect and her memory impaired. I hypnotized her, and endeavoured, whilst in that condition, to regulate the morbid action of the muscles, and malposition of the feet and legs. In five minutes I roused her, when she thanked God *she now felt she had feet, could feel the floor with them, and could move her toes*. I now raised her on her feet, and with the assistance of her husband supporting her by the one arm, and myself by the other, she went across the room and back again to the sofa, moving her legs and supporting half the weight of her body on them. I operated on her again the same evening, after which she was able to support herself standing with the soles of her feet on the floor. She required merely to be steadied by placing the points of the fingers of one of my hands against her back. Before being operated on, the heels were drawn up, and the feet twisted so that she could only have touched the floor with a small portion of the outer edge of the feet, near the root of the little toes. I hypnotized her in the same manner daily for some time with increasing improvement, so that in a week she was able to walk into her shop alone, merely requiring to steady herself by the wall, and in two weeks more she could walk into it *without any assistance whatever*. Two months front my first seeing her, she went to Liverpool, and was able to walk several miles in a day. She could walk from the middle of the town where she lodged, to the pier head and back, and from her lodgings to Everton and back, all in the

same day, which was several miles partly on very steep acclivities. She had no relapse, and has continued well ever since.

In a very few days after I first operated on this patient, the catamenial discharge appeared for the first time since her confinement. She had no internal medicine, nor external application whatever to her legs for several days after I first saw her. Her extraordinary improvement, therefore, resulted entirely from the effects of the operations. After I had attended her some days, she required same simple aperient medicine, and I afterwards prescribed a diuretic, which I hoped might expedite the cure. The feeling and power of her legs and feet were greatly restored, her speech perfect, and her memory much improved, before she had a single dose of medicine from me. Her improvement therefore was strictly the result of hypnotism only.

The extraordinary effects manifested in this case, as well as in many others, after a few minutes' operation - so different from what is realized in the application of ordinary means - may appear startling to those unacquainted with the powers of hypnotism. On this account, I have been advised to conceal the facts, as many may consider it *impossible*, and reject the *less* startling, although *not more true* reports of its beneficial action in other cases. In recording cases, however, I consider it my duty to report *facts as I have found them*, and to make no compromise for the sake of accommodating them to the preconceived notions or prejudices of any one.

Case XVII. Samuel Evans, 45 years of age, had suffered much from pain in the spine, and also been afflicted with impaired feeling as well as power of the superior extremities for four years. He suffered also occasionally in the head, for which he had undergone every variety of treatment usual in such cases, under many medical men, myself included, but with so little success that he had not been able to dress himself for five years: he could not lift the left arm, and natural feeling was almost entirely gone from it. The right arm was also affected, but in a less degree, when he applied to me on the 25th April, 1842. I hypnotized him and he was so fully satisfied with the improvement he experienced, as to induce him to come to Manchester to be operated on daily. In a very short time his improvement, both as regarded strength and feeling, was most decided, as he could lift a heavy chair with the worst arm and could feel a small object such as a pin, which could not have been distinguished by him with that hand when I first saw him. The pain in his back was also speedily much relieved. He was exhibited at my conversazione to the British Association, 29th June, 1842, in this improved state, and has made still farther progress since, although not yet able to follow his usual avocation. I should not omit to add, that this patient was under my own care for some time in 1841, when, although he derived benefit from the means used, he was not nearly so much or so rapidly relieved, as by my present mode of treatment by hypnotism.

Case XVIII. Mr ---- 58 years of age, consulted me in consequence of a paralytic affection of two and a-half years' standing. Stated by his friends that he had had an apoplectic seizure two years and a-half before, which was at first accompanied with total loss of consciousness, and of sense and motion of the right side for six weeks. He then gradually recovered, so as to be able to walk a little in the course of four or five months. When he called on me 3d June, 1842, his gait was very feeble and insecure, always advancing the right side foremost, his arm had always been supported in a sling, he could raise it with an effort as high as the breast, had not the power of opening the hand, the thumb was much and rigidly

flexed. Had little or no feeling in that hand. After being hypnotized for five minutes, feeling was restored, he could open the hand and grasp much firmer, and *raise it to his forehead*. His speech, which had been very imperfect, was also much improved. This patient was operated on for some time with partial improvement, so that he could manage his arm without a sling, and the feeling continued improved, and there was also slight improvement in his gait, but I was of opinion, that there was organic mischief in the brain which would prevent a perfect restoration, and therefore discontinued farther trials. Case XIX. Miss Sarah Melior had been under my care for nine months, for an affection of the lower part of the spine, accompanied with pain and weakness of the lower limbs, and with contraction of the knees, so that she had been unable to stand or walk without crutches during that period. I had used every means usually adopted in such cases, but instead of improving, she was getting worse in every respect, till I tried hypnotism, the satisfactory results of which were too immediate and apparent to admit of the slightest doubt of its great value on this occasion. The following is a statement attested by the patient:- " Had suffered severe pain in my ankles, with contraction of the knees, and pain at the bottom of my back, so that I had been unable to walk without a pair of crutches for nine months. During this period, I had taken medicines internally, used liniments to the legs and spine, been leeched and blistered over the lower part of the spine, but still, instead of improving, I was getting worse, both as regarded the pain and contraction, so that I was becoming quite deformed, from the legs being bent on the thighs, and they on the body. I was thus about nine or ten inches less in stature than formerly, and than I am now. About the beginning of last March (1842) I came to Mr Braid, who had prescribed the other means to me without benefit, when he said he would try his *new method* with me. After being hypnotized *three times*, I was able to walk front my lodgings to the house of a friend who lived a few houses distant in the same street WITHOUT MY CRUTCHES, and in two days after, from that house to Mr Braid's WITHOUT CRUTCHES. I was operated on almost daily for three weeks, when I returned home, and at that time I was able to walk *half a mile without crutches*. After being at home five weeks, I returned to Manchester, and have been attended by Mr Braid for two months, and always found myself better after the operations. I took no medicine during my first stay in Manchester; and on this occasion having only done so when required for a violent cold on two occasions, from imprudent exposure. Since I came to Manchester last, one day I walked to Grosvenor Street, Piccadilly, and back again to my lodgings in Lower Mostly Street, fully a mile and a half, without inconvenience; on another occasion to Hulme and back again, *fully two miles*. *I was quite sensible, and could hear all that was said or done during all the operations.*

(Signed) SARAH ANN MELLOR.

JANE LIVESEY, Witness.

C. WILSON, Witness."

MANCHESTER, *12th July*, 1842.

This patient was exhibited at my conversazione 19th June, 1842. After returning home, she had the misfortune to get entangled by one of the feet in a cart rut, in a lane, which threw her back, but having returned and been hypnotized, I was enabled to send her home much improved, and when she called on me lately, she continued so.

Case XX. Mrs. J. 29 years of age, requested my attendance, 17th February, 1842. Had been attacked in the autumn of 1840, with slight degree of weakness of left side, and difficulty of speech, neither of which had ever been entirely removed. Three months after she was delivered of a still-born child, and had been affected with convulsions ten days prior to delivery, for which she seemed to have been treated in the usual manner. In about a month after delivery, 31st January, 1841, she had an apoplectic attack, attended with total loss of consciousness, and paralysis of the left side, for which her medical attendant had prescribed the usual treatment. I was called to attend her on the 17th February, and continued to do so for five weeks, when, as there was no particular improvement manifested, she passed into other hands, and after being under treatment with them for ten weeks, without improving, she was sent into the country, where she remained for about thirteen months, when she was brought back to town to be placed under my care, 15th June, 1842. The following was her condition at this period. Her mouth very much drawn to the right side; her speech very imperfect; and her mind confused. The left hand and arm were quite powerless, and rigidly fixed to the side, the hand clenched, the fingers and thumb being rigidly and permanently flexed. The left leg very rigid, the heel drawn up, and the foot twisted so that it could only approach the ground By resting on the outer edge near the root of the little toe; she could move this leg a little, but had never been able to stand, or walk a step, or support any weight on it. I hypnotized her, though owing to her mind being so confused, I experienced considerable difficulty in getting her to attend to the necessary instructions for producing the condition. However, I at length succeeded, and after the first operation - I kept her in the hypnotic state for ten minutes - she could hold her mouth much straighter, could move the fingers a little, and lift the hand and arm four inches, and, with the assistance of her mother-in-law and myself supporting her by the arms, she was able to support half the weight of her body in walking across the room and back again. Her speech was also improved, and she evinced less confusion of mind. Next day I found the improvement was permanent, and hypnotized her again with advantage. 17th, Found her improved, and still more so after being again operated on. She could now, on merely steadying herself by laying hold of her mother-in-law's shoulder, stand supporting herself on the left leg, when the right foot was lifted clear from the floor. Her speech was still more improved, and mind more collected, so that I had very little difficulty in hypnotizing her now. She was operated on daily, with advantage, till the end of that month, and the results shewn to some of the most eminent professional and scientific gentlemen in this town. During the next two months she was operated on at times only, being so much better. In a few weeks she could walk to the door, steadying herself against the wall, and in a few weeks was able to walk into the street with the aid of a crutch. She had no medicine during this attendance. I only saw her occasionally now, and on the 11th September, when I had not seen her for nine days before, whilst taking her usual airing in the street, she was seized with apoplexy, from which she died within sixteen hours. On inspection, the whole of the superior and anterior lobes of the right side of the brain were found to be in a state of atrophy; only a thin layer, and that in a state of ramolissement, covering the ventricle, which was filled with serum, as was also the space between the pia mater and arachnoid, to make up the space vacated by the wasting of the cerebral substance. There was no effusion of blood. It is not at all surprising that such a case should have resisted former treatment, or proved fatal at last; but it seems surprising that, with such a state of brain, hypnotism should have had the power of producing so much improvement as it did. [*Yes indeed!* - DM]

Case XXI. 14th Jane, 1842, Mr Thomas Morris, 42 years of age, consulted me. He had had a paralytic

stroke fifteen years previously, which deprived him entirely of the use of the right leg, and rendered the left weak and numb. In six weeks was able to walk a little, but never recovered entirely, being always weak and lame. Fifteen months ago had a second attack, with total loss of consciousness for a week, and also complete loss of voluntary power of the *whole body*. For several weeks required the urine to be drawn off by catheter. He has lately had the urine passing involuntarily sometimes, at other times voided with great difficulty. He has never regained the power of his legs so as to enable him to stand or walk without assistance; and has been, for the last six months, growing worse. The arms very weak, being unable to raise the right higher than the head, and even that accomplished with great difficulty. Speech also very imperfect, and his ideas so confused that he could make himself understood with great difficulty. Hypnotized him for five minutes, when he could speak much better; could raise his arm and hold an umbrella perpendicularly, or horizontally, with his body, with perfect ease, and could walk across the room WITHOUT ASSISTANCE, *for the first time since last seizure*.

(Signed) THOS. MORRIS..

Witnessed by JOHN SHIPLEY.

Duncan Street, Strangeways.

C. C. MORRIS.

JOHN W. PACEY.

JAMES BRAID, Junior.

15th, Had the pleasure of finding the improvement noted above was permanent, and also, that *he had been able to retain his urine and void it at pleasure*, whereas it had been passing *involuntarily*, both by night and day, *immediately before being* hypnotized. He was again hypnotized to-day with additional advantage. 17th, Found him still better, having been able to walk in the street with *one stick* for the *first* time for *last five years*. Repeated the operation. 18th, Still better, so that, with the aid of his two sticks, he had walked into Ducie Street by himself. Operation repeated.

This patient went on improving, and on the 29th June was exhibited at my conversazione. His speech was greatly better immediately after *first* operation, and his ideas seemed more vivid and clear. He was also able to sign his name, and which he did very well, for the first time since his last seizure. Nor should I omit to add, that he had regained power over the rectum, which he had not previously; and in about ten days he had got sufficient power of his hands to enable him to work. After he was considerably recovered he had the misfortune to fall, and injured the lower part of the back very much, which impaired the recently acquired power of the legs. They are somewhat better, but not nearly so well as they were a few weeks after he had been under my care. His arms, however, still retain their increased power, as I saw him lately lift a bed-room chair with the right arm, and hold it up nearly at full arm's length; and the mind keeps pretty clear, much more so than before being hypnotized, notwithstanding he has had a severe

attack of bowel complaint, from which he has been liable to suffer occasionally.

It would be difficult to adduce a more striking proof than the above, of the extraordinary power of hypnotism, there having been so many points at fault, all of which were immediately meliorated, and some of them permanently so.

Case XXI. Mr John W., 21 years of age, called to consult me, 18th April, 1842, for a paralytic state of the left side of the face, of thirteen days' standing. He had no power of the muscles of the left side of the face, consequently the mouth was drawn to the right, and he had no power of closing the left eyelid. In ten minutes after being hypnotized, and friction used, he could open and close the eyelid with facility, and had the power of retracting his mouth to the left of the mesial plane.

Case XXIII. 11th July, was consulted by Samuel Edwards, who had been unable to work for six weeks, in consequence of a paralytic state of the extensor muscles of the wrist, and a semi-paralytic state of the flexor and extensor muscles of the fingers. He had injured the arm by a heavy lift, and by a blow about two years before. The paralytic state came on suddenly about six weeks previously to my seeing him, accompanied by a tingling or prickling feeling in the fingers. I hypnotized him, calling into action the weak and entirely paralytic muscles in the best way I could. In consequence of this, he acquired the power of flexing and extending the wrist, when the arm was held horizontally with the ulna downwards, and of grasping pretty firmly with the fingers, immediately after the first operation, which he could not do before, as witnessed by several highly respectable individuals who were present the whole time. On the evening of the following day, he was able to milk a cow with this hand, and when he called on me two days after, I found him greatly improved. I operated on him again with additional advantage, and found him able to grasp so firmly that he could hold a single finger fast enough to enable him to be thus pulled from his seat without losing his hold.

He had undergone various treatment, including blistering, under two surgeons before I saw him.

17th July, 1842, he called on me, and had still greater power of the hand. After being again hypnotized, he could readily lift the one side of a heavy library table with the hand, which was quite powerless when I first saw him six days before. He stated, he had been able to work with it constantly from the time I saw him, on the 14th.

31st, He called on me, stated he had been improving. Was hypnotized once more.

August 7th, he called on me, and the first thing he did was to hold out his arm at full length, and shew me he could bend and extend the wrist, whilst the arm was in the state of pronation. He had been able to do so for some days. Had been able to milk *five* cows the day previous, Hypnotized him again, after which he had still more power. He has not required to call on me since, being nine months ago. This patient must have continued well, as I have heard nothing more of him, which I was to do if he had any relapse.

I could easily multiply cases of successful practice in the treatment of paralysis by hypnotism, were it not

for occupying too much space, I shall, therefore, condense a few.

XXIV. A gentleman sixty years of age had a paralytic stroke two years and a half before consulting me, which deprived him entirely of the use of the right arm, and enfeebled the right side and leg. When he called on me, he walked very feebly, could scarcely close the fingers and thumb, and could not extend them fully. He could with great difficulty raise the hand as high as the pit of the stomach, the pupil of the right eye was considerably larger than the left, and not quite circular; speech very imperfect. After being hypnotized for five minutes, he was able to open and close the hand freely, and to raise the hand above the head, and pass it to the back of the head, and he could also walk and speak much better. Pulse regular, - before operation, his pulse was very irregular. When he called on me next morning, I found the improvement had been permanent. I hypnotized him once more with advantage, and again on the two following days; seven weeks afterwards he called on me, when I found the improvement was permanent. He could speak and walk much better, could raise the arm, and move the fingers and hand freely, could pass the hand above and over the head, and take off his hat with it. The right pupil also was quite circular now, and nearly the same size as the other.

Case XXV. 4th June, 1842, Mr J. H., 67 years of age, had a paralytic strike, 19 months previously which deprived him entirely of speech, and of motion of right leg and arm, when he called on me, his speech was very imperfect, his hearing dull, and he had very little power in closing the hand, could raise the hand to the mouth, said he could sometimes raise it a little higher, but never so high as his head. After being hypnotized for five minutes, he could speak and hear much better, could grasp much stronger, and would raise the hand *a foot above the head*, and put his coat on without assistance, passing it over his head. His walking was also much firmer. He seemed greatly pleased with being able to put his coat on, as it was the first time since his seizure. He was also able to sign his name for the first time, to attest the accuracy of my report of his case, which he did before two witnesses who had been present during the operation. He called on me twice after this, the last time two weeks from his first visit, when I found the improvement was permanent.

Case XXVI. Thomas Johnstone, 36 years of age, had a paralytic seizure 13th February, 1842, which deprived him of feeling and motion of left arm and hand. Had partially recovered motion so as to be able occasionally to move the fingers a little, and to raise the arm nearly to the horizontal position, but frequently was suddenly struck with pain and total loss of power of the arm, and hand, and fingers, for four or five hours after. Had been struck in this way just before I saw him, and he was quite powerless, as above described, or rather the arm was spasmodically fixed to the side; had been under medical treatment ever since his first seizure. 4th May, 1842, hypnotized him for four minutes, after which he could move the fingers, hand, and arm freely, elevating it above his head, across his body in either direction, and could retain it in any situation he was asked. The feeling, however, was still very imperfect, 5th May, called on me to go to my lecture, when he had the complete control of the hand, arm, and fingers. He was hypnotized in the lecture-room the same night, and in four days after the feeling, as well as power, was restored to it. 26th, called on me again, and has perfect voluntary power of the arm, as well as natural feeling and heat of the member. Attested as correct by the patient.

(Signed by proxy to which the patient affixed his mark) THOMAS JOHNSTONE.

Witnessed by JOHN HARDING.

I have also a copy of a certificate of his condition from the physician who attended him immediately before he consulted me. On the 10th January, 1843, his father informed me that his son had requested him to call on me, and say he was in America, and had remained well ever since I saw him, and, that he wished his father to express how grateful he felt for the benefit he had derived from my operations.

I shall only give one more case illustrative of this class.

Case XXVII. Mr H., 39 years of age, had been partially paralytic of the inferior extremities for ten years, which time on some time after a fall, accompanied with double vision. The latter disappeared under treatment, but the former increased. when he called on me, 18th February, 1843, he was walking with a crutch and stick, and with the assistance of both and a servant, it was with great difficulty he could ascend the few steps at my door. After the first operation, he could walk across the room and back again, without *either crutch or stick*, and after being operated on next day, he was able to mount twenty-eight steps to his bedroom without his crutch, and has done so ever since. In ten days, I was agreeably surprised to see him on the fourth bench of the lecture-room of the Manchester Athenaeum, to which he had ascended eighty-one steps, with the aid of a stick in one hand.

This patient had not been aware, until I called his attention to the fact, that he had very defective vision of the right eye, and was surprised to find on testing this, that when the left eye was closed, he could with difficulty see the large heading of the header of the Medical Gazette, whereas he could read the ordinary sized print of that article with the left. After being operated on, he could read the small print of the leader with the right eye also, it which he felt greatly surprised, as well as at the increased. power of his legs, because, as he had been conscious all the time of the operation, he could not believe I had done any thing to him, till he found on trial he had been so much benefited in both functions.

Here, then, we have the beneficial results most unequivocally ensuing even when the patient imagined no effect could have been induced. The improvement in the sight has remained permanent, and he also improved in the power of his limbs, till he had the misfortune to fall, whilst carelessly looking it something when walking on the street one day.

In confirmation of the efficacy of a few minutes of hypnotism, in curing many cases of paralysis, I may refer to the reports of the Liverpool papers, as to what took place at my lectures in that town in April, 1842. There were hundreds who witnessed the effects when I publicly operated on such patients, who were entire strangers to me. Cases where the patients had been for years powerless of limbs, so that they could not unlock the clenched hands, nor raise the arm to the chin, even with the aid of the other arm, have been enabled in eight or ten minutes, to open the hand, and lift the arm above the head. My intelligent friend, Mr Gordon, lately informed me, he had treated a paralytic case most successfully by hypnotism.

Case XXVII. Mrs. E., thirty-seven years of age, had a paralytic affection when thirteen months old, which

deprived her entirely of the use of the right leg, which has never been recovered. At seven years of age, she had a second attack, which deprived her also of the use of the right arm, which was recovered after nine months' professional attention to it. At fifteen years of age she had a third attack, which drew her face, and deprived her of speech for some time, but was recovered from; and she had no farther attack of the sort till 8th January, 1842 (being twenty-two years from former attack.) The latter attack enfeebled the right arm, and completely paralyzed the whole of the left side. Being of full habit, she was bled from the arm, had active cathartics, leeches, and blisters. In six days there was improvement to this extent, that the right hand could be raised as high as the shoulder, the left arm could be moved feebly, and the hand closed feebly and slowly. When sitting on a chair, the left leg could be moved with great difficulty, so as to raise the heel from the ground. I hypnotized her, and in five or six minutes she could raise her right hand and arm *above her head*, could move the left arm freely, and grasp firmly, and could raise the left leg so as to place the heel eighteen inches front the ground. Next day she was able to walk across the floor with her one crutch. A pain in the knee induced her to avoid walking afterwards, but in three weeks she could walk quite cleverly as before last attack. The other cases were all in the chronic state, of long standing, and had resisted all ordinary means, and the restorative powers of nature and time, and yet we have seen what extraordinary powers can be exerted, and effects produced, in such cases by hypnotism. The latter proves its superior efficacy, to other means, in more recent cases.

Case XXVIII. I shall conclude the subject of paralysis with the following most interesting case. The subject of it was Miss Atkinson, a middle-aged and very intelligent lady, and I shall give the case as recorded by herself in a letter she was so obliging as to furnish me with, for the purpose of publication in this work.

LETTER FROM Miss E. ATKINSON,

(of the Priory, Lincoln.)

"MOSLEY ARMS, MANCHESTER.

Monday, 4th July, 1842.

"Dear Sir, - I have very great pleasure in furnishing you with a statement of my case, I beg you will make whatever use of it you think proper, and most sincerely do I wish that it may lead others suffering from disorders on the nerves, to seek relief from the same source, and with the same success.

"In January, 1838, I was attacked with cold and influenza, accompanied by a violent cough, on the 9th of this month. Ten or twelve days after the first attack, without any previous warning, my voice p 221

left me instantaneously, and I could not utter a sound louder than the faintest whisper. For three weeks I had no medical advice, hoping daily, from my ignorance of the nature of the complaint, that my voice would return; but being disappointed, and feeling my health and strength declining, consulted Mr. Howitt, an experienced and eminent surgeon in Lincoln, who immediately requested I would confine myself to

my own lodging-room which was to be kept at a regular temperature. He prescribed such medicines as my case required, and ordered blisters to my throat and chest, which were kept open, until I became so completely debilitated that it was considered necessary to discontinue them. Towards the latter end of April my health was considerably improved, and I was allowed to leave my room though my voice was still merely a feeble whisper. Shortly afterwards, I paid a visit to a sister in York, whose family surgeon, Mr. Caleb Williams, I met in extensive practice, prescribed for me, and took great interest in my case. Soon after my return to Lincoln, I consulted Mr. Joseph Swan, 6, Tavistock Square, London, who entirely approved of the treatment I had undergone, and prescribed such additional remedies and medicines as he thought would be beneficial. Since then he has continued to visit me whenever he has been in the country. Galvanism has been tried without producing any effect; electro-magnetism also, by a scientific friend (not a medical man.) I have frequently conversed with several other professional gentlemen, who have also taken a great interest in my case. They all agree in opinion that the attack was paralysis of the organs of voice, without disease; and that the treatment I have undergone has been most judicious; in fact, that every thing has been done for me the medical profession could suggest. Every one of them has told me, that when my health and strength returned, there was every reason to believe I should recover my voice. I remained in a very weak and delicate state for some time, but have now been in perfect health for more than twelve months, yet without having the power of speaking above a whisper.

"I considered the recovery of my voice hopeless, until hearing of the many cures you had performed by hypnotism, I was induced to state my case to you, and request your opinion as to the probability of this system benefiting me. Your reply was, 'If, as seems to be the opinion of most of the professional gentlemen consulted, your loss of voice is owing to *exhaustion* of the *nervous energy* of the *vocal nerves*, and not to *positive destruction of any portion of them*, I consider my mode of operating is likely to be very speedily successful. On the other hand, if there is positive destruction of the nervous substance, *with loss of continuity of the principal trunks of the nerves*, it will alter the chances very materially. However, as this cannot be positively known without trial, and as the extraordinary power we possess of rousing nervous energy may be sufficient to enable the function to be restored with a state of nerve which could not be of service under any other agency, I should decidedly give it is my opinion that it ought to be tried, as no risk can attach to the trial, and a week or two at most, will be all the time required for giving it a fair trial.' This raised my hopes; I came to Manchester on Tuesday the 28th of June. You operated on me twice that evening, and twice each succeeding day, but without producing any change on my voice until Saturday, July 2nd, when, on rousing me from the hypnotic state, I spoke aloud without the slightest effort. My voice was then weak; you have continued to operate on me until now, Monday morning, (4th July,) and my voice is fully restored to its original strength, with the power to vary its tone at will. Thus has hypnotism given me back the power to make myself understood by those to whom I address myself, of which I had been deprived for the last four and a half years. I have not suffered the slightest pain or inconvenience while submitting to the operations nor any unpleasant effects afterwards; neither did I ever once lose consciousness of all that was passing around me.

"With heartfelt humble thanks to our heavenly Father for this and every blessing, particularly for the hitherto unknown power bestowed on man; and with deep gratitude to you for your kind attentive care while so skilfully and successfully using this power for the restoration of my voice, I beg you to believe me, dear sir, yours very respectfully, and greatly obliged,

"ELIZABETH ATKINSON.

It is but justice to the professional gentlemen who and been consulted in this case prior to application being made to me, to say, that I consider they had treated the case most judiciously, according to our previous experience in such cases; and it must be interesting to them to find that in this agency our art has acquired a new and efficient resource for such cases.

This case is interesting in many points of view. The circumstance of the patient having been operated on twice each day successively, that is, *eight* times, without any visible improvement for I had her tested before and after *each* operation - and being able to speak aloud, without effort, on being roused from the hypnotic condition on the *fifth* day, is sufficient proof that the improvement as *not the effect of imagination*, but of the physical condition induced by carrying the operation farther. Any effect to have been anticipated from mere mental emotion we should have expected to have been greatest at first, and to have become less and less as the party became familiar with such operations. Here, however, it was quite the reverse. I found, on testing the patient on the 2nd of July, *immediately before being operated on*, that no improvement had been effected from the former operations, (she had been operated on eight times,) and therefore resolved to carry it farther that time; and the result was, as noted above, that on being aroused she spoke aloud without effort. It is also important, as corroborating the statement of many others who have been cured of various obstinate complaints by hypnotism, that they *could hear quite distinctly, and retained consciousness the whole time*, of all that was going on around them. In some cases, however, it is necessary to carry it to the ulterior stage, or that of *insensibility*.

On the 19th October, 1842, I had the pleasure of receiving a letter from Miss E. Atkinson, from which I make the following extract, in proof of the *permanency* of the cure. "You will be glad to hear that I have retained my voice without any intermission, since I left you. The only difference is, that it has become stronger; and my health is in every respect perfectly good." I had also the pleasure of hearing from a friend, a few days ago, that she still continues well, and it is now nine months and a half since her voice was restored.

I doubt not there may be some who, on reading the cases I have recorded in this treatise, will be disposed to appeal to the well-known fact, that various complaints have been suddenly cured by mere mental emotion, hoping thus to throw discredit on the curative powers of hypnotism. Whilst I grant the premises, I deny the justness of the inference. That I may meet the subject fairly, I shall now quote some of the most remarkable cases of the sort which have been recorded. "Dr Gregory was accustomed to relate the case of a naval officer, who had been for some time laid up in his cabin, and entirely unable to move, from a violent attack of gout, when notice was brought to him that the vessel was on fire; in a few minutes he was on deck, and the most active man in the ship. Cases of a still more astonishing kind are on record. A woman, mentioned by Diemberbroeck, who had been many years paralytic, recovered the use of her limbs when she was very much terrified during a thunder-storm, and was making violent efforts to escape from a chamber in which she had been left alone. A man, affected in the same manner, recovered as suddenly when his house was on fire; and another, who had been all for six years, recovered the use of his paralytic limbs during a violent paroxysm of anger." Abercrombie *on the Intellectual Powers*, pp. 398-9.

To these might have been added the influence of the sight of a tooth key or forceps, or even the approach to the house of a dentist, in curing toothache.

Now, what are the legitimate conclusions to be drawn from the history of such cases? Is it not simply this, that such results are possible, and that they can be effected by different means? Now as it is apparent that analogous results can be induced by hypnotism, I would ask is hypnotism not quite as convenient and desirable a remedy as setting a ship on fire, raising a thunder-storm, converting the patient's house into a bonfire, or exciting him into "a violent paroxysm of anger?"

Again, of those who talk so much about the power of imagination, I would ask, what is it? How does imagination act to produce such extraordinary and contradictory results? For example, the mental emotions of joy and sorrow, love and hatred, fear and courage, benevolence and anger, may *all* arise either from *real*, or from *imaginary causes only*, and may seriously affect the physical frame. In many instances these different and opposite emotions have proved almost instantly fatal; in other instances equally sanative. How is this achieved? Are not the whole of the emotions accompanied by remarkable physical changes, in respect to the respiration and circulation as well as sensation? Are they not highly excited in one class, and depressed in the other? And may not this act as the proximate cause in effecting the permanently beneficial results during hypnotism? As already explained, analogous physical results can be produced by hypnotism; and it is no valid reason why we should not profit by it in the treatment of disease, that we cannot positively decide as to its *modus operandi*. It seems quite evident that we have acquired, in hypnotism, a more ready and certain control over the physical manifestations referred to, and which can be turned to useful purposes, than by any mode of acting on the imagination only, which has hitherto been devised.

Rheumatism is another affection, for the relief of which I have found hypnotism a most valuable remedy. I have met with some cases of rheumatism, however, which have resisted this, as they had every other method tried; and others, where it afforded only temporary relief; but I am warranted in saying, that I have, on the whole, seen far more success, more rapid and decided relief, follow this mode of treatment, than any other. It has been chiefly in chronic cases in which I have tried it. In its application, I first induce the somnolent state, and then call into action the different muscles which I consider directly affected, or which, by being so called into action, are calculated to change the capillary circulation and nervous sensibility of the part implicated. The patient must be retained in such position a longer or shorter time, according to circumstances. The following cases will illustrate the effects of this mode of treatment:

Case XXIX. Joseph Barnet, near Hope Inn, Heaton Norris, Stockport, 62 years of age, called to consult me on the 10th December, 1841, for a severe rheumatic affection of the back, hip, and leg, of thirteen years' standing, which had been so severe, that he had not been able to earn a day's wages during that period. He had been equally a stranger to comfort by day, as to refreshing sleep by night. He came to me leaning feebly over his stick, suffering anguish at every step, or movement of his body. He was treated at the commencement of his complaint by a surgeon; but feeling no relief, like many others similarly afflicted, he had recourse to all sort of nostrums, and also to hot salt water baths. I hypnotized him, placing him in such attitudes as his particular case required, and in fifteen minutes aroused him, when he

was able to bend his body freely, and not only to walk, but even to run. He called on me in a few days after, when he stated he had slept comfortably, and been perfectly easy from the time he left me till the night before. I hypnotized him again with advantage, and a few more times sufficed to restore him entirely. This patient was seen, and bore testimony to these facts, at two of my lectures. After one of them, from being too late for the coach, he walked home, a distance of six miles. This was by no means judicious, but proves incontestably his great improvement.

I was not at that time so well aware, as I have been since, of the great power of hypnotism in such cases, and therefore ordered him some medicine after the first operations; but from observing that the relief immediately followed the operation *before taking medicine*, and that the pain returned in some degree the night *before next visit*, and when, had there been benefit resulting *from the medicine, it ought to have been diminished after using it*, and that relief was again afforded during the hypnotism, I felt convinced the medicine *had no share in the improvement*, and therefore discontinued it, and trusted entirely to hypnotism. In the beginning of January, 1842, when this patient called on me, he was so well, that I told him farther operations would be unnecessary for the present, but added, that should he have any relapse, if he called on me again, I would hypnotize him, without charge, of which offer he promised to avail himself.

At my lecture on the 17th December, 1841, several questions were put which elicited the following answers:- "Do you mean to say you were never so well as you are now?" "Yes; I never earned two shillings during all that time. This last winter I was worse than ever." "Did you walk, sir, before ever you left my surgery, without taking any medicine?"-" I did, and ran too." See *Manchester Guardian*, 1st January, 1842.

I heard nothing farther of this patient for about seven months, and therefore, after the offer I had made him at last visit, had every reason to conclude he had remained well. However, it appears he had a relapse shortly after he left me, and his family, upon whose exertions he depended, being out of work, he could not afford to pay the railway charge for coming to see me again. His relapse having been laid hold of, and construed into a charge against me is having falsely represented his case, I was induced to call on the patient, accompanied by two friends, when he furnished us with the following document,-

"Joseph Barnet, Providence Street, Heaton Norris, had suffered from a severe rheumatic affection prior to last December, when he applied to Mr. Braid. He was first under the care of Mr. ---- Higher Hillgate, who bled, blistered, and prescribed medicines for him; but the complaint remained unabated. From this period, took various medicines, and other means recommended to him by those who had been similarly afflicted, and who considered he would be benefited by such means as had relieved them, but received no relief. After that applied to Mr. ---- of Manchester, from whom he considered he derived benefit. for a fortnight but the pain returning, he went to Liverpool to the water baths, where he remained as long as money lasted, but without being relieved.

"From this time tried various means as recommended by different parties. During time whole of this period, he had never been able to earn a day's wages. When he applied to Mr. Braid in December last, (1841,) had been suffering extreme pain in every movement of the body; in short, he had walked nearly

double, supported on a stick. He was operated on by Mr Braid, and in a quarter of an hour he was roused, and found himself able to walk and run. At first, Mr. Braid walked him about by the hand, and afterwards made him run without any assistance whatever, as his wife and others present can testify. The case is stated by Mr Braid in his lectures in my (his) presence was perfectly correct, as I (he) bore testimony to at the time. Owing to being unable to pay the expenses of the railway, he did not return to Mr Braid, when he had a recurrence of the pain. He had never informed Mr Braid, that he had had a recurrence of the pain, and never saw him afterwards until the evening of the 26th June, 1842,

(Signed) JOSEPH his+mark BARNET.

J. A. WALKER.

THOMAS BROWN.

HARAIT BROOKS."

(Daughter of J. BARNET.)

Case XXX. 11th January, 1842. Mrs B, 48 years of age. Catamenia ceased last spring. Has suffered from a severe rheumatic affection for the last three months, and been confined for the last two months to her bedroom. The legs, arms, neck, and head, were excessively painful, so that the slightest movement was attended with great agony. She was quite alarmed at my taking hold of her arm to feel the pulse. When in bed could not turn over, nor bear the slightest touch. 11th January, 1842, hypnotized her, and roused her in ten minutes, when she was quite free from pain, being able to walk, stoop, and move the arms, wrists, and fingers, with perfect freedom. 12th, had slept comfortably all night; had been able to lie on her side, which she could not do before for three months; could rise from the chair, and move legs and arms without pain. There was, however, a soreness or uneasy feeling, although not amounting to pain, in some parts of the limbs. Hypnotized her for eight minutes, when she felt less of the numbness, and followed me down stairs, and ascended them again, without taking hold of the banister, and taking the steps regularly and cleverly with both feet alternately. 14th, Found her down stairs enjoying herself with her father, husband, and friends, almost quite well. Hypnotized her again, and also in a day or two after, and she had no recurrence of the rheumatism, although a degree of stiffness of the limbs remained. She had no medicine from me till the rheumatism was gone, when she had some for a different complaint. This patient was seen at my house seven months after by about sixty friends, including several professional gentlemen, when the above statement was read in her presence, and confirmed by her as correct to that time; and as I have heard no intimation, I feel assured she has not had a relapse.

Case XXXI Mrs S. has been already referred to; case VI. She had suffered much from rheumatism for many years, and had never been entirely free of it, notwithstanding she had undergone much treatment. After first operation she was much relieved, and after a few more was entirely free from pain. It has recurred occasionally since, but has always been removed by one or two more operations of the same sort, and which are neither painful, nor in any way unpleasant.

Case XXXII. Another rheumatic case of a patient 53 years old, of seven years' standing, where sleep had not only been courted by exhausted nature, but also by the most powerful doses of narcotic drugs; on one occasion 400 drops of laudanum had been taken in *two hours*; still the pains continued, and yet, by *fifteen minutes* of hypnotic sleep, procured by the simple agency I recommend, this patient was relieved of his agonizing pains. In this case, from my knowledge of the eminence of the professional gentleman who had prescribed for him, I feel assured every known remedy had been resorted to, but without effect, and yet this agency succeeded in a few minutes. This patient had suffered severely for seven years; was first hypnotized 10th February, 1842, and again on the 17th and 19th. He seemed as nearly as possible entirely free from pain, and had suffered very little after the first operation, less than at any previous period during the seven years he had been a rheumatic subject. I have lately heard he had a relapse some time after I last saw him; but no reasonable person could expect three operations should have sufficed to eradicate such an obstinate complaint permanently; most probably a repetition of the process would.

Case XXXIII. Mr. John Thomas, 155, Deansgate, consulted me at the end of April, 1842, for a severe rheumatic affection of the loins, and right hip and leg, which had continued for two weeks. Had a rheumatic fever two years before, which confined him to bed for sixteen days, and to his room for a week longer; and he did not get rid of the pains for three months after he was able to go out, although he tried Buxton and Matlock baths, and also the medicated and sulphur baths in Manchester. When he called on me, (April, 1842,) I hypnotized him, and when roused he was almost entirely free from pain, and never required a repetition of the operation. He had no medicine. On the 28th July, he called on me to say he had continued quite well in every respect from the time he was hypnotized, and attested the same, and the correctness of the above statement, by appending his name to it in my case-book, and he has also been seen by many professional and other friends who can bear testimony to the same effect, he continued well when I saw him lately.

Case XXXIV Master J. Lancashire, 12 years of age, was brought to me in September, 1842, he was suffering from a violent rheumatic affection of the legs, back, and chest, so that he required to be carried into my house. After being hypnotized, he was so much relieved is to be able to walk about the room freely, and to walk to his cab without assistance. Next day he called, and was hypnotized again, and left my house quite free from pain, and has kept so well as never to require another operation. He had no medicine, either externally or internally. His mother and he called some time after to inform me he had remained quite well, when they both attested the correctness of the above statement of his case.

Case XXXV Mrs. P., a lady upwards of 50 years of age, and suffered so severely from rheumatism that she had not enjoyed a sound night's sleep for seven months. External and internal means, which had been beneficial in a former similar attack, had been tried without effect, before I was sent for to visit her. She was suffering excruciating pain in one leg, particularly about the knee joint. When I proposed to relieve her by hypnotism she repudiated the idea, told me she had no faith in it, and felt assured in her own mind such an operation could be of no use to her. I told her I cared little for her want of faith in the remedy, provided she would submit to be operated on as I should direct. She at last consented, and in the presence of her three daughters was hypnotized. In eight minutes she was aroused, and was quite free from pain; wished to know what I had done to her; said she felt assured hypnotizing her could not have relieved her. To this I replied by asking where her pain was felt now. She answered she felt no pain, but persisted she

was sure I had done nothing to take it away. The manner in which she could walk and move her limbs was sufficient proof the pain was gone, notwithstanding her scepticism about the agency. When I called next day, I was informed by her family *she had slept comfortably all night*, and had gone out, being quite well. Two days after I called again, and was informed by her that she had been overtaken in a shower, and had over-exerted herself on that occasion, and had had a return of the pain, although not so bad as at first, I hypnotized her again with complete relief, and she has never required a repetition of the operation since, so that she has now enjoyed a release from her old enemy for eleven months, in defiance of her scepticism. Here, then, we have a very decided proof that it was not imagination; in short, that it was a physical and not a mental change which effected the cure.

Case XXXVI. Mr. Hampson, another rheumatic case, I was called to 16th May, 1842. The patient was a powerful young man, 23 years of age; had suffered severely for three weeks, the last two been entirely confined to bed, unable to move his legs, or to feed himself; for two weeks had not known what it was to have ten minutes continuous sleep, from the violence of the pain, and spasmodic twitching of the limbs rousing him, his left hand, fingers, and wrist were so swollen and painful, that he was quite alarmed at my attempting to feel his pulse. After being hypnotized for five minutes whilst in the recumbent posture, I had his arms extended, and he was now roused and able to move the wrist and fingers with comparative ease. I now hypnotized him once more, and operated on his legs. In *six minutes* he was able to get on his feet, walk round the bed and back again and get into bed and lie down *without assistance*. Next morning I found him up and dressed, and able to walk very comfortably. He had slept well through the night. I hypnotized him again. Next night he slept uninterruptedly, and in the morning felt nothing of his pains excepting in the left shoulder; but this was quite well by the next day. He had no medicine except a mild aperient.

The cases adduced I consider sufficient to prove this to be a valuable agency in the treatment of *chronic* rheumatism. I shall now adduce the results of its application in two cases of *acute* rheumatism.

Case XXVII. Mr. G., a literary gentleman, consulted me last winter. I found him complaining of severe pain in the right arm and hand; one point, the size of a crown piece, on the outer edge of the arm, a little below the elbow joint, was exquisitely painful. He was enveloped in double clothing, but, notwithstanding, was quite starved and chilly with cutis anserina, pulse 120 strokes a minute. I told him I considered it was the commencement of an attack of rheumatic fever, and I should wish to try whether it could be cut short by hypnotizing him. He had never been operated on in this way before, but readily assented. In six minutes I had him bathed in perspiration, and his pain greatly relieved. He was now ordered to bed, to take a mixture with vinum colchici. Next morning I found him much freer from pain, it had never been severe since the operation the day before, the skin comfortable, and his pulse only 80. To remain in bed and continue his medicine. Next day the pulse was 70, and no complaint of pain, and the following day; he was able to go out and attend to his business. No relapse.

Case XXXVIII. Mrs B., the mother of a numerous family, had a severe attack of rheumatic fever, affecting different joints in succession, and also violent pain in her head. I proposed she should be brought out of bed and hypnotized. The pain of her knees, feet, and ankles, was so severe that she could not stretch her legs, nor attempt to support herself, in the least degree, upon them. She had therefore to be

carried from the bed to the chair where she was to be hypnotized. In five minutes she was roused, the headache gone, and the pain in her legs and feet so much relieved that she was able to walk to bed, requiring only to be slightly supported by the arm. The pains never returned with the same degree of severity. She was hypnotized a few times more, and always with benefit. Of course I prescribed such medicines as I considered necessary to improve the state of the secretions, so is to put as speedy a termination to the attack as possible, but there could be no doubt that hypnotism contributed very much to meliorate her suffering, and also in bringing the attack to a more speedy termination, than would have been the case had I trusted to the effects of medicine only.

The following cases can perhaps scarcely be introduced in any other place with more propriety than the present. They are cases of painful affection of the members, arising from irregular action of the muscles, consequent on mechanical injury.

Case XXXIX. Mr. J. J. consulted me on the 6th November, 1842. He stated he had a fall from a horse five months previously, when he sustained severe injury of the left hip and thigh. He was confined to bed for two weeks, under medical treatment, supposing the parts to be only bruised and sprained. He then began to move about with crutches, but with great pain; and a consultation being held, it was considered there was dislocation of the hip joint, but the attempts made to reduce it failed. At the end of nine weeks from the accident, another surgeon, 40 miles off, was sent for, who confirmed the opinion that there was dislocation of the hip joint, and he succeeded in reducing it. The patient was now confined to bed for two weeks, and, on rising, was able to move about with the aid of a stick, but without crutches. However, he was still very lame, and in much pain. When he called on me, which was on the 6th November, 1842, he was not suffering much pain, but was extremely lame. The knee was a little advanced forwards, and the toes considerably everted. In attempting to walk without the aid and support of his stick, the body was thrown so much to the left at every step, as if the leg were considerably shorter, that with other circumstances coupled with this, led me to suspect fracture of the neck of the femur within the capsular ligament. A minute examination satisfied me this was not the case; and I now considered the affection was one of irregular action of the whole muscles of the hip and thigh, some being trophied and semi-paralyzed, and others inordinately tense. With this view I believed I should be able to rectify the irregular distribution of nervous and muscular energy by hypnotism, an opinion the correctness of which was quickly verified. Having hypnotized the patient, and placed the leg in that position calculated to restore the functions according to the view I had taken, in about six minutes he was roused, and was agreeably surprised with such a remarkable improvement. Next morning he was again operated on, and was then almost entirely free from lameness, and entirely free from pain, so that he asked my opinion whether I considered it at all necessary for him to take his stick in going through the town on some business. He called on me the three following days, after which he went home, equally gratified as myself with the result of our operations. He had no internal medicine, nor external application, whilst under my care. He attested the accuracy of the above report before leaving; and, as I have not heard from him since, have reason to believe he continues well.

This patient was seen by several gentlemen, some of them members of the profession, who can bear testimony to the correctness of these statements, as they had an opportunity of hearing the whole from the patient himself.

Case XL. Mr J. H., 68 years of age, called to consult me on the 8th November, 1842, relative to a painful state of his left shoulder, the consequence of a blow he had sustained two months previously. He had been under the care of two eminent professional gentlemen from the time he received the injury till within a few days before I saw him. There was a wasting of the muscles about the shoulder, great pain in moving the arm, and it was so weak that he had not been able even to button his coat with it. After being hypnotized the first time he could use it, raising it above his head, and moving it in any direction with ease and freedom. After being operated on next day he had still more power. The following day he felt a little pain behind the shoulder, under the scapula, which was entirely removed by being once more hypnotized, and calling the affected muscles into action. On Saturday, the 11th November, 1842, he left me, quite well, to return home to attend to his business. Both this patient and his son attested the correctness of the above report in my case book.

Case XLI. J. W., 15 years of age, had a severe injury of the hip, which was followed by suppuration between the trochanter and ischium, where there was a fistulous opening; the leg was flexed and perfectly useless, being supported by a sling passed over his shoulders, whilst he supported himself very feebly on two crutches, his health having suffered greatly during his affliction. He stated that he had just left a public institution, where he was given to understand no hopes were entertained of his recovery. I hypnotized him, and during that condition regulated the malposition of the limb, stretching the contracted muscles, and strengthening others, by exciting into action those which had been weakened by being overstretched and enfeebled by inaction. The result as, that on being aroused he could straighten his leg, and walked (using his crutches of course) with the sole of his foot resting on the floor. He was operated on daily with the most marked improvement both as regarded his leg and his general health. In three weeks he could walk with one crutch, in two weeks more threw that aside, and walked with a stick, and shortly after could walk without that aid, and is now well, excepting a little weakness of the ankle joint. He had no internal medicine from me, and no external application, excepting one box of ointment, the discharge having entirely ceased within a week of his being under my care.

I shall now advert to the remarkable power of this agency in speedily overcoming nervous headache. I have so many examples of this, sometimes two or three fresh cases in a-day, that it is almost useless to instance individual cases. However, I shall give a few.

Case XLII. Mrs. B., the mother of a family, has been constantly annoyed with headache and mazziness, for the last two or three years, varying in intensity at different times, but never entirely free from it. Consulted me, 22d January, 1842, for the above complaints, and also stated that she was subject to attacks of epilepsy. I hypnotized her, and in five or six minutes aroused her, when she was quite free from headache. She was hypnotized almost daily for some time, and remained quite free from headache, five weeks after she was first operated on, and had much less of the mazy feeling, and no fit for two months. She appeared so much better as to be taken notice of by all her friends.

Case XLIII. Miss B., daughter of the above, was brought to me on the 23d January, 1843, in consequence of the improvement her mother had experienced from the operation. She had suffered severely from headache for six months, so much so, as frequently to cause her cry and shed tears, and was never entirely

free from it for that period. I hypnotized her, and in five or six minutes roused her quite free from headache or any other ache. She was operated on almost daily for some time, and has had no return of the headache to this time, - four months,- and has had her appetite much improved, and looks very much better. She had no medicine.

Case XLIV. Miss S., on the 25th January, 1843, was suffering from a most violent headache, and had been so all day. She could scarcely open her eyes or see when they were open, and seemed quite prostrated. I hypnotized her, and in five minutes she was aroused quite well, and has had no return of it at the end of ten days.

Case XLV. Miss A., 20 years of age, had suffered severely from headache from childhood, and never knew what it was to be entirely free from that complaint, but frequently had it so severely as to incapacitate her for any exertion, and almost to deprive her of sight. She also had constant uneasiness at stomach, sometimes amounting to severe pain, and when the attacks of headache were at the worst, the pain at stomach was also much aggravated, and a severe attack of vomiting generally terminated the violence of these paroxysms. In April, 1842, I hypnotized her, and from that period she has been almost entirely free from both headache and stomach complaint. At the end of fifty-four weeks, I had the pleasure of hearing from herself, as I had previously from her mother, that she scarcely had suffered from headache at all since the operation, and never severely, or even in the slightest degree for one hour at a time.

Case XLVI. Mrs T. had been suffering from severe pain of the head for more than two weeks, without intermission either by night or day when aggravated by a cough. For the last two days, the pain of the side had been most distressing. The pulse was rapid, the cough frequent and severe, and the pain in the side so acute as to prevent free expansion of the chest as in ordinary respiration. I found there was considerable spinal tenderness on pressing betwixt the shoulder blades. I hypnotized her, and in five minutes, when aroused, she was quite free from headache, the pain in the side so much relieved, that she could move her body freely, and take a moderate breath with very little inconvenience. Next day I found she had no return of the headache, and very little of the pain in the side. She was again hypnotized with advantage, which I repeated daily, and in six days the pain of the side was quite gone, the pain of the head had never returned, the cough was gone, the spinal tenderness which disappeared at first operation had never returned after the first operation, and the patient was now quite convalescent. She had no medicine but some pectoral mixture to moderate the cough.

I shall now refer to spinal irritation, which is well known to be the source of much suffering, not merely in the course of the spinal column, but also, from its influence on the origins of sentient nerves, on distant parts of the body. I have already referred to this in cases 16 and 19, where there was loss of feeling and motion in one case, and pain of the legs with contraction in the other. Where the affection does not depend on active inflammation, I hesitate not to say, that the pain of the spine, and other painful affections dependant on the state of the spinal nerves which arise therefrom, may be relieved more speedily, and certainly, and effectively, by hypnotism, than by any means I have either tried, read, or heard of. I shall give an example or two.

Case XLVII. Miss C. had suffered for years from spinal irritation and headache, the pain extending round the chest, so that deep breathing or free motion of the chest could not be tolerated. I tried every variety of treatment, but in vain, and at last despaired of benefiting her, and, from the extreme difficulty of breathing, suspected it must end in pulmonary consumption. I now tried hypnotism, which immediately succeeded in relieving the whole catalogue of painful symptoms, and she was speedily restored to perfect health, and has continued so ever since.

Case XLVIII. Miss --- had suffered much from spinal irritation for years, and had undergone much severe treatment. Had been restored to health and strength under my treatment, but was again threatened with a relapse. I hypnotized her, and when roused, the spinal tenderness was gone. A few more operations made a most marked improvement, and she continued well for some months. She had a recurrence of the complaint, when hypnotism was again had recourse to, with immediate and decided advantage. I could easily multiply cases of this sort, were it not for swelling the volume unnecessarily. I shall therefore pass on to cases of irregular or spasmodic action of the muscles. I have found it decidedly useful in several cases of chorea; and also in cases of nervous stammer. In epilepsy it also frequently proves highly useful, but there are some varieties of this complaint over which it has no control. These I presume are such cases as depend on organic causes, and which are found to resist every known remedy. It is however well known that many cases which were supposed to have been of this class have worn themselves out, or time and the efforts of nature have effected some organic change. Whether hypnotism if persevered in, might have a tendency to expedite the favourable result in such cases, I am not prepared to say, but think it highly probable it might do so. I feel quite confident, however, that in cases which are amenable to treatment, this will be found one of the most speedy and certain remedies. Of all the complaints for which mesmerism has been lauded as beneficial, there are none so conspicuous as epilepsy, as has already been referred to in the introduction. As the effects of hypnotism are so nearly allied to mesmerism it would be superfluous for me to detail a number of cases, I shall therefore give only a few.

Case XLIX. A girl who had been liable to six or eight fits in 24 hours, had only one the day after she was first hypnotized, none for next five days, and was shortly quite well.

Case L. John Barker, aged 19 years, applied to me in August, 1842 for epileptic fits. He had first been seized with them when four or five years of age, at first every week or fortnight, but as he got older, became more frequent, so that, for some months previous to applying to me, he had had as many as three fits a-week - had been under treatment at a

public institution for two months before calling on me, and had a great variety of treatment, but derived no benefit, and was then told by the attendant, that he must never expect to get rid of them. He was subjected to my usual hypnotic operation for such cases, was operated on ten times altogether, and has had but one fit since he was operated on; and that was the day after first operation. He had no medicine from me excepting three aperient powders. He has now been free of the fits for upwards of nine months.

Case LI. Mrs B., the mother of a family, had been subject to epilepsy for seven years, and notwithstanding every variety of treatment, allopathetic and homoepathetic, she had an attack at least once a month. From the time she was hypnotized she had no fit for four months, and has had none since.

Case LII. Miss B, had been subject to fits for nearly two years, latterly had as many as five and six a-day; consulted me the end of December, 1842; was hypnotized seven times, and had no return of the fits for four months, when she had one, and in two weeks after a second.

Hypnotism may be applied with great success in the treatment of various distortions, arising from weakness of certain muscles, or inordinate power or contraction of their antagonists; and I feel convinced, that by this means, we may rectify many of those cases which have hitherto been treated by section of the tendons or muscles. The success which I have already had, by this means, of treating lateral curvature in the spine, warrants me to speak very confidently on the subject, in most cases. *I feel convinced, there are very few recent cases which may not be speedily cured by hypnotism, without either pain or inconvenience to the patient.* Patience and perseverance will of course be necessary where the disease has been of long standing, and though in such cases the cure may not be perfect, the patient may be greatly improved by hypnotism.

The method of treating such cases is, first to induce the sleep, and then to call such muscles into action as are calculated to bring the body into the most natural position. By bringing these muscles into play during this condition they acquire increased power, and ultimately are permanently strengthened. As one side of the chest is enlarged, and the other collapsed, I endeavour to restrain the enlarged side, by applying compression to it during the sleep, whilst the patient is directed to take deep inspirations, so as to expand the *opposite* side. I also endeavour to make the patient stand in a position *the very reverse of that which I consider to have been the chief cause of the curvature.* As already remarked, I feel convinced this method will prove very speedily successful, more decidedly so than any other mode of treatment I know of, and *especially in such cases as are accompanied with spinal irritation.*

Case LIII. The following is a case of its remarkable success with a young lady, 14 years of age, who had had the advice of some of the most eminent members of the profession in the provinces, and also in Dublin and London. She was first observed to become malformed when four years old, when brought to me on the 12th September, 1842, her chin rested on her breast, and there was no power of raising it, from the weakness of the recti muscles of the back, and contraction of the sterno-cleido-mastoid muscles. The dorsal part of the spine and shoulders were thrown backwards, the lumbar vertebrae and pelvis were thrown forwards, so that the deformity was very great, and the vigour of the mind, as well as of the body, was greatly impaired. She had no medicine nor external application, but was hypnotized night and morning, and treated in the manner referred to, and the result was, that in six weeks she could hold herself so much better, that when the outline was taken, it was found that her spine was three inches nearer the perpendicular than when I first saw her. During this period, no mechanical means had been used, nor throughout any part of the time she was under my care were any resorted to, with the exception of a support for the chin, by way of remembrancer, till the habit of attention was acquired of supporting the head by mere muscular effort, which she now had the full power of doing. Nor should I omit to add, there was also a great improvement in the mental faculties.

Neuralgic pain in the heart and palpitation, I have also found to be relieved, or entirely cured, by neuro-hypnotism, more certainly and speedily, than by ;an other means. The following are example: -

Case LIV. Miss Tomlinson, 16 years of age, I have already referred to. She had suffered severely from painful affection of the heart, with palpitation, which had resisted all treatment, and she had been prescribed for by eminent professional men, both physicians and surgeons, After being twice hypnotized, the affection of the heart disappeared, and has never returned but once, when it was immediately removed by hypnotism. It is now seventeen months since she was first operated on, and she is in perfect health.

Case LV. Miss Stowe, 22 years of age. I have already referred to her as one of the cases in which sight was remarkably improved by hypnotism. She had also suffered most severely from palpitation of the heart, accompanied with difficulty of breathing and dropsy, and various other symptoms which led the medical attendants, one of them an eminent physician, to pronounce the case hopeless, considering there was serious organic disease of the heart. After being twice hypnotized, all symptoms of affection of the heart disappeared, (sufficient proof it had been only functional derangement,) and she was speedily in the enjoyment of perfect health, and has been so now for the last twelve months, and that from hypnotism only. This patient had leucorrhoeal discharge, which had resisted every remedy for years, and was so offensive as to cause suspicion she had malignant uterine disease. It was completely gone in a week, after being first hypnotized. She had no medicine excepting a simple aperient pill occasionally. I should add, her hearing, as well as sight, was very much improved by it.

Case LVI. Mr ---- had suffered severely from pain in the heart and palpitation. He was hypnotized with decided relief, and a second operation completely restored him, and he has kept well for the last eight months.

Case LVII. Miss ---- had suffered much from palpitation of the heart, so that she could not ascend in easy stair without bringing on the most violent palpitation. I tested this before operating on her. After being operated on, caused her ascend the same flight of steps, which produced no palpitation, and she has never required the operation to be repeated.

Case LVIII. A young man had suffered much from valvular disease of the heart and palpitation and difficulty of breathing for four years, the consequence of a rheumatic fever. He could not walk more than twenty or thirty paces without being forced to stand or sit down. After being hypnotized for a short time he could manage to walk upwards of a mile at a stretch. In this case there was so much organic disease as precluded the hope of a perfect cure, but no means could have achieved for him what hypnotism did, and in such a short time too.

When considering the power of hypnotism in blunting morbid feeling, I may advert to its power of relieving, or entirely preventing, the pain incident to patients undergoing surgical operations. I am quite satisfied that hypnotism is capable of throwing a patient into that state in which he shall be entirely unconscious of the pain of a surgical operation, or of greatly moderating it, according to the time allowed and mode of management resorted too Thus, I have myself extracted teeth from six patients under this influence without pain, and to some others with so little pain, that they did not know a tooth had been extracted; and a professional friend, Mr. Gardom, has operated in my way lately, and extracted a very firm tooth without the patient evincing any symptom of feeling pain during the operation; and when

roused, was quite unconscious of such an operation having been performed. He has extracted a second for this patient, and one for another, without their being conscious of the operation. To insure this, however, I consider that, in the majority of instances, it is quite necessary the patient should not, when he sits down, know or imagine the operation is to be performed *at that time*, otherwise the distraction of the mind, from this cause, may render it impossible for him to become hypnotized deeply enough to render him *altogether insensible to pain*. The following case will illustrate this view.

Case LIX. Mr. Walker called on me, stating he had been suffering from a violent toothache; said he was anxious to have the tooth extracted, but that he suffered so much pain from the operation, on former occasions, that he could not make up his mind to submit to it, unless when hypnotized. He had been frequently hypnotized, and was highly susceptible of the influence. I told him I should be most happy to try, but that unless he could restrain his mind from dwelling *on the operation*, I might not be able to succeed in extracting the tooth, *entirely without pain*. He sat down, and speedily became hypnotized, But I could not produce rigidity of the extremities, nor *insensibility to pinching*, which in general were so readily induced in him. I therefore roused him, and told him the fact. He stated he went on as usual *to a certain point*, but then began to think, "now he will be putting the instrument in my mouth," after which the hypnotic effects went no farther. The pain was gone, and he left. In the evening he again called on me, when I tried him once more with the same results. I now aroused him, told him it could not be done with him reduced to a state of *total insensibility*,

and that I should therefore extract it now that he was awake. I now extracted the tooth. He was conscious of my laying hold of it, but had felt so little pain that he could not believe the tooth had been extracted. Nor would he believe it till he had the tooth put into his hand. I now requested him to be hypnotized once more, when he became *highly rigid and insensible, in a shorter time than I had ever seen him before*. From this, and other cases, I infer, that if it is intended to perform a surgical operation *entirely without pain*, whilst in the hypnotic condition, the patient's consent should be obtained or it to be done *sometime*, but he ought on no account to know *when* it is to be done, otherwise, in most cases, it would foil the attempt.

However, that patients may be operated on with greatly *less* pain even when in the *first* degree of hypnotism, and whilst expecting in operation, is quite certain, from the result of the case of Mrs ---, related below which I now refer to as Case LX. I have also performed other operations under similar circumstances, and with similar results, namely, with *greatly diminished* pain, although not *entirety without pain*.

Case LX. A lady had abscess connected with disease of the orbital process of the frontal bone, had the matter discharged by small puncture, the wound closed by first intention and again opened, as required, by the lancet. She experienced so much pain on each occasion as to induce me to hypnotize her, after which she made no complaint, although I durst not carry it far owing to the state of the brain. On one occasion I was anxious to ascertain how she would feel by operating *without hypnotizing*, when the result was so distressing, as to induce me always in future to hypnotize her, before such operations, and then all went on well.

Case LXI. An adult with worst variety of Talipes varus, of both feet, had the first operated on in the usual way, and the other whilst in the primary state of hypnotism. The present case and future advantage, in respect to the latter operation, was most remarkable. I have operated on upwards of three hundred club feet now, and am warranted in saying I never had so satisfactory a result as in the one now referred to.

In cases of dyspepsia it is of the greatest service. Most patients feel the appetite greatly increased by being hypnotized, and that the digestion is more vigorous than before being operated on. All complaints, therefore, immediately connected with, or dependent on, indigestion, may be expected to be benefited by hypnotism. It is well known, many cutaneous diseases are of this class; and the following will illustrate the remarkable power exercised by hypnotism on this symptom, as well as several others associated with it:-

Case LXI. Mrs O., 33 years of age, the mother of a family, had been very nervous for fifteen years, with tremor of the arms, was easily alarmed, much disturbed by distressing dreams, and required being aroused several times every night from severe attacks of nightmare. She had also suffered severely from an inveterate eczema of the chest and mamma, and integuments of the abdomen, which, for five months, had resisted every remedy, both external and internal, under highly respectable medical men. The fingers of one hand were also affected with impetigo. She consulted me 31st August, 1842, when she was hypnotized, and was aroused greatly relieved from the distressing feelings of the head, and general nervousness. Her husband assured me, that on walking out with her same evening, had he not seen her, he could not have believed it was his wife who had hold of his arm, so much was the tremor of her arm improved, and she slept soundly all night without being troubled either by dreams or nightmare. She was hypnotized daily, and in a few days she was quite well, both as regarded her general health, and the obstinate skin disease; and as she had no medicine nor external application, there could be no disputing that it resulted entirely from the influence of hypnotism. She has been well nearly ten months.

Case LXII. J. C., aged 40, and been severely afflicted for eighteen months with impetigo sparsa, extending from a little below the knee to near the toes. He had also severe pain in the ankle joint, so that he had been disabled for work for eighteen months. I hypnotized him, when he could walk better after first operation, without his stick, than he could do immediately before with it. In a few days the improvement was very remarkable, and within a week the disease of the skin was nearly well, and very little pain in the joint. He was hypnotized almost daily till the end of the month, had no medicine, and no dressing but a little spermaceti ointment to prevent the cloth surrounding his leg from adhering to the sore; and the skin disease being now quite well, and very little pain in the ankle joint, in a few days after he was enabled to resume his work. He had undergone much treatment, under both public and private practitioners, but was becoming worse instead of better. The immediate improvement in the appearance of the cutaneous disease, as well as feelings of the patients in the two last cases, were too obvious to admit of a doubt as to the remarkable powers of hypnotism.

The next cases I shall refer to, are those of permanent contraction or tonic spasm. The following are interesting examples of this form of disorder, and the success of hypnotism in the treatment of them.

Case LXIV Mr J. O. 21 years of age, called on me 1st October, 1842, complaining of a pain in the left

temple, a continual noise in the left ear, with occasional shoots of pain, and the hearing of that ear very imperfect. He complained also of inability to open the mouth so as to enable him to take his food comfortably, and that mastication caused great pain, so that he frequently felt compelled to decline taking his meals. Complaints had been coming on since previous Easter, and were becoming worse, notwithstanding he had been under the care of two medical men up to the day before he called on me. That day, 10th October, 1842, he could not eat breakfast but, with great difficulty, and had been compelled to take rice and milk for dinner for two days, as he could eat nothing solid. I found he could not permit the mouth to be opened more than half an inch without great pain and difficulty, and besides the dulness of hearing already referred to, I found he had also very imperfect sight of the left eye, which I tested very accurately. He had not been aware of this until I called his attention to it. I hypnotized him for about eight minutes, during which I was enabled to open the mouth till the front teeth were nearly two inches asunder, and he experienced no inconvenience from me doing so. On being aroused, all the pain in the temple was gone; he could himself separate the teeth one inch and three quarters, as accurately measured, in presence of four very intelligent gentlemen who had been present during the operation; and he could move the jaws with the most perfect freedom and without pain. The hearing was also much better, and the sight of the left eye also most remarkably improved. 2d October, called on him again, when he stated he had been enabled to eat a good supper after he left me the night before, and to take his breakfast and dinner with perfect comfort to himself; that his hearing was much better; and the sight of both eyes as nearly as possible equal. He had had no pain in the temple since he was operated on, unless when the mouth was opened to the utmost extent, and even then it was trifling. He could now open the mouth to nearly one inch and three quarters, before being operated on to-day, and after the operation, to the extent of two inches, that is, the front teeth were two inches apart.

This patient called on me a few days after to be operated on a third time, and retained the improvement noted above. He was to call again if he had any relapse, but as he has not done so, I conclude he continues quite well, and it is now nearly seven months since I last saw him.

I shall now refer to other cases of spasmodic affection, which are most interesting, as they afford us strong grounds to hope that Tetanus, Hydrophobia, and other analogous affections, may be arrested and cured by this agency.

Case LXV. A girl was seized with violent tonic spasm of the right hand and arm, and side of the face. A respectable surgeon was consulted, who ordered a blister to the nape of the neck, medicine, fomentation, and liniments to the parts affected. The symptoms became more urgent, and they sent for the surgeon again, but as he was out, and as they were much alarmed, I was consulted. The blister had been applied, but the medicines had not been used as directed. I found the hand so firmly clenched that it was impossible to open it, the arm so rigid it could not be moved; but, knowing the efficacy of my new remedy, I hypnotized her, and in two minutes, with the most perfect ease, I unlocked the hand, and removed the other spasmodic contractions, and she was instantly quite well, and has continued so ever since, now more than a year.

I shall only record one additional case, and a more remarkable or satisfactory one I think could scarcely be adduced. I give the case as correctly recorded by the patient's father, in a letter he sent for my approval,

previous to having it sent to be recorded in some periodical. I preferred having its publication postponed, and now give it precisely in his own words.

Case LXVI. Miss Collins of Newark. "My daughter, 16 years of age, had been afflicted for six months with a rigid contraction of the muscles on the left side of the neck, to so great a degree, that it would have been impossible to insert an ordinary card between the ear and shoulder, so close was their contact; and consequently she was rapidly becoming malformed. She had had the best advice to be procured in the country, and I had taken her to London with a written statement of the treatment previously employed, and had the opinion of Sir Benjamin Brodie, who approved of what had been done, but gave no hope of speedy relief.

"In consequence of seeing a report of a lecture given on the subject by Mr. Braid, surgeon, St Peter's Square, Manchester, and a letter written to that gentleman by Mr Mayo of London, I went with her, by the advice of Dr Chawner, who indeed accompanied us, and placed her under the care of Mr. Braid on Thursday evening, the 24th March last, (1842.) In less than a minute after that gentleman began to fix her attention, she was in a mesmeric (neuro-hypnotic) slumber, and in another minute was partially cataleptic. Mr. Braid then, without awaking her, and consequently without giving her any pain, placed her head upright, which I firmly believe could not, by any possibility, have been done five minutes before, without disruption of the muscles, or the infliction of some serious injury, and I am thankful to say, it not only continues straight, but she has the perfect control over the muscles of the neck. A nervous motion of the head, to which she had been subject after her return from Manchester, has entirely ceased, and she is at present in excellent health. It is necessary to remark, that at Dr Chawner's recommendation she was frequently watched while asleep, but not the slightest relaxation was observed in the contracted muscles.

" Many respectable persons can bear testimony to the statements herein made.

(Signed) JAMES COLLINS."

" NEWARK, 11th May, 1842."

I have been informed that some very absurd reports have been circulated, even in the metropolis, as to my mode of operating on this patient, namely, that I had exhibited a vast display of gesticulations and hocus pocus, in order to work upon her imagination. SUCH STATEMENTS ARE UTTERLY UNTRUE, I simply desired her to maintain a steady gaze at my lancet case, held above her eyes in the manner pointed out at page 27 of this work, and after the eyes had been closed, and the limbs extended for about two minutes, I placed my left hand on the right side of her neck, and my right hand on the left side of her head, and, by gentle means, gave a new direction to the sensorial and muscular power, and was thus enabled by *art*, rather than mechanical force, in less than half a minute, to incline the head from the left to the right of the mesial plane. The muscular contraction being thus excited on the right side of the neck; in muscles which had been inactive for six months previously, was the surest and most natural mode of withdrawing the power from their antagonists, and reducing the spasm of the contracted muscles on the left side. After allowing the patient to remain two minutes supporting her head, now inclined towards the right, by her own muscular efforts, to give them power on the principle already explained, I aroused her in

my usual way, by a clap of my hands. The patient's father, and Dr Chawner of Newark, were present the whole time, and to them I appeal as to the correctness of this statement, and in refutation of the vile, unfounded calumny above referred to.

After the lapse of a year Mr. Collins was so kind as write, to inform me his daughter continued in perfect health, with complete control over the muscles of the neck. I could easily adduce many more interesting cases, but trust those already recorded may be sufficient to prove that hypnotism is an important addition to our curative means, and a power well worthy the attentive consideration of every enlightened and unprejudiced medical man.

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THE SCIENCE OF HYPNOTISM

Alexander Cannon

PREFACE

The use of hypnotism - its place in science - its explanation of spiritualism, "Christian Science," faith - healing, occultism and clairvoyance and crystal-gazing - hypnotism and its uses in insanity - production of hallucinations - destruction of hallucinations - delusions and suggestion - uses in anxiety states, worry, etc., and in the psychoses (insanity) - suggestion and the hypnotic state - hetero - suggestion - auto-suggestion

I HAVE endeavoured to place before you the facts, and the great scientific opportunities in the subject of hypnotism, mesmerism and Luysism, which is indeed a forgotten, all-important branch of medicine.

In all branches of medicine, hypnotism is invaluable, and I use it daily. Only those who use it regularly can fully appreciate its value. It is important, however, that for the treatment of physical diseases, at any rate, it should be employed only under the supervision of a duly qualified and registered medical practitioner or practised by doctors themselves, as its therapeutic effects are so certain in the relief of symptoms, that grave damage might be done by obscuring those warning symptoms of some serious surgical condition.

Once, for example, the physical state has been diagnosed by a competent physician, who will keep a watching brief in the case, then hypnotism is a very safe and effective weapon, but to use it as a panacea for all ills would be as absurd as prescribing one type of medicine independent of the cause, course and nature of the disease: this is tantamount to saying that hypnotism should be controlled by the medical profession. It must be admitted that the range of medicine covered by hypnotism is far greater than is often credited in medical circles. The practice of this art is based upon science (as I have endeavoured to show in this little work), and will produce results which are beyond criticism.

It is interesting to relate that spiritualism, "Christian Science," faith-healing, occultism, scientific clairvoyance, crystal-gazing and the like, can all be fully explained by the study of the various phenomena which can be produced, at will, in the hypnotic, mesmeric and psychic states, and this by no means belittles these effective therapeutic methods of healing. The references to Lloyd-Tuckey are taken in general from his book on *Hypnotism and Suggestion*, which the publishers, Messrs. Baillière, Tindal and Cox, kindly permit me to refer to. Also the works of Vogt, Forel, Bernheim, Charcot, Liebeault, Volgyesi and numerous others from the Continental libraries, have been of great assistance to me.

Those who wish carefully and extensively to study the workings of the mind in health and disease, in waking and sleeping states, including the absorbingly interesting study of dreams, mental mechanisms, mental states and the like, will do well to read *The Principles and Practice of Psychiatry*, which is published by Messrs. William Heinemann (Medical Books), Ltd. The oriental philosophy of mind is well described in *The Invisible Influence* (Rider & Co.) and *Powers That Be* (Francis Mott & Co.).

Hypnotism is the master key to the mind of man, and living kind, and will be shown to unlock the door to the rooms of insanity in this house of man, for can we not produce hallucinations and delusions in mankind identical with those found in the insane, by hypnotism, and in a number of the insane disperse their hallucinations? And in time we should learn with greater practice and experience to disperse the delusions of the insane, which are one of the main foundations of mental disorder: Even delusions are based on suggestion in the earlier stages, and surely what has been suggested there, can be suggested away. In anxiety states, worry in general, the psycho-neuroses and the neuroses, the results are speedy and often miraculous, but in the psychoses often considerable skill and patience is required, but in the end the result is well worth while.

Suggestion is most powerful in its action upon the mind of man in the hypnotic state, and it must not be forgotten that we live by suggestion. We dress according to the clothes suggested by advertisements; we try to keep up with the times; all this means that we act upon the suggestion of others (hetero-suggestion); I have found the bottle of medicine do as much good to a patient when a chemist has accidentally omitted to place in it the "all-important ingredient" as it did when it contained it. Of course, there are some important exceptions, but facts cannot be altered. It is usually thought that hypnotism and mesmerism are synonymous terms, but this is not so! I have studied the methods of Braid and of Mesmer. Braid's form of hypnotism is what I describe as "Occidental Hypnotism" in Chapter VII of *Powers That Be* (Francis Mott & Co., Ltd.), and mesmerism is a modification of "Oriental Hypnotism" (Chapter I of *Powers That Be*). In occidental hypnotism the patient is really thought to send himself to sleep by the effort of his own will under the direction of the hypnotist (hetero-auto-suggestion). In mesmerism the mesmerist uses his own will over that of the patient, and also uses an "etheric vibration" of untold potency. Luysism (pronounced Lewis-ism) is a method whereby disease is transferred from the sick to the already hypnotised, and the sick person sees another suffering from identical signs and symptoms: mimicry, if carried out to perfection, is a very potent weapon in the cure of disease: mimicry, in some way, links up with the unconscious mind and brings about complete cure of disease.

The fields are white unto harvest, but the labourers, with the required qualifications, are few; into the

hands of the labourer is now placed an instrument which will more than repay his efforts of a long-spent season of sowing - for in some cases, patience, as well as kindness of heart at all times, in addition to the practising of this art to perfection, is required to secure a success, when many another would have "thrown up the sponge." Hypnotic-suggestion is irresistible suggestion and is the key to the mastery of man's mind.

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THE SCIENCE OF HYPNOTISM

Alexander Cannon

INTRODUCTION

Definition - the principle upon which hypnotism works - reason for "fixing" the patient's attention - explanation of symptoms produced and how hypnotism acts - types of hypnotic sleep: light, deep, somnambulism - the meaning of en rapport - the difference between ordinary sleep and Hypnotic sleep - how paralysis of many years' standing is cured - treatment of aphonia (loss of voice) - force of suggestion - the test of the hypnotic state demonstrated to the critic - the criterion as to whether hypnotic suggestion will bear forth good results - registration of suggested warmth by the thermometer - crime and the hypnotic state - the conversion of natural sleep into hypnotic sleep: suggestion somnique of Farez

HYPNOTISM is the production of a psychical condition in which the faculty of receiving impressions by suggestion and the power to act upon and carry out the suggestions is greatly increased.

The less the mind is occupied with ideas, the more easily can thoughts be directed into any given channel. If nothing holds our attention, the nervous system, for want of that gentle stimulation which is necessary to it, falls into a state of semi-activity inseparable from want of tone in the nervous system, and a form of sleep is produced.

The purpose of "fixing" the patient's attention on a certain bright point, as, for example, the bright light of the author's hypnoscope (see illustration) [*None was provided - DM*], at a strained angle of one foot in front of, and one foot above, the eye level, is used in order to strain the accommodation of the eyes and tire the sight. The effect of the strain is to cause dilatation of the pupils and resultant dimness of vision. The feeling of heaviness in the eyelids results from the fatigue of keeping them open in a strained position. The assertion, by suggestive words in a monotonous tone, that the eyes are becoming tired and the sight dim, is therefore founded on physiological data. The eyes being tired, the natural impulse is to close them, and this act calls up a previous association of ideas connected with confused sight or fatigue.

That association points to sleep, towards which the patient is rapidly led, aided by the monotonous tones of the hypnotist-physician suggesting it to him, and by his mind being free from all disturbing thoughts, and his nerves being free from all external stimuli. The patient falls asleep, in fact, much in the same manner as one does when reading a dull book. The sleep may be (i) light, (ii) deep, (iii) or that of the state of somnambulism. The light and deep sleep closely resemble ordinary sleep, but the somnambulism is different and resembles mesmerism.

If an ordinary sleeper is spoken to, he is usually aroused by the stimulating effect of the sound conveyed to the brain, through the auditory nerves, but in the somnambulatory state, he can be spoken to without being disturbed, and, on the contrary, the effect is actually soothing. Whereas in natural sleep the patient is *en rapport* (in touch with) only his own consciousness, in somnambulism he is, in fact, in touch with (*en rapport*) the outer world. In the somnambulatory state all the senses are more or less inactive, and in abeyance until called into play by the hypnotist. Whereas normal sleep is the result of fatigue and habit, and during this state the body is closed for repairs; as soon as all these repairs are done, the normal healthy person wakes up with renewed energy. The hypnotic state may be brought about at any time of the day, and long before any perceptible inroad has been made on the store of nerve energy laid up during previous natural sleep. It follows that during this artificially produced sleep which is the hypnotic state, there may be great accumulation of an excess of energy, all of which can be concentrated and directed into any channels the hypnotist-physician desires.

The concentrated and directed nerve force must naturally affect the system more powerfully than any ordinary sensory nervous impression; and this explains the sensation of warmth usually experienced in any part to which the attention has been drawn - the rapid production of congestion to a given part; and it also may explain the success of this treatment in some cases of paralysis of many years standing. In this state suggestions have all the force of commands, and the patient will strain every nerve to obey them, as they are received as true, and the idea tends to be realised and to be carried into execution as actions. When the patient is told to move a paralysed limb, or to speak after months of aphonia (loss of voice), it will be noticed that he puts extreme intense effort into the attempt to comply with the hypnotist's suggestions or dictation (a better term); the hypnotist is the dictator and the commander.

We are all familiar with the stammerer under hypnosis making such an effort that he then speaks fluently; and the deaf person who will hear a whisper. The force of the suggestion does not, in fact, depend on the depth of the sleep, as all that is necessary is a state of increased receptivity of ideas suggested by the hypnotist, and, at the same time, an ignoring of all other sensory impressions, which is accomplished even in the lighter states of hypnotism.

While it is true that only about half the population can be hypnotised to the somnambulatory state, when they can be made to act and relate a dream, or scene dictated by the hypnotist, and in which state very accurate post-hypnotic suggestion can be made to bear fruit at the appointed time, threequarters of the population can be hypnotised into a deep sleep, and practically everybody into the first stage of light "sleep": in this first degree many will deny having even been hypnotised, as they are conscious of movements in the outside world, but suggestions will frequently act as powerfully. To show the critic

that he is hypnotised in such a light state, first tell him that he will find it impossible to open his eyes, and to his surprise he will find that he is not able to do so until commanded to open them.

The one criterion as to whether hypnotic suggestion will bring forth good results, can be determined at the beginning by passing the hypnotist's hand over the seat of pain (or by rubbing the epigastrium, and stating that he feels it getting warmer and warmer), when the patient will be conscious of a glow of reflex warmth (in fact this can often be registered by a thermometer); this is an all important point.

It must not be forgotten that crime can be committed by a few people in the hypnotic state: I was able to demonstrate this at a famous oriental murder trial in a British High Court of Justice a few years ago. My friend, Dr. Leopold Thoma of Vienna University, who is over in this country now, also demonstrated this force before President Altmann in the Vienna Criminal Court, and I have shown the photographs taken of this case in a lecture-room at South Kensington.

Farez, of Paris, and I have found that natural sleep can frequently be changed into hypnotic sleep by making a few passes over the sleeper (stroking the forehead lightly and hardly touching it, or stroking the limbs in a like manner downwards), and whispering softly, telling him not to wake up. This method succeeds extremely well in the aged, in the psychoses, psycho-neuroses, neuroses and in children. Farez gave the name *suggestion somnique* to this form of hypnotism.

A most ingenious method of hypnosis is by the use of gramophone records made specially for this purpose under my special supervision. My friend, Dr. C. de Radwan of Vienna University, and I have been developing and using this method with great success in this country. (See [Appendix](#), for type of records used in my research and pure hypnosis, etc.)

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THE SCIENCE OF HYPNOTISM

Alexander Cannon

THE THEORY OF HYPNOTISM

Heidenhain's - monotonous gentle stimulation of a sense causing inhibition of the cortical cells, with consequent suspension of the higher cerebral functions - the physiological tiring of a sense - reduction of a person's mental state of polydeism to one of monodeism and thence to vacuity - the power of hypnotic suggestions upon this "vacuity" state - its complete control of the hypnotist - immediately opposite changes which can be produced

Bernheim's suppression of the ego - the two sides of personality - the " practical out-door " test of suggestibility

Lauder Brunton's theory of occurrence of hypnotic phenomena analogy afforded in physics by the interference of rays of light and sound with one another when they meet in certain relationships to each other - the whole nervous mechanism and a mutual check system - maintenance of balance between sensory and motor nerves - explanation of reflex movements - when sensory strong irregular impulse is disseminated into channels of different lengths the reaction ceases to be merely reflex - the check system only works effectively up to a certain point - inhibition is then produced - what inhibition is - the application of the theory of interference to the induction of hypnosis - inhibition is an interference phenomenon and not an abolition of function, as proved by its immediate production and removability - dynamogenesis explained - inhibition the foundation of hypnotism

The heart is an example of the close association of neuro-regulating arrangements and their action upon each other - the three principal ganglia of Bidder, Remak and Ludwig - how they act, together and separately - hypnotism and the capacity of determining inhibition compared - hypnogenic zones

Liébeault's rules - suitable witness - suggestions to all somnambulists of hypnotist's omnipotent power - spoken permission - therapeutic suggestions

HEIDENHAIN attributes the hypnotic state to monotonous gentle stimulation of a sense, causing inhibition of the cortical cells, with consequent suspension of the higher cerebral functions. A monotonous sound or scene will thus produce drowsiness or sleep; and a sudden intense stimulation, such as a sudden noise or flash of light, will cause an awakening.

What happens when a person is profoundly hypnotised for the first time by a fixation of the eyes upon a brilliant object? As his attention is exclusively directed to one sensory impression, he becomes more and more withdrawn from other conditions of the environment, until at last he sees only the object, and is conscious of nothing else. But in time, as the optic centers become exhausted and cease to respond to continued stimulation, the visual sense likewise becomes extinct, and the subject is left in a condition of mental vacuity and "senselessness." He has been reduced from a state of polyideism (many thoughts), which is normal in healthy people who are constantly receiving and balancing multi-form impressions derived from all avenues of sense, first to a state of. monoideism (one thought) - the idea of a fixed image, upon which he must keep his eyes and attention; and finally to a state of vacuity in which there is complete absence of ideas. Into this swept and garnished chamber of the mind, ideas can be implanted by the hypnotist; and as a ray of light thrown into a darkened room will show forth with exaggerated force and brilliancy from the contrast with the surrounding darkness, and the exclusion of the conflicting rays, so will the ideas suggested to the imagination of the profoundly hypnotised subject operate with immensely increased effect from the whole environment.

Whereas in the coma of disease the paralysis is absolute and complete, in induced somnambulism it is partially or entirely removable at the command of the hypnotist. He can arouse any center to more than its normal functioning activity, so that the subject or patient, who a moment before was insensible to the fumes of strong ammonia held close to his nostrils, will now recognise the faintest odour; and he who now lies in a condition of muscular impotence, will, at the word of the operator, perform extraordinary feats of strength.

•The same holds good with the expression of the emotions. From a state of abject misery the subject may be suddenly transported to one of bliss, and be it noted that he shows both conditions far more markedly than he would if he were awake; for, in the normal state, his emotions are subject to that inhibitory influence which we call self-control, and which is non-existent in the somnambulant subject or patient, over whom each passion, each emotion that is called up, has, for the moment, undivided sway.

BERNHEIM THEORY

Bernheim believes that hypnotism suppresses the ego, or the rational, volitional and deliberate side of

mental activity; the other side is automatic and instinctive, and therefore allows full play to the instincts.

The more a man's actions are the result of impulse rather than reason, the more susceptible he is to external impressions, and therefore to suggestion treatment. He who obeys his instincts, says Lloyd-Tuckey, and instantly knocks down a man who has insulted him (this being a purely automatic action), would thus be a better subject for hypnotism than he who deliberately calls a policeman and goes in for damages.

LAUDER BRUNTON THEORY

Lauder Brunton has founded a theory of the occurrence of hypnotic phenomena, on the analogy afforded in physics by the interference of rays of light and sound with one another when they meet in certain relationship to each other. when two rays of light are combined so that the crests of the waves of which they consist coincide, the light becomes brighter; but if they are thrown together so that the crests of the waves in the first ray correspond with the hollows of those in the second ray, mutual interference is the result, and they so neutralise one another that darkness is then produced.

This theory applied to the nervous system by hypothesis implies that nervous impulses travel like waves along the nerve tracts, and as long as they coincide - crest to crest and hollow to hollow - sensation or movement is the result of the impulse; but if the coincidence be interfered with, we get more or less complete neutralisation of the impulse and inhibition. The way in which waves of light may be made to mutually interfere is by causing them to pass through channels of different lengths, so that when they meet, one may be half a length behind the other, the crest of the first corresponding with the hollow of the second.

In the nervous system it is a matter of constant occurrence that the impulse waves of nerve energy are travelling towards the centres through channels of different length, and it follows *ex hypothesi* that they are interfering with each other in different degrees. The whole nervous mechanism is subjected in its normal state to a mutual check system, so that a balance is automatically maintained between sensory and motor nerves, and they are influenced to a greater or less degree by impulses arriving from the higher centres, such as those concerned with volition.

In tickling, convulsive movements are set up by gentle continuous irritation over a sensory surface. An impulse made up of waves is promulgated to the sensory centres, and reflected from them down the motor tracts. The stimulation being monotonous, continuous and consisting of currents of the same intensity, there is no wave interference, and the motor movements resultant are reflex. But let the pressure be increased, so that, instead of tickling, pain is produced, then in place of a weak current travelling up one nervous channel, we have a strong irregular impulse disseminated into channels of different lengths. When it arrives at the centres which have been subjected to interference a different condition will result and the reaction will cease to be merely reflex.

Up to a certain point the action of the will may be called forth to check the convulsive movements, and this will operate by interference, the waves constituting the impulse from the highest centres so impinging upon the excito-motor waves as to cause interference and inhibition. Inhibition is, therefore, not a special function of certain cells and nerve fibres, but may be produced through any sensory or motor cell and depends not on the properties of the cell, but on its relationship to other cells or fibres.

Motion, sensation, inhibition, or stimulation are not positive, but simply relative terms; and stimulating or inhibitory functions may be exercised by the same cell, according to the relation which subsists between the wavelengths of the impulses travelling to or from it, the distance over which they are propagated showing the effect of sufficient inducement to overcome what we almost call reflex action. Lloyd Tuckey mentions a physician of his acquaintance who found his little daughter extraordinarily ticklish, and used to tease her by tickling her; but he called up such a strong inhibitory action by giving her sixpence when she bore the tickling without wincing, that she soon became quite callous about it.

Now, applying this theory of interference to the induction of hypnosis, we find that it serves to explain several points. Take hypnotisation by the method of fixation: an intense and unusual stimulus is applied to the optic nerve, and by it, carried to the optic centres in the form of an afferent current of abnormal form and intensity.

The effect of such strong stimulation is not confined to the receiving centre, but overflows it and acts upon neighbouring and associated ones. The nerve impulse thus sent through the communicating nerve fibres is composed of waves which meet the normal currents traversing these channels in such a way as to interfere with and neutralise them, and hence we arrive at inhibition, either complete or in part, of the functions of many or a few of the cortical centres.

The condition, once produced, its reproduction is rendered easy by the setting up of a nerve habit. Psychical processes such as auto- or hetero-suggestion may be supposed to cause hypnosis by originating a nerve impulse, starting from the ideational centres. Inhibition, therefore, is interference, and not abolition of function; and its distinguishing characteristic is its immediate production and removability.

By suggestion, we may be supposed to start an impulse from the higher centres, the waves of which are propagated to the centres it is sought to influence, and which either coincide with and strengthen the efferent waves proceeding from these (dynamogenesis), or by interfering with them, cause inhibition which is the foundation of hypnotism.

The heart affords one of the best examples of the close association of neuro-regulating arrangements and their action upon each other. If the heart is removed from a cold-blooded animal; it will continue to contract rhythmically owing to its containing within itself ganglia derived from the sympathetic system. But these ganglia have not all the same functions. The principal ganglia are three in number, named those of Bidder, Remak and Ludwig. The two former are excitor centres, while Ludwig's ganglion is inhibitory. This is well shown by experiment. Let the heart be cut into two unequal portions, one consisting of the right ventricle (with Remak's ganglion), and the other of the two auricles and the left

ventricle containing Ludwig's and Bidder's ganglia).

The first portion will continue to beat, but the second portion will remain quiet. Let this second portion be again divided and the auricles (containing in their septum Ludwig's ganglion) will be found to remain quiet, while the ventricle will recommence to beat again. Ludwig's ganglion has thus proved strong enough to counteract one excitor ganglionic centre, but not sufficiently strong to control two.

It is probable that all sensory and sensorial nerves are capable of determining inhibition, and the study of hypnotism affords a valuable confirmation of this theory. The highest centres may be inhibited by acting on several sensory areas and tracts, and the position of these seems to vary in different individuals. For instance, gentle friction of the forehead will, in many people, speedily determine cortical inhibition and hypnosis; some people have inhibitory and hypogenic zones, such as the vertex (of the head), the nose, malar bone of the cheek, the clavicle or collar bone, the mammary region, the bend of the elbow, and the upper and outer parts of the thigh, the knee and the outer and inner side of the ankle; in these people the touching of one of these zones has sent them frequently into the lethargic or first stage of hypnosis of Charcot.

LIÉBEAULT'S RULES

- (i) Insist on having one suitable witness to every hypnotisation, as a protection for the hypnotist as well as for the persons hypnotised.
- (ii) Give the suggestion to all very suggestible persons (somnabulists), that no one else can hypnotise them (to prevent them ever falling into the hands of undesirable people who misuse hypnotism for their own ends).
- (iii) Only give suggestions for therapeutic purposes so long as legal, scientific, or didactic purposes do not enter into the question.

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METHODS OF HYPNOTISING

Lloyd Tuckey's Method - the testing of the degree of hypnotisability of the patient - finger fixation - verbal monotonous - toned suggestions - response to local warmth - method of awakening - testing of stages of hypnosis - cataleptic stage, automatic stage, somnambulic stage - testing for en rapport - production of negative hallucinations

Bernheim's Method - eye to eye fixation - monotonous verbal commands - thumb and finger imperceptible movements - how to assist a difficult patient - speed with which repeated hypnosis can be made, and how

Grossman's Method - a hint in how to overcome the sceptic - suggest suggestibility to each patient - insensibility of the eyeballs - the half-sitting position and its hints - the dazed expression - how to succeed with an obstinate patient - treatment of pain - persistence until success - talent for invention - induction of anaesthesia and amnesia immediately on awakening the patient - prevention of harmful results of auto-suggestion

The Author's Occidental Method - importance of comfortable position of patient in easy chair - all - important explanations to the patient - what the hypnotist will do - what the hypnotist must expect - what the hypnotist expects of the hypnotised - mental state of rest - automatic verbal and motor obedience - signal for awakening - insensibility of eyes test - the tiring of the sense of sight by the bright light of the ophthalmoscope (or other light), or by other methods described - the wording of the all-important detailed suggestions of sleep - the automatic closing of the eyes - complete relaxation - the dreamy state - the sleepy state - the production of the cataleptic state by stroking the limb - the automatic state - the somnambulic state - the acting of dreams - the acting to command - the carrying out of post-hypnotic suggestion - the method of awakening - how to command the awakening with certainty .

Liébeault's Method - the making the mind as blank as possible - fixation of the eyes on any object - sleepy suggestions - tests for suggestibility - en rapport

Erskine's Method - eye fixation whilst patient relaxes fully in an easy chair - eyelids to close with each verbal count - command to sleep - suggestions made - method of awakening - evading the conscious mind

Binet and Féré's Method of Fascination - its advantages - its objections and dangers - tendency to induce a state of complete automatism with entire suppression of the patient's personality - the hypnotist's eyes - appearance of intense brilliancy - patient attracted by those eyes - success of this method with the insane persons upon whom the other methods have failed - cutting short maniacal attacks - successful treatment of various intractable mental conditions - the first sign of reversed hypnotism - tendency to fatigue of the hypnotist

The treatment of refractory cases

Bernheim - Coué Method - the patient relaxes on a couch, the head of which is raised - the room is flooded with a beautiful blue light - patient asked to either look at light reflected from ceiling or at a print of the hypnotist's eyes - a special gramophone record is played to produce hypnotic sleep - hypnotist energetically moves his hands and arms in certain directions of magnetic line of force - advantages of the method

The Author's Artificial Eye Method - a Dr. Millauro artificial eye used - instructions of a suggestive nature given to patient - patient relaxes in ordinary chair - patient carries out hypnotist's commands - method of lighting up the room and the artificial eye - subsidiary use of the Cannon Hypnoscope

Treatment by transfer of illness from the sick to one already profoundly hypnotised - Luys' clinic method - the " adoption " is not only of the disease, but also of the patient's personality, by the profoundly hypnotised - its experimental value

Hypnotisation of animals - illustrations - hypnotisation of the victim of animals

The Author's Method of using suggestion with hypnosis - patient must relax completely - close his eyes - pay NO attention to what is said to him - election of words - how to use these selected words in therapeutics - cycle of repetition and rest - Method of Silence used when patient will listen and pay attention to what is said to him

Delboeuf's- Yogism - so-called occult and Indian fakir practices explained

Auto-suggestion - Napoleon and Coste de Lagrave - "will-power" - essence of faith - healing and " Christian Science "

Carl Wickland Modified Method of Depossession - medium - static current - how to "de-possess" a

patient - the author's modified method - how to produce a static current

LLOYD TUCKEY'S METHOD

- (i) PATIENT reclines on a couch, or in an easy chair.
 - (ii) I stand or sit beside him (*the personal pronoun is used so that the reader will identify himself with the " I ".*)
 - (iii) I hold the first two fingers of one hand at a distance of about twelve inches from his eyes, at such an angle that his gaze shall be directed upwards in a strained manner.
 - (iv) I direct him to look steadily at the tips of those fingers, and to make his mind as nearly blank as possible.
 - (v) After he has stared fixedly for about half a minute at the fingers, his expression will undergo a change; a far away look coming into his face.
 - (vi) His pupils (eyes) will contract and dilated several times, and his eyelids will twitch spasmodically. These signs indicate a commencing induction of the desired psychical condition.
 - (vii) The progress of sleep is generally helped by verbal suggestion, such as "Your eyelids are becoming heavy; they are getting more and more heavy; my fingers seem indistinct to you (this is said when it is noticed that the pupils are dilating and contracting); and a numbness is stealing over your limbs; you will be fast asleep in a few minutes; now sleep." If the eyelids do not close spontaneously, I shut them gently.
- It is sometimes an assistance to lay one's hand gently, but firmly, on the forehead. (One to three minutes are usually required by this method to produce the hypnotic condition.)
- (viii) Before awakening the patient, I gently rub the epigastrium and suggest a feeling of warmth in that part of the body, a general sensation of comfort and well-being, and agreeable awakening. The response to suggestion of local warmth is an excellent test of vital force and reaction, and it varies with the health of the patient.
 - (ix) After a few minutes, I tell the patient that he has rested long enough, and that he can now open his eyes and arouse himself. (The patient generally obeys at once and states that he feels refreshed.)

At the next sitting:

- (i) The patient enters the hypnotic state more rapidly, and its degree will very likely be found to be intensified.
- (ii) Therapeutic suggestions may now be made.
- (iii) If desired the extent of hypnotic influence may be tested. This is generally done by:
 - (a) raising the arm at an angle to the body, and telling the patient to keep it there;
 - (b) if the cataleptic state has been reached, it becomes stiff and rigid in that position, and will remain in it for an indefinite time, corresponding to the subject's muscular development;
 - (c) if the arm shows no tendency to drop, a rotary motion may be given to it, and the patient told to continue this movement;
 - (d) if the third degree is reached, the patient will continue to do so until he is ordered to desist it.
- (iv) The tests for somnambulism are now applied:
 - (a) speak to the patient and get him to reply;
 - (b) another person is then told to address him, and if the questions he may put fail to elicit any response, it will be evident that the subject is *en rapport* with the hypnotist only, and other tests may be used, such as tickling the nostrils to demonstrate that anaesthesia exists and prove the depth of somnambulism;
 - (c) posthypnotic suggestions may be made;
 - (d) negative hallucinations and delusions of the senses can be suggested (for example, the patient is told that when he wakes up he will not see Mr. A, in the room, nor *hear* what he says, and will not *feel* him touch him).

BERNHEIM'S METHOD

- (i) I request the patient to sit in an armchair.
- (ii) And to look straight into my eyes for a few seconds, but not longer than one minute.
- (iii) I declare loudly and firmly, in a monotonous tone of voice that he is:
 - (a) going on famously;

- (b) that his eyes are already moist;
- (c) that his eyelids are heavy;
- (d) that he feels a pleasant sensation of warmth in his legs and arms.
- (iv) I tell the patient to look now at the thumb and index finger of my left hand (which I depress unnoticeably so that the eyelids follow).
- (v) If the eyelids fall of their own accord soon, I have gained my end.
- (vi) If not, I say: "Close your eyes!"
- (vii) I lift up one of the patient's arms and lean it against the wall, or against the patient's head, declaring that it is rigid, that it will be drawn irresistibly against his head, as if his head was a magnet.
- (viii) Should this not succeed, I must help a little.
- (ix) I become very definite and intent in suggesting.
- (x) I suggest at the same time, disappearance of thought, obedience of the nerves, feeling of well-being, rest and slumber.
- (xi) As soon as one or other of these suggestions begins to work, I must use it and lay emphasis on it. At times it will be desirable to get the patient to state his experience by movements of the head (nodding for yes, and shaking the head for no!).
- (xii) Every suggestion which elicits the reply "yes" in the early stages is an important achievement, and I must use it for all the following suggestions: "You see, it is working well; your slumber is getting sounder; your arm gets more and more rigid; you cannot depress it now."
- (xiii) If the patient tries to do so with some result, I resist him and say: "On the contrary, if you try to bring it down, it only moves towards your head. Look here, I attract it towards your head."
- (xiv) It is wise to avoid the suggestion of catalepsy of the arm at the first two or three sittings, in very critical and refractory people. After some practice one soon can recognise when it is safe to risk this.
- (xv) It is a mistake to make the patient fix his eyes on an object too long, as a rule. A minute is usually sufficient:

Later on it is sufficient to look at the person to be hypnotised for one or two seconds, and to give the

suggestion of sleep at the same time. As a rule I simply declare: "You are asleep" making a movement of my hand in front of the patient's eyes and the subject is immediately hypnotised.

GROSSMAN'S METHOD

(i) I suggest suggestibility to every patient. I deal with the sceptic as follows. I say to him: " I am going to press on your conjunctivae (eyeballs) with my fingers, and although you will scarcely believe it, I will do so without you blinking your eyes." The experiment nearly always succeeds, because the conjunctivae of almost every person become anaesthetic by the person fixing, at the same time, the attention on this sort of suggestion.

(ii) The fact that the suggestion has succeeded, frequently increases the suggestibility to such an extent that the command to sleep, simply following at once on this, suffices to cause hypnosis to appear forthwith.

In other cases:

(i) The patient sits in a chair, without leaning back, or still better, rests on a sofa in a half-sitting, half-lying position;

(ii) And is told to fix me intently with his eyes for a few seconds.

(iii) I then suggest to him that he feels a sensation of warmth traversing his limbs, and especially that his arms which are resting on his knees are becoming as heavy as lead.

(iv) Having said this, I raise the arms a little, catching hold of them by the wrists, and cause them to fall suddenly by a slight push of my hands.

(v) They fall back on the knees, apparently as heavy as lead, and the patient actually feels a marked tiredness in his arms, in every case.

(vi) If I do not observe the somewhat dazed expression, or traces of it, which may only last for a few seconds, I then employ the principal "trick":

(vii) I ask the patient to close his eyes, or I close them myself quickly; then

(viii) I seize the wrists, the forearms being flexed upwards, and suggest that he is becoming so tired that he can no longer sit up, but must sink back.

(ix) I gradually press him backwards myself by imperceptible pushes, until his head is resting on the back of the chair, and provided that it is still necessary, give the command to sleep.

- (x) It is best to touch the painful part with the right hand, and to declare at the same time that. the pains are disappearing.
- (xi) I then ask the patient during the hypnosis about the result, and, if possible, do not leave off until this is complete - at all events for the moment.
- (xii) I often have to use several suggestions, and should possess talent for invention. Everything succeeds at once with persons who are very suggestible, while one has much difficulty with others.
- (xiii) I must first see that I induce anaesthesia and amnesia (loss of memory) as rapidly as possible, after awakening the patient.
- (xiv) It is important to prevent the harmful results of certain auto-suggestion. Because people fear harmful results from hypnosis, they wake up giddy after the hypnosis; one should emphatically and with the utmost firmness and confidence state the stupidity of such ideas. All these things must be suggested away by a renewal of the hypnosis. Remember that *anything produced by suggestion can be removed by suggestion*.

THE AUTHOR'S OCCIDENTAL METHOD

- (i) I place my patient in a comfortable chair, or lay him down flat on a couch.
- (ii) I see that the limbs and neck are in comfortable positions.
- (iii) I tell the patient:

ALL-IMPORTANT -

- (a) What I am going to do.
 - (b) What to expect.
 - (c) What I expect of my patient.
-
- (1) That it is necessary for the patient to pass of his own accord into a state of restfulness and extreme mental comfort;
 - (2) In which the patient will automatically carry out verbal requests, unless he objects;
 - (3) The patient may think he is falling to sleep, but that in actuality he is very mentally alert; but I then say to him: "I want you to think of nothing at all."

- (iv) I give him a signal for awakening, usually: " You will hear me count seven, and when I have counted up to seven, you will be able to open your eyes, and awaken."
- (v) "I am going to press my fingers on the whites of your eyes, and although you will scarcely believe it, your eyes will not close, but will remain wide open; they won't blink. You see your eyes have already lost their power of feeling (and are anaesthetic)."
- (vi) If very successful, as is usual, I can at once command sleep, and hypnosis is produced.
- (vii) If (v) was not successful (an unusual occurrence), or even if successful and I wish to further suggest sleep and tire the senses, with a view to producing profound hypnosis, I fix the patient's eyes for a few seconds with my own eyes, and then replace this method by one of the bright coloured lights of my hypnoscope (for use of colours, see the section on the " Spectrone " Lamp), at a distance of one foot in front of and above the level of the patient's eyes. If the room is very bright, I use a large plated vibration fork, which I vibrate in the same position (in which case the patient is asked to look at the space between the two vibrating ends).
- (viii) I then say: "Look steadily at this light (or other object), but do not strain your eyes; you will soon see two lights and a glow or halo will form around them: think of nothing; and let your mind go blank. Your sight is growing dim and indistinct; your eyes will soon feel heavy, very heavy, and your eyelids will tend to close. Keep your eyes open as long as you can, and so try to resist the feeling of tiredness. (Pause.) Numbness is creeping over your limbs, your arms and legs. (Pause.) My voice seems muffled to you; it is becoming more muffled to you. (Pause.) You are getting more sleepy; you cannot keep your eyes open. You now breathe slowly and deeply, slowly and deeply, slowly and deeply, slowly and deeply."
- (ix) "Now as I pass my hand (now resting on the patient's forehead lightly) over your eyes, your eyes will close; your arms and legs, especially your arms, are becoming warmer and warmer, and more heavy. They are becoming heavier and more and more numb." (I sometimes use at this stage the method described as Erskine's Method.)
- (x) "Relax more; let yourself go! Just go to sleep, but remember that you are not really asleep, and will hear all that I say to you. As you sleep more deeply you will only hear what I say, and you cease to hear anyone else speak, and therefore do not know how to answer them; keep your eyes closed tightly; let go!" (The patient is now in a dreamy state.) " Gradually you forget everything, forget everything, everything, everything. Your thoughts like birds in the distance are vanishing, vanishing, vanishing."
- (xi) I then say: "You are unable to lift your eyebrows, and you cannot open your closed eyelids. The more you try to raise your eyebrows in your effort to open your eyes, the more tightly will your eyes be closed."

(xii) A few seconds later say: " You cannot move your hand." (Usually the patient cannot; if he can, resist it and say that he is actually making his hand go the opposite way to which he wants it to go.)

(xiii) Pause, and then tell the patient to move his hand if he can. (He struggles to do so, and at most makes little headway.)

(xiv) I then stroke an arm or leg *from the top to the bottom* (even if covered with clothes) and suggest: "The arm is becoming stiff and stiffer, stiffer and stiffer, stiffer and stiffer, and whatever position I place it in, it will remain fixed there." (Catalepsy.)

(xv) I then move the arm in a certain direction, telling the patient to continue the movement, and if it continues to move then, of its own accord, until I stop it, I suggest it is becoming heavy and just like lead, and that when I let go it will drop into his lap, heavily, just like a stone. I then suggest a dream, and ask the patient to relate it and act it for me. If the patient is definitely in the state of somnambulism) as the psycho-physical test would indicate, the patient will faithfully reproduce all these things. I can suggest acting such as " You are a general, leading an army to victory " and the patient immediately faithfully reproduces that role. I can also suggest post-hypnotic actions, now, at a future date which will be carried out at the exact time stated.

(xvi) Now I make the necessary therapeutic suggestions, and may ask the patient to nod in affirmation. Lost memory can also be recalled with a faithfulness and accuracy almost incredible.

(xvii) I then command the patient to repeat silently in his mind certain suggestions, so turning the hetero-suggestion into autosuggestion under extremely potent psychic conditions. I say: "*Repeat in YOUR mind*, my disease will pass - it will pass - it will pass - it will pass - my unconscious mind now works for my health, my success, and my happiness; my health, my success, my happiness. I overcome everything with the greatest of ease - I overcome everything with the greatest of ease - I overcome everything with the greatest of ease; I have renewed energy, courage, and confidence. I am full of health and the joy of living. I am calm, harmonious and confident; calm, harmonious and confident; calm, harmonious and confident. I have a new and powerful personality and I am in harmony with the Universe and at peace with myself - at peace with myself. I am ever so well and ever so happy." (For further suggestions see wording of Author's gramophone suggestion records in the Appendix)

(xviii) I then count very slowly, 1, 2, 3, 4, 5, 6, 7. The patient may have to make a strong effort, but usually succeeds in opening his eyes at the time appointed. In unusual cases blowing upon the eyelids and suggesting awakening will succeed. Should even this fail, which is extremely rare, or should you be called in to deal with a case which has been hypnotised, and whose hypnotist has, through want of skill, failed to awaken the person, you will speak as to a third person, and say: "Mr. (or Miss) X will wake up refreshed, and without any headache or tiredness, in exactly five minutes time." This method will always succeed.

LIÉBEAULT'S METHOD

- (i) I sit my patient in an armchair.
- (ii) And tell the patient: "Make your mind as blank as possible. Think of nothing at all."
- (iii) "Fix your eyes on this" (pointing to some object anywhere in the room).
- (iv) I suggest that: "Your eyelids are getting heavy; the eyelids will soon close; your vision is getting dim and misty; your arms and legs are getting heavy; numbness is creeping over your limbs; my voice is becoming muffled to you; you are getting more and more sleepy; you now cannot keep your eyes open." (Here the patient closes the eyes almost automatically, or the eyes are closed by me.) The patient is indeed asleep.
- (v) About two minutes of this talk about sleep usually produces an hypnotic effect on a new patient; and on subsequent visits even less time is required.
- (vi) I then proceed with the proper suggestion treatment.
- (vii) To test the power of susceptibility, Liébeault placed his hand over the epigastrium, and applied gentle friction, suggesting as he did so, a sensation of warmth; he regarded a responsive glow as almost essential to the success of subsequent treatment, and it is the first link in the chain which constitutes *rapport* (psychical contact: "in touch with"), between the physician and the patient. The warmth is not merely imaginary, for it is appreciable to the touch, and can often be registered by the thermometer, and is, in fact, analogous to blushing.
- (viii) When the hypnotic sleep has been profound, it may be necessary twice or thrice to repeat the order to wake up, and even to enforce it by fanning the patient or blowing gently upon his eyes; but the simple command is usually enough.

ERSKINE'S METHOD

- (i) The patient sits in an easy chair and relaxes.
- (ii) Say: " Look at me! " (The hypnotist looks into the left eye of the patient for about a minute.)
- (iii) Say: " Now close your eyes each time I count: when I have counted up to ten, you will not be able to open your eyes."
- (iv) If this suggestion works, the hypnotist now commands: " You are fast asleep, fast asleep! "
- (v) Suggestions are now made.

(vi) The patient is awakened by the hypnotist "snapping" his fingers.

(vii) Should (iii) not be effective and the patient can open his eyes, the hypnotist now commands: "You are glued to the seat and you cannot get up." This suggestion is usually effective and the patient is so surprised that the mind at once passes into the psychic state, however light a hypnosis it may be.

BINET AND FÉRÉ'S METHOD OF FASCINATION

In ordinary medical practice it is unwise to use this method as it introduces too much personal element into the hypnotism, and induces a state of complete automatism in which the subject's personality or *ego* is entirely suppressed.

(i) The hypnotist asks the patient to fix his eyes on the hypnotist's right eye, and the hypnotist then looks fixedly and pertinaciously into the left eye of the patient at the distance of a few inches.

(ii) At the same time he firmly holds both the patient's hands.

(iii) In a few minutes the patient's face becomes expressionless.

(iv) The patient sees nothing but the hypnotist's eye, which will appear to shine with intense brilliancy; and to which the patient is attracted like a nail drawn to a magnet.

This method frequently succeeds with *insane* patients, when all other methods have failed.

Any means to obtain the hypnotic state are permissible in dealing with the insane, as by using hypnotism and suggestion, attacks of mania can be cut short, and various intractable mental conditions cured.

The objections to this method from the hypnotist's point of view are twofold:

(i) If the patient is refractory and the hypnotist is tired, the hypnotist may be hypnotised by the patient. This happened to both Braid of Manchester, and Liebeault of Nancy.

The first sign of the hypnotism being reversed is very unpleasant (the hypnotist being hypnotised by the patient), and a curious inhibiting influence steals over the oral muscles. (These particular muscles are less under the control of the higher centres than the muscles of other parts of the body, and this is often well observed in G.P.I. (dementia paralytica), chronic alcoholism, and allied conditions.)

(2) The hypnotist becomes fatigued. In cases refractory to hypnotism:

(i) Hold one of the patient's hands with your left hand.

- (ii) Stroke his forehead with your right hand.
- (iii) At the same time suggest the symptoms of sleep. Remember that manipulations about the head have in many persons a most soporific effect.

Another method is also used, even when the usual methods have occasionally lost their effect (and in addition to them):

- (i) Stroking the patient's forehead and head gently in one direction.
- (ii) Whilst the patient's gaze is fixed on some distant object.
- (iii) It must also be remembered that sometimes (in a few cases only) verbal suggestions regarding the onset of sleep may actually tend to keep the patient awake.

BERNHEIM-COUÉ METHOD

- (i) The patient is made to relax fully on a couch, the head of which is raised. (The room is flooded with a beautiful rich blue light, which is reflected on to the ceiling, and concentrated on one spot.)
- (ii) The patient is now commanded to look at the part of the ceiling where the greatest concentration of light is focused, for almost one minute;
- (iii) or, alternatively, with the room flooded with light, the patient is asked to concentrate his attention upon a large photograph of the hypnotist's piercing eyes, held at a distance of three feet, for one minute.
- (iv) A specially prepared record is played, usually with the Author's suggestions on it, which now gives all the various commands necessary to produce hypnotic sleep.
- (v) In addition, the hypnotist frequently gives out his magnetic force by stretching out his arms in front of him, with palms downward, and the thumbs touching.
- (vi) Then the arms (outstretched) sweep down over the patient and to the hypnotist's side with a rapid sweeping rhythmic action, until the patient is in trance.
- (vii) (The great advantage of this method is that the patient can afterwards hypnotise himself by the use of a similar record, only with auto-suggestions also recorded on the gramophone record, so that the patient not only gets the benefit of the hypnotic sleep, but also of the potent suggestions, made out in the form of a telegraphic wire, using a self-stopping gramophone, when he will afterwards fall into a natural sleep, when all the suggestions which are on this particular record - as each patient has a special record made for himself under expert supervision - will be reiterated again and again until the patient wakes up from a natural sleep in from ten to twenty minutes, feeling refreshed, happy and contented. The Author

also uses this method which he perfected for his friend Dr. de Radwan).

THE AUTHOR'S ARTIFICIAL EYE METHOD OF INDUCING HYPNOTISM

A very good, heavy-looking artificial eye is required with a blue iris and a medium sized pupil; it should be so well made that the pupil appears to dilate when one gazes at it for a minute or so. (The Author prefers the artificial eyes made by the daughter of Dr. O. Millauro of 43 Tavistock Square, London, W.C.1, at two guineas each. Only one eye is needed and with reasonable care will last a lifetime.)

- (i) The patient is commanded to relax in the chair, and then you place a piece of black cloth on the palm of the patient's left hand and put the eye on the cloth, so that the pupil slopes towards you. Now place the patient's right hand underneath his left hand, and let these hands so rest comfortably in the patient's lap,
- (it) Say: "You will look at the pupil and notice that it dilates, and varies in size. In fact the whole eye varies in size, and tends to appear to become misty and large and occasionally disappear."
- (iii) Command: "You will be fast asleep in less than two minutes."
- (iv) If the patient is not asleep at the end of this time, pass your right hand down from his eyes to the artificial eye (his eyes invariably follow your hand) and command the patient to sleep. Usually the patient is hypnotised and potent suggestions can then be made.
- (v) Where the room is very dark I have a small light, preferably green or blue, shining upon the eye which is in the patient's left hand, and concentrate the purple ray of my hypnoscope upon the glabella. Often very rapid hypnosis is thus induced.

N.B. In this method no suggestions of sleep are given beyond the preliminary explanation and the command (if necessary) when the hand is passed over the eyes of the patient, down to the artificial eye, when the patient's eyes close. If they do not, *command* the eyes to close. (The clue is "cLoSE your eyes.")

TREATMENT BY TRANSFER OF ILLNESS FROM THE SICK TO ONE ALREADY HYPNOTISED : THE POWER OF EXACT AND DETAILED MIMICRY

- (i) The patient is directed to sit down and grasp the hands of a profoundly hypnotised subject. (Luys' Clinic in Paris.)
- (ii) The hypnotiser then passes a heavy magnetised bar of steel up and down both sitters' bodies, especially pressing on the cardiac and epigastric areas: the hand will do.
- (iii) A shiver passes through the hypnotised subject's frame, and he begins to complain of suffering from the same symptoms as the patient has experienced.

- (iv) The doctor questions him as to the symptoms, and then assures the patient that he will be cured.
- (v) In the meantime the patient looks on and sees the transference writhing in his pains, and imitating his voice, gait and demeanour, to a detailed degree which is extremely impressive.
- (vi) When the doctor thinks that this state of exact mimicry has been sufficiently demonstrated, he wakes up the subject and tells him to feel no more pain (in fact the hypnotised subject has usually no recollection of what has happened in the somnambulic state, and goes away rejoicing in the fee which the hypnotist or the cured patient has given him for the sitting).
- (vii) Luys, of Paris, believed that the sitter not only took on the disease, but also the personality of the patient, imitating a female by her exact female voice, and a male by his male voice, etc. This is a rather ancient method which need hardly exist in this age of science, as Luys intended it and interpreted it to be; but from an experimental point of view it has many lessons to teach those who are willing to study these phenomena. The Author uses it on many occasions because he realises the great value of perfect mimicry; the effect upon the conscious and subconscious mind is enormous. One has only to recall how a habit can be cured in oneself by seeing another do the same thing, and susceptibility to illness of mind and body is really a bad habit (habits can be subconscious as well as conscious) Many bad habits and illnesses can be cured if only a mirror of the mind and its resultant actions can be effectually portrayed. to the sufferer. The only perfect way we know of at present, apart from coincidental identical sufferers (as a person with a peculiar facial tic, seeing by chance another person with an identical tic, will frequently never suffer from that tic again, in degree to his suggestibility, which explains the greater cures of this kind in children who are very suggestible) is the use of a somnambulic hypnotic subject as the perfect mimic.

ANIMALS AND HYPNOTISM

Animals can be hypnotised, by "fixing" their gaze, by stroking their heads, their bodies, and so forth. The method of changing the nest of a sitting hen, familiar to poultry farmers, depends on hypnotism for its success. The fowl's head is firmly held under its wing for a few minutes first, and then she is carried from one nest to the other, and appears to be quite ignorant of the change. The drowsiness induced in many animals by gentle friction of the forehead is a matter of common observation. In South America negroes are reduced to a condition of drowsiness by the gentle stroking of the head and manipulation of the hair, which they seem to be so fond of, at the hands of their women-folk.

On the other hand, tigers, lions and snakes, etc., first hypnotise their victims. Note the vacant ("frightened") stare in the victim attacked (even well portrayed in pictures).

THE AUTHOR'S METHOD OF USING SUGGESTION WITHOUT HYPNOSIS

- (i) I look at the upper part of the sternum or breast-bone (whether it is covered with clothes or not) and achieve a dominant note in my voice and say emphatically: "Rest, relax, let yourself go!.. Close your eyes. . . rest on! . . . pay no attention to my words! . . . You will have no more difficulty, no more feeling

of doubt, no more feeling of incompetence, no more nervousness . . ." etc. etc. etc.

(ii) If the patient stammers, I say: " I can assure you that you *can* talk perfectly, and, furthermore, that you will have absolute self-confidence. You will stammer no more, and will speak fluently, in fact, you will become an orator; you will have no more difficulty whatsoever, and will feel at perfect ease; you will no longer feel nervous, but will feel absolutely self-reliant and competent. You will always succeed," etc. To save repetition the reader is referred to the gramophone record section for suitable "auto-suggestion." (See Appendix.)

(iii) This talk will occupy somewhere about five minutes; after which I say: " Keep your eyes closed, and just think of nothing." "Keep your eyes closed until I tell you to open them."

(iv) I now walk away and return in about ten minutes, and repeat (i), (ii) and (iii).

(v) I repeat (iv) (resting period), but only repeat afterwards (i) and (ii), telling the patient to return in three days' time (if not cured at the first visit).

Ten or twelve visits are often curative. In cases where the patient *will* listen to what I say, the above method will, of course, fail. It is essential that the patient does NOT listen to what I say, as by not listening, the words hold sway, in some way or other, with the unconscious mind, and not with the conscious. These people are usually extremely nervous persons. In these cases, I simply close their eyes for them with my fingers; SAY NOTHING; rest my hand upon their forehead, and stroke it gently and continue to do so for about seven minutes, at the same time holding one of the patient's hands. At the end of this "say nothing" consultation, I shake hands with the patient, but do not speak. If the patient is not cured, I let my secretary or someone in the household make the next appointment for me. What happens I do not quite know, but the sick become well; the worried become restful and carefree; hysterical paralytics, who have been brought in chair or ambulance, walk; hysterical aphonias (loss of voice) will, the next time (if not already cured), submit to the suggestion method with formula as stated under (i), (ii), (iii), (iv) and (v).

Delboeuf explains Yogism and some practices of the so-called occult and Indian fakirs in this way.

We can hear the heart beating when we lie in bed at night, when all is quiet and our ordinary senses are cut off, and we can to some extent increase or decrease the beats at will, under these circumstances. We can think of our cold feet becoming warm, very warm in fact, and after several minutes of such concentrated thought, they actually do become warm. To further this point, a person by imagining that he has a certain disease (which he then has not), can in time so produce a disturbance of the vegetative phenomena, that he will not only suffer from that disease, but may actually die of it.

As regards AuTo-suGGEsTioN, Napoleon and also Coste de Lagrave were able to sleep at will, and awaken at a specified time. This was done by lying down, fixing their attention upon sleep, and on the idea that they would awaken after a certain number of minutes (the unconscious mind is a remarkably

accurate time-keeper).

They could produce dreams of the character they desired, and evoked sensory hallucinations and delusions to such an extent that they at times became greatly alarmed lest the condition thus induced might remain permanent. •

By auto-suggestion they could cure themselves of colic, gastrodynia, sciatica, and the like. This was done by closing their eyes and concentrating their thoughts on the organ they wished to affect. One quarter of an hour was the longest period required to completely remove such pain. This is the essence of faith-healing, psychic-healing, and the like, and the reader, by persistent and intense practice, can have the same powerful control over his body: the Orient has long known the value of this auto-mind-power-control in which many Yogis, fakirs and Buddhists are Past-masters.

THE CARL WICKLAND MODIFIED METHOD OF DE-POSSESSION AS USED BY THE AUTHOR

Dr. Carl Wickland of America has for many years used his wife as an excellent medium and placed the patient in an insulated chair. Then a Static current is switched on and the medium removes the entity from the patient. (Whether this theory of "possession" is believed in or not, matters not; the resulting cures are the telling factors.)

For some time the author has used this method, and was the first person to introduce it into England, only using a deep trance hypnotic subject or a very reliable trance medium, and at the same time playing a potent purple ray on to the eyes of the patient sitting on the insulated chair, so producing at least mild hypnosis in the patient and thereby facilitating the process of de-possession.

The detailed procedure is as follows:

- (i) Sit the patient in an insulated chair.
- (ii) Place the one pointer of the static machine within an inch of the solar plexus and the other within an inch of the nape of the neck.
- (iii) Now set the Wimshurst machine working and close the spark-gaps between the Leyden jars.
- (iv) A static current remains all over the patient. (This can be tested by nearly touching the patient at any part of the body, when a spark will pass between the patient and the operator.)
- (v) The current is kept on for ten minutes.
- (vi) Now switch off the current and place one pointer near to the glabella and the other pointer at the bottom of the spine, within an inch of the lower part of the sacrum:

(vii) Repeat (iii), (iv) and (v).

(viii) Now switch off the current.

(ix) Place one pointer within an inch of the nape of the neck and leave the other near the sacrum (see (vi)).

(x) Now repeat (iii), (iv) and (v).

(xi) At the end of this time place a somnambulist in deep trance and get him to hold the hands of the patient (at which moment a slight shock is felt by the patient) and then command the subject to "remove the possessing entity "; which he does, sometimes peacefully and sometimes with much struggling.

(xii) Switch off the current - give helpful suggestions to the somnambulic subject, after which you awaken him and send the patient home.

The patient is frequently cured the first time. If not, at the most, six such treatments suffice to cure the patient of his malady.

N.B. A large Wimshurst machine is driven by dynamo and discharges constantly into two Leyden jars which are allowed to constantly discharge, giving a ten-inch spark of about 220,000 volts (but no amperage).

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THE SCIENCE OF HYPNOTISM

Alexander Cannon

CLASSIFICATION

Charcôt's - lethargy, catalepsy, somnambulism - how these methods are tested - neuro-muscular activity and its tests - production of the cataleptic state by the hypnotist opening the eyes of the patient - the emotional attitudes produced - one-sided catalepsy - the production of the somnambulant state by gently rubbing the top of the head

Liébeault's - first stage of drowsiness - second stage of suggestive catalepsy - almost complete retention of consciousness in the first and second stages - third stage of oppression by great sleepiness - hypotaxis - fourth stage of complete en rapport with the hypnotist; the patient ceases to be in relation with the outer world - the fifth stage of somnambulism with indistinct and difficult recall of what happened during hypnosis - the sixth stage of complete amnesia for the period of hypnosis; in this stage all post-hypnotic phenomena can be accurately produced

CHARCÔT'S Classification of hypnotic sleep:

(i) Lethargy; (ii) Catalepsy; (iii) Somnambulism.

He believed that there was a regular sequence of these, and that according to the hypnotist, one or other of these states can be produced.

(i) He obtained a state of lethargy by fixing the patient's eyes on a given point, or by gentle pressure on the eyeballs. This state resembles natural sleep, but it is distinguished from it, and all other conditions, by the characteristic feature of neuro-muscular hyper-activity. This is demonstrated by pressing on a nerve, whereupon the muscles supplied by that nerve will soon be put in action; and if a muscle is stroked or pressed it contracts. For example, pressure on the ulnar nerve produces flexion of the ring and little fingers, abduction of the thumb, extension and separation of the first and second fingers.

(ii) When the eyelids are opened by the hypnotist, the patient passes into the second stage of cataleptic rigidity; and this may now be produced in a limb, which may be bent in any position.

(1) The emotion now is according to the attitude in which the patient is placed:

(a) in the pugilistic attitude the patient's expression becomes fixed and determined;

(b) in the attitude of prayer, the patient's expression is an aspect of devotion, etc.

(2) If one eye only is now kept open, one-sided catalepsy is produced.

(iii) The third stage is produced from either the first or second stage by gently rubbing the top of the head, when the cataleptic condition will vanish and other characteristics will appear, the chief among which are abnormal acuteness of the senses and obedience to suggestion.

I believe that these particular manifestations only occur in certain hysterical subjects, and I have only produced them in cases of hystero-epilepsy.

Liébeault's classification of hypnotic sleep:

First Stage: the patient feels a heaviness of the eyelids and a general drowsiness.

Second Stage: characterised by suggestive catalepsy. When the hypnotist places the arm in a certain position, and says that it is to remain there, it is impossible for the patient to pull it down. The arm remains rigid and fixed for a much longer time than would be possible in the natural state.

In the first and second degrees or stages, consciousness remains almost complete, and often the patient denies having been in the hypnotic state because he has heard and remembers every word which has been spoken to him. A very large proportion of people never pass beyond this stage.

Third Stage: the subject is also conscious of everything going on around him to a certain extent, and hears every word addressed to him; but he is oppressed by great sleepiness. An action communicated to a limb is automatically continued. If the arm is rotated to begin with, it goes on rotating until the operator directs its stoppage. The term hypotaxis is applied to these second and third stages.

Fourth Stage: the patient ceases to be in relation with the outer world. He hears only what is said to him by the hypnotist.

Fifth and Sixth stages: these constitute SOMNAMBULISM.

In the fifth stage what occurred during sleep is indistinct and recalled with difficulty. In the sixth stage the

patient is unable to recall spontaneously anything which has occurred while asleep. All the phenomena of post-hypnotic suggestion can be induced in this stage.

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THE SCIENCE OF HYPNOTISM

Alexander Cannon

TREATMENT

Therapeutic value of hypnotism in mental disorders - the almost insurmountable obstacle of auto-suggestion - suggestion per se with special drugs - note on the ten established facts regarding hypnosis and its uses

Liébeault and others - consumption of large doses of poison without harm in the hypnotic state - control of nerve centre excitability - treatment of tetanus and other spasmodic diseases - treatment of dysuria of Bright's disease, diabetes, stricture, prostate enlargement - painless childbirth - regulation of menstrual (monthly period) flow

THE THERAPEUTIC VALUE OF HYPNOTISM

EPILEPTIC insanity, hysterical insanity, melancholia, mania and hypomania are hypnotisable, but it is doubtful if other forms of insanity are. Even in these, fascination may have to be resorted to as practised by Binet and Féré.

Morbid auto-suggestion is an almost insurmountable obstacle, first against the success of hypnotism, and secondly against the fulfilment of curative. suggestion.

But in lunacy, suggestion per se, especially under the influence of tincture of cannabis indica, m. xx. (and with hyoscine hydrobromide, 1/100 gr., if possible), is extremely valuable. Mate tea is also of value in large doses. Suggestion is a power for good or evil ; let no one, therefore, even hint at anything bad, either by word or action, to an insane person!

Hypnosis is most readily obtained in hysterical insanity and in many cases of epileptic insanity.

NOTE

- (i) A suggestive hypnotic therapeusis cannot be established as a means of cure in many mental cases, as the greater number are those of dementia praecox and allied conditions.
- (ii) Hypnosis is effective exclusively in cases in which the psychopathic phenomena are connected with an hysterical neurosis, in dipsomania, and the psychoneuroses (and of course in practically all normal people, to some degree or other).
- (iii) Hypnosis is notoriously easy and successful in alcoholics (when not in the drunken state).
- (iv) Hypnotic suggestion should always be employed when the insane submit to it of their own accord, for they do derive benefit from it.
- (v) Where the fascination method fails in mental disorder, therapeutic suggestion made in the waking state is the most reliable and effective means of cure in mental diseases, and this is much increased with the use of tincture of cannabis indica, m. xx., and hyoscine hydrobromide, 1/100 gr., three times a day or four-hourly. It should be remembered that hyoscine has no effect on respiration, and is an actual stimulant of the heart and circulatory system in small doses (Martindale). It should also be remembered that in many casts of post-encephalitis lethargica (epidemica), cannabis indica may just have the opposite effect, and cause the behaviour to be such as would make them appear to have the "very devil in them."
- (vi) In cases of melancholia with delirium, cases of fixed ideas, cases of alcoholism, and in slight forms of stupor, suggestion methodically repeated in the waking state, in order to combat the morbid phenomena, may prove effectual.
- (vii) In chronic paranoia, I have not is yet found either hypnotism or suggestion of outstanding use, but suggestion has appeared to "quieten down" the delusions; and I have successfully hypnotised true paranoiacs With very good results, which have stood the test of three and four years time. Mesmerism has produced very good results.
- (viii) Obsessions can definitely be dealt I with.
- (ix) Hypnotism determines the manifestation of the latent emotional states, in the same way as chloroform does.)
- (x) Hypnotism can relieve pain in pleurisy, sciatica, lumbago, neuralgia, encephalalgia, cancer, tabes dorsalis, and even in gastric ulcers, duodenal ulcers, and appendicitis, etc.; in the latter three it would be a crime to hypnotise away the pain, until one was certain of what procedure is definitely to be taken in the patient's interest, e.g. operation. It should be borne in mind that for years, hypnotism has been used

for local anaesthesia, and with some very experienced . hypnotists, even for major operations,

EXPERIMENTAL WORK

Liébeault and others have pointed out that in the hypnotic state, whether induced spontaneously or by external means, the hypnotised are able to ingest without evil results much larger doses of poison than can be taken in the normal state, and that the bites of venomous serpents are very much less likely to prove fatal than in the waking state. The action of hypnotism here is probably similar to that exerted by chloral in the treatment of tetanus, and of large quantities of alcohol as a remedy for snake-bites. The excitability of the nerve centres is controlled, and excessive and exhausting discharge is prevented until the poison has been eliminated.

Hypnotic treatment is also itself extremely useful in the treatment of tetanus, and other spasmodic diseases, depending on an increased reflex excitability of the brain or spinal cord - not, be it understood, to the neglect of other treatment, but as an auxiliary. The dysuria of Bright's disease, or diabetes, stricture and even prostatic enlargement in some cases, can be relieved by hypnotism. Childbirth can also be made painless. The menses can not only be regulated, but, if absent, frequently brought on.

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THE SCIENCE OF HYPNOSIS

Alexander Cannon

HYPNOTIC COLOUR SCIENCE

[I regard most of what is in this chapter as almost complete rubbish, and really has nothing to do with hypnosis, except insofar as it shows examples of the placebo effect: if you believe something will work it will work. However I am leaving it in for completeness, as an example of some of the weird and wonderful ideas that seem to float around this subject! - Dylan Morgan]

The secret of the Atlanteans and the Aryan Hindoos - Deighton-Patmore's work - Research of the Colour Centre of Blackpool - etheric vibrations and colours, sound and perfume - some spiritualistic misconceptions - disease and vibrations - the colour spectrum - the value of colours - the secret of making thoughts things - green and the Psalmist - clairvoyance and the spectrum - healing and colour - simplicity is the soul of learning - the Heaven of success out of a Hell of failure - the "etheric double" - B.B.C. and slumber colour-music - the "spectrone" lamp and its multi-colours and multi-jewel-facet fog defiant lens - the Great White Lodge - its lens - its aims - its psychic lamp - colour and sex - the etheric "tuning fork" of the body - great truths from Atlantis - life begins where books end

The "Spectrone" Colour Lamp - colour combination - the use of colours - their effect upon the psyche and physical organism

The Great White Lodge Lamp - use mat-black walls, and ceiling - black, blue or dark red furniture - height of lamp from floor - in centre of room - timing of revolutions according to heart-beat - silence of mechanism - direction of revolution - combination of colours on the globe - use of perfumes and sounding of certain notes by the voice - powerful psychic effect

THIS is a science known only to the Atlanteans and a few of the Aryan Hindoos. It is a science which practised in the West will speedily bring about a "New Heaven and a New Earth" for the world is as we see it, and the Kingdom of Heaven or happiness lies in our own hearts, within us, by the hypnotic suggestions we absorb from others, selecting only those which are beneficial.

In this country of my many friends who have seriously taken up the study of colour I would mention

Deighton-Patmore of London who has made a few charmingly coloured lamps with definite therapeutic effects, and The Colour Centre at Blackpool, headed by Whitehead, Walmsley and Hunt who have done some real valuable research upon this work as is destined by the Great White Lodge of the Himalayas. In this work Ivah Bergh Whitten of the United States of America has taken an active part in the interests of humanity.

Seven is the perfect number. In *Powers That Be* I have referred to the seven stars, the seven planets, the seven notes of music in each octave, the seven colours of the spectrum, and so on. In the same way that the seven colours of the spectrum (Violet, Indigo, Blue, Green, Yellow, Orange, Red), when properly combined and balanced, produce pure white light.

These colours are vibrations, as are notes of music, and the perfumes of the air; the first is a vibration of certain ether rays interpreted as light in science; the second a vibration of other etheric rays of a slower nature and known as sound waves, travelling nearly 18,000 times slower than light vibrations; [DM: actually 900,000 times.] perfume is an etheric vibration which effects the sense of smell and X. It is this X factor which is also affected in the other two vibrations and upon which a new science awaits its birth through hypnotic effect.

To the ancient Atlanteans of 254,000 B.C. and prior to that period, this was a highly developed science, and they have taught us one great lesson, that there is a limit to which one can develop such a science in a particular age, without causing insanity to those who would peer into the unknown. Vibrations must be developed slowly and with a technical skill which only those who are masters of this science know how to do.

In the training of mediums this science of colour and the contacting of certain vibrations is completely overlooked, with the result that many faulty readings are given.

In Spiritualism too much reliance is placed on "the other side" (referring to the world of spirits), who are not, as we are, so foolish as to believe that they are omnipotent in many ways and can train mediums for us. They distinctly tell us who know these things that they cannot properly train mediums because they have not the control of the coarser vibrations which can alone be fully controlled from the earth-plane by scientists who have been trained by the Highest Masters in the perfect technique of hypnosis. Colour vibrations *per se* can induce sleep, hypnotism, mediumship, clairvoyance (which should not be mistaken for the telepathy of mediumship), health, wealth and happiness.

In disease the discomfort is produced by a deficiency in certain vibrations, including visual and auditory vibrations, and this means that the tuning-fork of the body, the etheric-double (which holds the astral to the physical body and should not be mistaken for the etheric body which is still finer than the astral body) is "out of tune" and needs adjustment. The correct colour is found which is required for the replenishing of the deficiency of the spectrum, and the correct sound should also be dealt with, by the use of gramophone records, choosing the right type of music which corrects the deflected auditory vibrations.

The etheric vibrations of the higher realms are still unaffected and can be adjusted by hypnosis or such state induced by colour vibrations alone, auditory vibrations alone, or better still, the two combined.

Perfumes, all of which are smell vibrations, also affect the human vibrations for good or evil. This can be observed in daily life. The constant smell of animals has often cured certain forms of insanity. I have used the Irwin colour filters for producing sedative, recuperative and stimulative influences upon the mind of man. The Deighton-Patmore psychic light (which consists of a red lamp surrounded by an orange bowl) brings out latent mediumship and hypnophilia.

Colour can help or hinder mankind. It can modify a man's disposition, alter his career, cure his disease, prevent lack of presence of mind and so save him from accident. Colour is to be seen everywhere: in clothing, decorations, and in Nature which knows how highly sensitive our psychic organisms are to vibrations of colour.

Red stimulates; *blue* soothes; *purple* heals; *green* pleases; *orange* brightens; *yellow* pierces; *grey* deadens; *violet* kills abnormal growth of tissues; *brown* rests; *pink* develops; these references are to the effect of colour upon the mind-power of the individual.

White is not a colour and reflects all colours. *Black* is not a colour and absorbs all colours. It is a fact that white reflects all thoughts and black absorbs all thoughts which produce colour vibrations: this power has long been known to the Aryan Hindoos who use black to so absorb their many thoughts that a person produces monoideism or a state of a single thought which can be made so powerful that its power is all-powerful. (Most people forget the analogy that if a man has a dozen things to do he can only give a limited time and power to each: if he has only one thing to do he can give it undivided attention with most effective results.) There is much more in the parrot adage: "One at a time, gentlemen . . ." than most people can appreciate.

Bright colours in clothing and decorations have a wonderful stimulating effect upon backward and even mentally defective children, all producing mild hypnotic effects. Offices of all descriptions should have specific light tints.

Yellow pierces the mind-power machine of man and so drags him out of the slough of mental sluggishness and gives him renewed energy and inspiration. In Thibet the religious heads wear the golden-yellow robes for lofty meditation and inspiration.

Find out the colours which people like and let them wear those colours and live under such tinted surroundings, and in the few cases where such makes a person worse, owing to the fact that the wrong personality has over-developed (everyone having a double personality: a Dr. Jekyll of good and a Mr. Hyde of evil), then use the opposite colours and the result is dramatic and successful.

Luther Burbank and Stevens have shown that colours have a great influence in the life of plants and of animals.

The ancients and the psalmist or mantramist knew the value of colours. Nature destined the twenty-third psalm to be taught as one of the esoteric teachings of the Far East to the populus of the West. Green pleases because it stands for peace and harmony, possessing a soporific effect upon the nervous system.

Have you ever thought of the hidden meaning of those magic words: "He maketh me to lie down in *green* pastures." This means the habitation of the planet earth, with its green fields, green trees, in contrast to man's effort at stimulation by red bricks in the city and deadening grey stones of his castles which crumble to dust as the ether is removed by the vibrations which wear away anything in the physical realm; the mastery of the ether is the discovery of wireless-radio, levitation, materialisations and dematerialisations, and last, but by no means least, the power of making ease out of dis-ease, and comfort out of discomfort.

The Colour Centre at Blackpool is not only inventing some excellent colour-therapy lamps, but making the Great White Lodge psychic lamp which is hitherto an Himalayan secret, which can control the mind-body of mankind and has wonders yet to reveal through its mechanism to produce hypnotic lasting beneficial effects.

Right colour leads to right thinking, right living, and to a better and brighter world.

There are some persons who have trained their detection of visual and etheric vibrations to such an extent that they can detect colours beyond the forty-ninth octave of physical colour vibrations which comprise our visible spectrum, and can see in the ultra-violet direction of the spectrum where the etheric and astral vibrations are visible and so are called "clairvoyante."

This faculty belongs to our psychic body which is much less dense than our physical body, and is known as the astral and etheric bodies according to the fineness of the vibrations (the etheric being finer than the astral), and people trained or naturally gifted in these senses can see these vibrations which are described in the Eastern term, "Aura," which Kilner (referred to in *The Invisible Influence*, Rider & Co.) discovered could be detected by the use of special indigo and other specially chemically prepared screens.

Reverting to *colour-music* which I have perfected during recent years with the help of some famous composers and musical directors who have kindly given me the use of their halls, stage lighting and selection of music for experimental purposes - Wagner, Cyril Scott (also author of the "Initiate," etc.) and Scriabine show a knowledge of this science, and Eaglefield Hull in his "Prometheus" symphony has written a special colour keyboard, as has also been done for Wagner's "Lohengrin" and "Tristan and Isolde."

Pythagoras, who flourished about B.C. 562, showed an intimate knowledge of colour-music and vibrations, of which his work is the earliest I have so far been able to trace in our literature.

Thibet also used the "healing tone," which I have also had demonstrated at Grove End, Chiswick, last

year; Xenia d'Orso, the Swiss singer with the "healing voice," has been described by persons in deep hypnosis and by reliable mediums as sending out a healing colour from the mouth and from the whole of her aura (etheric and astral bodies) when she sang. Good music produces good thoughts, and these are revealed in colour- flashes (detected by the clairvoyant) which can be interpreted by colour-symbiology.

My hypnotic experiments in tracing the life of an individual back prior to his existence upon earth in the "highly evolved" personalities show that during part of their astral life they develop a still finer vibration and become purely etheric without even astral bodily form, and are as flamed-shape streaks of light which can and do communicate with each other by colour signals, grey meaning "forbidden," blue "hope" and "mental development," indigo "spirituality," red "irritation" and "excessive stimulation," green "peace and calm."

Colour and picture language is the one Universal language which can be understood by the most elementary and primitive mind. *Simplicity is the soul of learning.* I have cured many insane patients and brought them to normality by carrying out the instructions given to me by the Universal Mind through the unconscious deeply hypnotised subjects I use, by the use of sound, colour and perfumes, producing miraculous results.

To-day colours used at theatres and dance-halls are vivid, the music has marked rhythm (going back to primitive music) and the effect of the sound-colour vibrations as colour, sound and perfume have a very much greater influence upon us than most people realise. Study colours, sound and scent and you will learn some of the greatest secrets of all ages. These alone can produce the complete harmony which your life was intended to have.

Thoughts produce definite colours and so does music, hence the science of colour-music which I first introduced into the West many years ago. Colours affect our mental outlook and our behaviour.

A few facts should be known regarding colour. People who are quarrelsome in a red room, become amiable in a grass-green-coloured room, and most affectionate in a rose-coloured (salmon-pink-orange like a pink) room. Grey is associated with fear, and therefore people who are afraid of things and of life itself, should wear clothes of a rich deep blue and golden brown alternately. Brown itself indicates selfishness and should be counteracted by the unselfish colour of rose-pink. Therefore study colour schemes in your furnishings, in your dress and in your surroundings and *you will make life a Heaven of Success out of a Hell of failure.*

Colours affect odours. Disease can be diagnosed by its odour, every ailment having a different odour. This has long been known to the East. Therefore colours can affect disease by alternating the odours of the human body. Colour affects appetite, energy and power of mind over body. The clairvoyant(e) can see your soul-colour of inspiration emanating from you, and science has testified to these facts. Ivah Bergh Whitten says that colour is the chrysalis of Divine understanding, and that colour will attune your harp to the golden harmonies of the spheres; that a butterfly is but a worm become colour conscious.

Colours affect the functions of the body through the "etheric double" which I have previously described, thereby affecting the autonomic nervous system, and in turn the endocrine glands which by their internal secretions control the body of man and make him young or old, strong or weak, healthy or ill. Herein lies the key to health, wealth and happiness.

I could write a massive tome upon colour, sound and perfume and their hypnotic effects, but the time is not yet ripe, and I must only give the elementary clues so that those who have understanding will read, mark, learn and inwardly digest these great truths.

I am looking forward to the time when the B.B.C, and music-halls will give their half- hour of SLUMBER MUSIC with appropriate colour combinations (used in television). I have already experimented in this direction with great success. Whilst the music played softly "My Heart Was Sleeping" amid the ruby light of the stage, two green-lit eyes peered through the black curtain of the back of the stage, and from behind the curtain I have put over the "ether" my suggestions of sleep to the audience (who were in darkness except for the reflection of the red light from the stage) until all felt drowsy and several fell fast asleep, awakening feeling more refreshed than they had done for many months. The effect of this upon the mind of man is miraculous, especially if used with a hall perfumed with rose (a much more simple thing to do than is imagined).

THE SPECTRONE LAMP

This consists of a jewel faceted lense in a large triangular box, behind which is a multi-ray lense which thereby together refract the light-combinations through thousands of jewel-facets projecting tiny penetrating rays inseparable with the naked eye. The ranges of the entire spectrum giving every possible variation of colour-tone and mixture of colours such as can be seen in the glorious sunset, and the sky at all times. Two revolving colour-filters work from either side, and the lamp is at the back behind which is a good reflector. At the present moment this lamp system is being improved upon according to information received from hypnotic and mediumistic sources.

THE GREAT WHITE LODGE PSYCHIC LAMP

This is a great secret of the "White Lodge" which as Master-the-Fifth, I am now permitted to make known to all, but to ensure that it gets into the right hands, have placed the powers of patent in the hands of The Colour Centre of Blackpool, under the direction of Mr. Roland Hunt and others. The power of this lamp can only be appreciated by those who use it and see it used. It is used in the "Magick" of the Lodge's three golden rules:

- (1) Learn to build intelligently. (See Chapter One of *Powers That Be.*)
- (2) Give the impulse through the correct word which will animate that which he (the builder) has built: the thought-form then conveys the intended idea with force.

(3) Send this thought-form correctly oriented to your goal: being truly directed it will reach the objective and accomplish that which it was sent forth to do.

To accomplish these three golden rules, the great rule of the Lodge must be obeyed in order that the rule may obey you. It is wrapped up in one word, SECRETIVENESS: Jesus Christ the great sage of two thousand years ago, when He cured the sick said.: "Go thou thy way and TELL NO MAN." He knew that the telling of it to others would make the rule non-operative, and the cure of the sickness would not be permanent. All the great men in history have brought their plans to fruition by being secretive about them: to even mention them to your nearest friend causes them to lose their effect. For those who live in doubting castle, I counsel them to try practising this law as I have directed, knowing that it will be proved to the hilt.

The following rules are subsidiary and are directed towards the training of right thinking against wrong thinking (as the East puts it: to prevent the disciple from the harmful force of Black Magic).

1. View the world of thought and separate the false from the true, retaining only the true.
2. Learn the meaning of illusion (see Chapter One of *Powers That Be* which fully explains this), and in its midst locate the golden thread of truth: the real meaning of truth.
3. Control the emotions of thy mind and soul, for the waves that rise upon the stormy seas of life engulf the swimmer, shut out the sun as he sinks and so render all his plans futile.
4. Discover that thou hast a mind, and a dual personality, and learn to use the duality of thy mind.
5. Concentrate on the principle of thought-power and be master of thy mental world.
6. Learn that the thinker and his thought and that which is the means of thought are diverse in their nature, yet one in ultimate reality.
7. Act as a powerful thinker and learn the error of selfish thought, and that whatsoever man wishes for another he wishes for himself. Think success to another and success also comes to the thinker.
8. Picture. the thought-form before constructing it and ascertain its goal and verify its motive.
9. Think only good of others: if thou canst not say good of another never say evil of them, for as thou speakest of others so do others speak of thyself.

Bar fast the doors of thought to hate and pain, to fear, jealousy and low desire. Take heed lest thou fall!

10. Watch close the gates of thought. Physical life is mostly centred on the plane of concrete life, and so thy words and speech will indicate thy thought. Pay close attention to these facts.

11. Speech has a triple nature: idle, selfish and hateful words.

Idle words if good it matters naught, but if evil the speaker is sooner or later adversely affected thereby.

Selfish words sent forth with strong intent build around its speaker a wall of separation and loneliness.

Hateful words spell ruin to the speaker of them, for he falls into the grip of their poisonous fangs: and these words kill the flickering impulses of the soul, and cut at very roots of life itself, bringing in their train the Angel of Death. All thoughts, words and deeds sent out to others sooner or later return to their owner with increased power.

12. Never ask another to do anything that thou thyself wouldst not do. "Don't trouble trouble 'till trouble troubles you, you'll only double trouble and trouble others too." The secret formula is OM MANI PADME HUM. If spoken between the hours of midnight and two of the clock in the early morning, under the deep red ray or infra-red ray, the thought sent out by him is most potent for good or evil according to the mind of the commander.

These are the twelve so-called "Laws of Magick" which in the East is not associated with conjurors and jugglers, but with real science as many have borne witness thereto. This Great White Lodge of the Himalayas is the remnant of the Great University of Atlantis which was sunk by the selfish powers of mankind about the year 254,666 B.C. This Great Seat of Learning knows secrets which are ours for the searching, for the of study, for the ability to learn the power of persistent concentration (practically unknown in the West). It is in this ancient University that the real science of colour, sound and perfume values and their hypnotic effects are fully known and understood.

I felt it necessary to give this introduction to my Lodge before describing its psychic lamp, lest anyone might not appreciate its value and therefore never even inspect it and test it out to his own advantage.

THE ROOM

The *walls* must be black.

The *ceiling* must be indigo.

The *floor* and furniture blue.

The *door* black with red panels and golden edges to the panels. The whole room can be black if daylight is excluded and artificial blue and red lights are used, first.

THE LAMP

The globe must be twelve inches in diameter, and be composed as follows: seven horizontal strips, the upper, middle and lower bands of colour being RED. Between the upper red and the middle red band there are two bands of colour, the upper being violet, and the lower orange. Between the middle band of red and the lower band of red the two bands of colour are violet and orange.

Therefore it will be seen that from above downwards the colours are red, violet, orange, red, violet, orange, red, in horizontal strips.

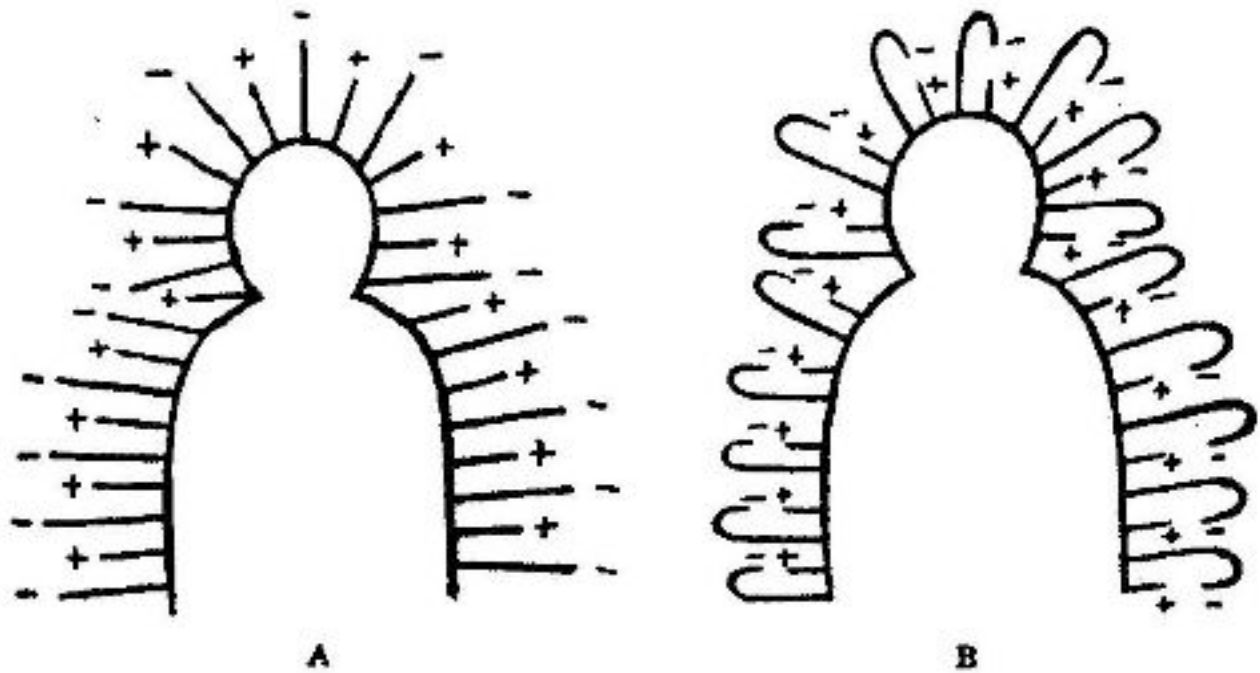
A *mechanism* (actually a silent clockwork is used in the Lodge) similar to that I adopted for my *psychostethokyrto-graphmanometer* drum (the "thought-reading machine"), and the globe is made to revolve from right to left (anti-clockwise) at the rate of the individual pulse (or where crowds are assembled at seventy-five revolutions a minute). (It should be remembered that the normal rate of respiration-ratio to pulse is 1 to 4; that is, the heart beats four times to every one respiration or cycle of breathing. It can be seen how, in this way, the heart-beat can be controlled by altering the rate of respiration by will-power.)

The Lodge also make special note of the fact that the person should be exactly one and a half English feet away from the lamp for individual treatment or experiment, and in cases where crowds are present to have multi-lenses to cast the beams upon the crowd, and Walmsley's multi-gem lens is the best.

The effect upon the health and thought of the individual has to be witnessed to be believed, so wonderful are its results.

To divert for a moment, the G.W.L. of the Himalayas, have shown that a steady green light and green paper or walls, should be in the bedrooms of young male children as this colour raises the male-sex urge to a higher level, and is generally a good colour for children and prevents nervousness.

As regards disease it is interesting to note that in health the "etheric double" or etheric "tuning-fork" of the body is like diagram A, with its long negative and short positive poles standing out erect, but in disease, as in diagram B, with its negative poles curved in to the positive poles so that "short-circuiting" occurs. The use of the G.W.L. psychic lamp for an hour a day soon straightens out permanently those bent in negative poles and so ensures health - one of the secrets of happiness in this short and fleeting earthly life.



In conclusion may I give you a few of the great truths which are to be found in that ancient University of Atlantis, the Great white Lodge of the Himalayas.

1. "As the shadows begin to lengthen . . ." The simile in life: the shadow you see represents your earthly life. As the shadow begins to lengthen so does the day shorten and soon night will begin to lower. When a man sees his earthly fame increasing and begins to carefully notice this fact, his own power of mind is beginning to decrease.
2. Good humour, self-respect and sympathy, sincere estimation and goodwill from all towards all, are basic principles of life.
3. The brain is the organ of the soul.
4. It is a general habit of man to overvalue his intellectual world and to underestimate his emotional life.
5. As the tower is watched from without and from within, so shalt thou watch over thyself.
6. He who conquers himself is a greater conqueror than he who vanquishes a multitude in battle.
7. Ex oriente lux: (Out of the Orient comes light.)
8. Changes in the soul, its health and sickness spread from one man to another.

9. It is essential for the curing of any wound that complete peace and calm be enforced: this applies to the mind and soul as well as to the body.
10. Nothing is lost, not even the sound of man's speech (of his voice), for everything has its own place in Nature.
11. Without confidence and self-command no success can be achieved in life.
12. If the gold standard of materialism were replaced by the happiness-standard of the soul, disease would vanish for evermore.
13. The three magic gifts are courage, self-confidence and perseverance.
14. Everything is probable, but nothing is certain.
15. Ideas are things which you hold, but convictions are things which hold you.
16. Memory depends on relaxation; if a person is tense in attitude the memory fails.
17. The circulation *in the brain itself* is synchronous with the rate of respiration and not the heart-beat, as is the circulation of the extremities and trunk; thought and respiration are very closely connected. (The autonomic nervous system controls the arteries.)
18. Mind is ever the ruler of the Universe.
19. The basic law underlying all magical work is that ENERGY FOLLOWS THOUGHT.
20. Jealousy is the poison ivy that grows around the tree of love, chokes its branches and withers its roots.
21. Love cannot exist except between equals.
22. The three great human problems of life are work, society and sex.
23. Life begins where books end.

This book has now ended, but see to it that your life begins, developing your latent powers of which I have told you, that you may become successful in life, full of health and the joy of living, and happy throughout life and in eternity.

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THE SCIENCE OF HYPNOSIS

Alexander Cannon

APPENDIX

DR. CANNON'S EXPERIMENTAL RECORDS

[These are typical of scripts that might be found today, full of positive thoughts. But today they would be on tape rather than records. - Dylan Morgan]

These records have been chosen as best illustrative of his best method from a very large selection which has been recorded by the author, which includes treatment for disease, alcoholism, sleeplessness, cure of smoking, stammering, stuttering, asthma, epilepsy, etc.

DR. CANNON'S "REJUVENATION RECORD."

Music.

"Life is a song: let's sing it together. I feel full of health and the joy of living! I awaken to the new day with a new body, a new mind, and a renewed soul. There is sunshine in my soul to-day! The clouds have rolled away and I now feel confident reassured, happy and ever so contented. The very air I breathe has a wonderful vitalizing force and I can just sing with joy! I have confidence and self-command! I know the secret of happiness. which lies within my soul. I feel young, ever so young: every day in every way I feel younger and younger. My unconscious mind is now rejuvenating my arteries, revitalising my blood, strengthening the power of my endocrine glands, increasing my mental and physical vitality and rejuvenating me entirely. I am a new and a powerful being and I now remain young, courageous and energetic. I wish without worrying, wish without worrying, wish without worrying. I shall live long and in perfect health and happiness to enjoy the fruits of my labors and know that every day I am one day younger in my soul.

Music. " I feel wonderful: simply marvelous."

SPECIAL " HAPPY THOUGHTS" RECORD.

NO. 25.

Music. " God Bless You " (Waltz).

"As the tower is watched from without and within, so shall I watch over myself, for he who conquers himself is greater than he who vanquishes a multitude in battle. Without confidence and self-command no success can be achieved in life. Something attempted is something done, and if a thing is worth doing it is worth doing well. No effort is ever in vain, for nothing is lost, not even the sound of man's voice, for everything has its own place in Nature. Everything is probable, but nothing is certain. Mind is ever the Ruler of the Universe. We are the playthings of the suggestive influences from the outside world, as a nutshell is tossed on the waves of the vast ocean. Everything that operates with the laws of suggestion is capable of performing miracles. Goodness floods our being, brightens our faces, alleviates the suffering of the multitude, and creates great things out of nothing. Happiness is the harmony of adaptability, love and self-discipline. The ability for happiness lies hidden deep in our souls. The rejuvenation of the soul is the most important matter in the world, for there is no conjuror like the human soul. The three magic gifts are courage, self-confidence and perseverance. Ideas are things which you hold, but convictions are things which hold you."

Music. " God Bless You " (Waltz).

SPECIAL " GREAT THOUGHTS " RECORD.

NO. 26.

Music. " My Moonlight Madonna."

"We must study great thoughts and inwardly digest the truths contained therein. We must persevere in our efforts, bearing in mind that perseverance is the world's greatest ruler and is the price of success. Mushrooms spring up in a night and wither soon afterwards: so it is with shallow knowledge. The tree takes years and maybe centuries to grow, but its roots are deep and its branches are great: so be it with much knowledge! Cultivate the tree of knowledge; prune, water and be careful not to let it wither in solitude! Wishing is not attainment unless one adds to it purpose. Willing is the act of concentration. It is the concentrated holding together of the whole conscious faculties of the mind and determining a result to be achieved. To know mind is to know God! Therefore respect all, but fear no man. Mind is greater than matter. Fear is failure and the forerunner of failure. Impossible is the adjective of fools. We must know life as well as books: the bones and sinews do not make a man, but just a corpse. Except for mind, the body would be only a piece of mechanism. There is no purpose without mind and there is no effect without cause, either in the creation of the Universe or in man. This mighty power has conquered the destiny of man, making the word greater than the sword."

Music. " My Moonlight Madonna."

Under *the hypnotic state* the patient is extremely sensitive to your suggestions, and you must select your words; for remember that words are greater than the sword, and that then - *every word has magic power*.

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Your Path in Life

Dylan Morgan

Chapter 1: Paths

I would like you to see if you can imagine a new land, vast and unexplored. It could be a bit like North America as seen by the early settlers, or a land of your own imagining. It is to have no inhabitants and no roads or man-made paths. Can you picture the first person walking a little way inland, and see the footprints in the sand: the first human path on your virgin land?

From this simple beginning I want us to watch how new paths form and change and grow. By the time a month has elapsed the first settlers have created recognisable paths to a stream for water and to the woods for timber. If you imagine yourself as one of them you can see that it is nearly always easier for you to follow an existing path which will be more free from brambles and other obstructions, and as you use it you do your part to make it even clearer. This gives us one of the rules about paths:

IT IS NEARLY ALWAYS -EASIER- TO FOLLOW AN EXISTING PATH THAN TO MAKE A NEW ONE.

But of course, from time to time new paths *are* made into the interior of the new land. It may be in search of food or better land, or it may be that one of those people who actually *prefer* not to follow the easier path sets out and accidentally discovers a better place. Once he has found the path and brings back the news, then others will follow. I wonder which kind of person you tend to be? Do you prefer the easy, populated paths of life, where there is plenty of company, or do you like striking out for yourself?

Notice that neither is good or bad in itself. Society has needs for both kinds of people. Without the trail-blazers there would be no improvements. But if everyone insisted on walking an unmarked path there would be no society at all. Now let us look at the country again after a few years. There are now a lot of paths running from the initial settlement to other places of interest, and they are much clearer, often big enough to be called tracks if not yet roads. If we were talking I would find it fascinating to explore with you these places of interest. It would tell us a lot about your deeper needs and motivations: your inner nature. What sort of places would you make paths towards? mountains or plains? sheltered spots for

gardens? places rich in game? or streams rich in gold? What would you imagine into your new land?

But notice also that some of the initial paths have disappeared. Why do people stop following a path? There can be a number of reasons. Sometimes it is that there are two paths which achieve the same end. If one is significantly easier to follow than the other then the latter can easily disappear. As an example it was once the case that the only way to cross the river Tay to Dundee in Scotland by car was on the ferry. Then a bridge was built, making a second way. The ferry then disappeared at once. In the new land that we are picturing it might easily have happened that an early path took a long way around, perhaps by chance or perhaps to find a fording place across a river. When a shorter way is found, or a bridge built, then the early path may disappear. Equally a better source of food or water or timber may be found, so that the same end may be achieved on another path, and again the earlier path will fade.

A second big reason for a path to disappear is simply that there is no longer any need to travel it. If, for example, all the trees on a hillside have been felled for timber, then the path leading to the hillside would no longer be used and would gradually disappear.

A third reason is that the path may become blocked - by a landslide, for example, or by a fence or wall built by someone, a No Entry sign, a taboo, or by the more intangible barrier of fear of some danger: wild animals or enemies. I think that these are the three main reasons why a path may no longer be travelled. And once a path is no longer travelled it tends to disappear in time. I have wondered if there are any other possible reasons, but have been unable to find any that are not one of those three:

- a) There is no longer any need for it.
- b) There is a better path which fills the same need.
- c) The path has become blocked.

Can you think of any others which do not fall into one of these categories?

As an example of these three principles in quite a different context, consider the path of a rapist which runs: need for sex; desire for a woman; forceful possession of a woman. If we wanted to get rid of this behavioural path by method a) we would be thinking of what is called chemical castration: using hormones to remove the sex drive. There would then be no need to follow the path. If we were thinking along line b) we would, perhaps, see if it were possible to find him a wife, which would provide him with a more satisfactory path to fulfilling his needs. On line c) we find that threats of penal punishments might act as a barrier or deterrent.

Coming back to the picture of the new country, let us continue to picture its growth as more and more people live there. The paths have grown to become roadways, followed by thousands of feet, pack-horses and wagons. Small settlements have grown into towns. Then you can imagine the arrival of motor vehicles and with them more and more surfaced roads. So that what was once a solitary trail of footprints across the prairie became a footpath, then a mule trail, then a stage coach route, then a simple surfaced road, until in the end it becomes a multi-lane highway carrying more people in one minute than the first path carried in one year.

This picture is designed to give some feeling of how paths behave. Notice that a path never stays quite the same. This is most noticeable for the earlier paths in the picture. Each person, each horse, each wagon along a dirt track makes it clearer, or perhaps changes its course a little, or broadens it. It is easy to change these new paths: you can easily alter your through the woods. But when paths become more frequented it takes more than a few people to change their course. By the time the footpath has grown into a highway it is too expensive and difficult to do more than a very little re-routing or widening.

It is useful to find a single simple word to stand for this quality in a path which makes it hard to change. Notice that in searching for such a word we are creating a new mental path. So far, no-one has explored this field of thought in quite this way. The word we choose will tend to be followed by others and its use will become common in any alk of ways of changing our paths in ife. After some thought I felt that the best word would be *heavy*. A heavy object is hard to move. A heavy path is one which is hard to change. A *light* object is easy to move. A *light* path is one which can be changed easily. These words are familiar and suggestive and easy to remember.

So in this language a simple dirt track is a light path, and a multi-lane highway is a heavy path. Next I am going to describe some other kinds of paths. Suppose you pick up the pencil and write your name again here:.

How many times in your life have you written it, I wonder? An adult who signs an average of three cheques or letters a day can expect to write it at least a thousand times a year. Some people have written their signatures over a hundred thousand times in a lifetime, and a very busy person, who has to sign 60 letters a day, can turn out a million signatures in a lifetime! Perhaps this will help you to estimate the number of times you have done it.

The point of this is that in writing your name you are following a certain path involving your brain, the muscles of your hand and arm and eye, and all the nerves in between. Each time you sign you are following the same path: the signature is recognisably the same. How easy would it be to make your signature unrecognisable?

Because the path has been followed so often it is normally quite a heavy path and is quite hard for most of us to change. The same is true of the style of all our handwriting which usually remains recognisably the same over a whole adult lifetime.

Let us think of another path: that of the language we are using. I am writing this book in English because it is the only language that I am really familiar with. The mental paths involved in understanding the language are heavy: I have followed them very often. It would be a very big job for me to change my mental paths so that I could understand a translation of it in, for example, Urdu.

Or again, consider the way in which we write numbers: 1,2,3,4.....9,10,11..... Countless millions of people have followed the path of writing them in this way. There are other ways, of course, such as the Roman I II III IV V VI But our present way is sweeping the world and will, I suppose, become in time the only way used by mankind. You might suppose that this is because it is in some sense the *best*: that there are no competitors. But surprisingly there is at least one way which is arguably better. I discovered this some years ago, only to find that others had discovered it previously from the 17th. century onwards. If you want to know more about it you can read my article in the New Scientist for the 22nd. of April, 1982. But my only reason for mentioning it here is to say that even if this other system were quite *overwhelmingly* superior, it could still

not replace our existing method. We know it too well. It is a very *heavy* cultural path. Like a multi-lane highway it would be too expensive and hard to alter.

At another level, have you ever tried to change the views of someone with a life-long political or religious conviction? The paths of their thoughts on these matters are so heavy - they have followed them for so long, and so many times - that it is almost impossible for them to change. By contrast it is comparatively easy to change the views of a young person who has thought very little about such matters: their mental paths are lighter. Do you agree in general?

Again notice that I am not saying that heavy mental paths are any worse or better than light ones.

By giving these examples of paths, the idea that I wish to share with you will be becoming clearer in your mind. Each time you read the word "path", you are establishing new pathways in your brain all running roughly in the same direction. If this is your first reading of this book then the idea is as yet only lightly present. By the end of the book frequent repetitions will have made it much heavier: you will have a firm grasp of the idea. Can you see that this is the way in which we learn most things: by simply travelling over certain paths of experience many times?

In describing some further examples of paths I will be using a sort of shorthand which I find quite useful. I have used it informally above. You will soon see what it consists of. Eating: place food in mouth; chew it; swallow it; repeat.

Dressing: underpants; shirt; trousers; socks; shoes; tie; jacket.

What path do *you* follow in dressing? Dressing:

The amount of detail that you put into describing the steps on the path can vary enormously, and it is

usually the case that any step is also a path which can be described in more detail.

Putting on trousers: pick them up; left leg in; right leg in; zip up; fasten belt. Do you know which leg *you* generally put in first??

Have you ever programmed a computer? In that case you will recognise that a computer program is an example of a very precise form of path. Name of program: first subroutine; second subroutine;....;last subroutine. Each subroutine is of course also a path.

A quarrel: He is getting dressed; he can't find a clean shirt; he shouts to his wife for one; she resents his tone; she shouts back, "It's in the wardrobe."; he sulks because she did not come to help; he is sullen the whole evening; when they get home she screams at him; he goes and sleeps in the spare room.

One reason why it can be useful in life to look at what is going on in this way is the following. The things that really stick in the mind about a path like the previous one are the later, very unpleasant stages. If the couple start to think about the quarrel once it is over, those are the things that come to mind. But if you want to change the entire path, then it is the earlier steps which are usually the easiest to change. It will be a great deal easier to get that couple to change the arrangements about clean clothes than to try to change the way they behave when things have gone completely out of control.

Sometimes changing just one small incidental feature of the path can lead to great alterations. For example Erickson was once dealing with a couple who were quarrelling frequently, and all he did was to get them to agree to continue to quarrel, but they must do it in the bath! This was enough in that case - and Erickson was extremely adept at choosing the right change for each case - to eliminate all the nastiness from the quarrels and to bring the couple closer together.

Can you imagine quarrelling in the bath?.

How would you feel about splashing or being splashed?

Do you notice any change in feelings?

Returning now to the theme of paths: I have listed a number of different paths to get our minds running on those lines. But it should really be obvious that there are no isolated incidents in life: life is a movie and not a still photograph. Everything that we think or feel or do is part of a process, it lies on some path.

How do you think that men who are involved in managing giant constructional schemes - a new factory or oil refinery, perhaps - go about it? Do they just take a blind run at the problem? . No, they work with large and complicated flow charts on which each part of the work is represented by a line or path, joining up to all the others. There is a whole field of knowledge, going by the name of Critical Path Analysis, associated with such maps of big schemes, to ensure that they proceed smoothly and efficiently. Now I am not saying that we should try to run our lives as if they were businesses. What I am saying is that it is

only by looking at the various *paths* involved that the Management of a big project can avoid the most embarrassing mistakes. And that if the Management of your body - the brain - fails to look at the *paths* involved in your life, rather than just isolated incidents, then it also will not be able to make things run smoothly.

Path: a woman wants to lose weight; she eats little for breakfast; works all morning; light lunch; more work; comes home; feels tired; prepares a meal; nibbles as she makes it; eats very large helpings; feels guilty; gets more miserable as the evening wears on; eats more to comfort herself; next morning is determined to be still harder on herself.

That path is a terrible one to follow each day. How could it be changed? What do you think would happen if it were changed at one point to: feels tired; makes warm drink; dozes off to some music for half an hour; makes a meal?

Or what if we could change: guilty; miserable; eats, to guilty; miserable; goes out dancing to comfort herself? Or perhaps some other pleasant activity?

All too often it is the case that someone trapped on such a path thinks only of the one step that she is worried about - the bingeing - and quite overlooks the possibilities of changing other steps on the path which could have a very beneficial effect on the whole of the life.

This might be a good place to pause and to see if you can take some problem in your own experience and try writing down a simple path description of it. In some ways it is easier to do this for someone else's problem, but perhaps more interesting to think of your own. There is no need to worry about going wrong: there is nothing hard and fast about it. It is just a matter of getting used to putting the "problem" in the setting of the whole of the processes leading up to it and on from it. I am leaving a space for you to do one or two examples here, though of course others can be done elsewhere.

Now I want to start to think about another characteristic of paths which can be very important in practice. What is the difference between a footpath across a common, and a walled path between houses? What is the difference between the path of a plane and that of a train?

The answer as I see it is that it is much easier to move off the former of each of these pairs of paths. Some paths are very easy to wander off deliberately or by mistake. Others are as if they have walls on either side and you cannot leave them. As a shorthand for this quality I am going to suggest the following words: a *soft-edged* path is one which it is easy to wander off. A *sharp-edged* path is one which it is difficult to wander off.

The path of a boat in the open sea is soft-edged. The path of a boat in a canal is sharp-edged. The path of a child at school is fairly sharp-edged, though it used to be sharper in days gone by. The path of a child when playing is soft-edged. The path of an assembly worker is sharp-edged: there is little room for initiative. The path of an artist is quite soft-edged: a freshness of approach is to be encouraged. I wonder if

these new words have now been met in enough sentences - verbal paths - for you to understand what I mean? Can you think of some examples for yourself of pairs of paths to illustrate the difference between softness and sharpness of the edges?

Let us look at an example of a man who is involved in sharpening up one of his paths in life. This is his golf swing: hold the club; look into the distance; look at the ball; swing the club; hit the ball; watch the ball fly. If you are quite an expert you may analyse this path into more steps, but you will still be describing a whole path of action. Now the beginner who follows these steps will follow quite a different form of this path each time, as will be evident from the erratic behaviour of the ball. The path is very soft edged: he very easily wanders off into sliced shots, misses and turf-digging. By contrast the professional will usually follow almost exactly the same narrow, sharp-edged path for each of his strokes. The process of learning to play golf better is one of sharpening up the path, which in this case is mainly one involving the muscles, nerves, sense of balance and eyes. But again notice that in the end it is the *whole* path that is important. If all the attention is focussed on the grip, for example, then the rest of the path may become worse, so that there is no overall improvement.

Now here is an example of when a sharp edge is *not* useful. When this woman was a girl of eight she came home from school proud of a new naughty word - "shut up." It seems mild to many of us today but her mother was old-fashioned or bad tempered and was incensed when her daughter told her to "shut up." She gave her a blow on the head which she recalls to this day. The effect of this was, I suppose, satisfactory to the mother because the girl stopped using that language. But the problem from the daughter's point of view is that this, and similar incidents, resulted in her being virtually unable to dispute anything with anyone, and as a result she has been taken advantage of very badly ever since. On the path of discussion she has a big wall to prevent her moving off onto the side of saying "no". On that side it is very sharp-edged.

There are other people who go to the other extreme. They are unable to say "yes", and seem forced to disagree with any suggestion made to them. I don't think that they have much choice in the matter. Their psychological paths have a wall to prevent movement in the direction of saying "yes": of moving in a direction that someone else wants. Have you ever come across someone like this?

Would you like to know how to handle them? Or perhaps you know already? The basic idea is simple. We will consider it for a young girl who refused to bath at night. The trick is then to say, "Now, whatever you do, *don't* get into the bath!" and display annoyance as when in fact she *does* a few minutes later do just that, and add, "Now, whatever you do, *don't* soap yourself!" And then she will. Of course she knows at one level that you do want her to bath, but taking this approach allows her to feel the independence that comes from disobedience but *also* allowed her the satisfaction of being clean. Can you see that we are softening the line between "yes" and "no" for her, giving her more freedom to decide on her own path in life?

By contrast if I make an issue of her having a bath because "I am your father. You do what I tell you." then one way or the other it would create a much more sharp-edged attitude in her to disagreements. If *she* wins then it would edge her towards being a person who will disagree on principle. If, on the other

hand, *I* win, then it edges her towards being someone who could never hold her own. Perhaps you disagree with what I have suggested? I know that there are some people who would.

Does this story give you any ideas on how to handle a person who is forced to disagree?

It seems to me that a tendency to make paths more or less sharp-edged is often a basic characteristic of a person or even of a nation. In Europe the more Mediterranean peoples seem to follow paths with softer edges, while the more northern ones tend to be more sharp-edged in their writings, daily habits, morals, speech and structures of society. Compare, for example the fluid vowels of Italian with the rigid consonants of German, and you will get a feeling for the difference mean. This is not to say that one is better or worse than the other. People have a habit of wanting to make all differences *moral* differences. Most differences are just differences.

Equally some individuals tend to be very precise and exact in all their thoughts and deeds. All their paths are sharp-edged. Others can be very flexible. If these characteristics are disliked then they may be termed rigidity or pedantic on the one hand and sloppy or woolly on the other. Mathematics is a field of thought in which the paths are *very* sharp-edged. Concepts are very crisp, very clear and very well defined. Poetry contains very soft-edged paths, words are used in ways which make meanings sparkle from them like rainbows scattered by the multi-faceted diamond and feelings flow from them as living water from the fountain. I feel that neither is superior to the other: they are simply different, and each has its own value to humanity. What do you feel?

I hold the same position about sharpness and softness in general. There are times and places where it is essential to be able to break down barriers on the edges of our paths, if they have started to become prisons. But equally there are other times and places where it is important to erect barriers at the edges of paths, perhaps to prevent collisions between flows of traffic, or to hold back floods or other dangers. It is important to have the rigidity of the skeleton or we would flop into blobs of jelly. But we must also have the soft flesh or we would be no more than skeletons or robots.

Why, you may be asking, is this distinction important? There are a number of reasons. One very important one is that a great deal of misunderstanding and irritation can be caused by expecting others to be using the same standards of sharpness as yourself - and that you have a right to expect them to follow your standards. The very neat person, who follows very sharp-edged paths in every movement, can be driven wild by the behaviour of a husband who is very soft-edged in his movements, puts his things down anywhere and never tidies a thing. The very intuitive, emotional person, who is always following very fluid and soft-edged paths of feeling, can feel constantly crushed and trapped or bludgeoned by a mate who is unable to proceed except on very rigid tram-lines of thought and behaviour. These problems can be considerably eased if each can recognise that the other has a right to their own behaviour, just as they have to their own. Each kind of behaviour has its own advantages and its own drawbacks. A couple who go out of their way to look at the *advantages* of the other's approach, and to see how life can be organised to -use- those, can go a long way together on the path of life very amicably. On the other hand if attention is focussed only on the *disadvantages*, then life becomes hell.

Perhaps those remarks have set you thinking about your own situation? This might be a good time to think about how your paths compare with those close to you: perhaps your spouse, or parents, workmates or friends. Notice that it is much easier to *compare* the softness or sharpness of two people than to decide if someone is, in some absolute sense, sharp- or soft-edged in their behaviour. The other important thing to note is the *areas* in which the differences occur. It can happen that you are more soft-edged than him in one area of life, and more sharp-edged in another. A man may follow very sharp-edged paths where his car is concerned but very soft-edged ones when he is gardening. The slightest blemish to the paint-work may have him polishing urgently and fastidiously, while a whole mass of weeds may evoke only a cursory bit of digging.

So here is a chart for you to fill in. The first column will contain the area you are thinking about. Then there are two other columns, the first labelled softer and the second sharper. In these you can put either "me" or the name of the other person that you are thinking of. For example, I would have:

Spelling me Trudi (my wife)

-Area--of--thought/activity--!---softer--!---sharper-

-!---!-

-!---!-

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Another reason why this distinction is valuable is that it tells us a lot about how we can change our own paths in life, and those belonging to others. Different methods apply to sharp- and soft-edged paths. For example suppose we are dealing with a person whose paths are as sharp-edged and inflexible as a railroad track. There is then simply no use in suggesting that he changes "a little bit". It will make no sense to him. But if you can open up a branch line which attracts him, then once he has set off in the new direction he will go along quite happily under his own steam.

If you think on the other hand of someone lost in an open country, with no sharp paths at all, then it is very easy to change the path a little bit. But on the other hand it is equally easy to slip back again - there are no sharp edges - and so attention has to be paid to such a person for quite a long time to see that the initial changes are built on, and real progress is made.

On the whole, but it will not apply to everyone, people whose paths tends to be sharp-edged will come over as being high in self-motivation and independence. Those people, on the other hand, who tend habitually to follow softer-edged paths are easier to change *for a while* but the ease with which they will slip back makes it look as if they lack will-power and self-motivation. On the other hand a sharp-edged approach to life can lead one into a dead-end, with walls all around. Such a situation will typically be felt as depression. (I am not saying it is the *only* cause of depression.) I repeat that both approaches have their advantages and disadvantages, just as planes and trains do.

(By the way, you probably realise that the answer to the question about how to deal with people who will always resist doing anything you want is to always give them the impression that you want the opposite of your real desires. One woman wanted her husband, who was a little older than she was, to take her out to livelier places. But he was the sort of person we are talking about, and he resisted the idea. I suggested to her that she should start to say things like, "Let us go out to the Jolly Geriatric. At *our* age it is so much more peaceful." And he promptly and predictably suggested spontaneously that they went to the younger and livelier places that she enjoyed. Of course the *art* of the thing lies in making the suggestions in just the right way for the person, but the strategy is always the same.)

Now it is often the case that the cause of a particular problem in life that is brought to me is caused by a person having the wrong degree of sharpness in a given area. I therefore need to find ways of sharpening or softening paths. And I hope that you will find it interesting to think about how this can be done. There are two key words which are important here. The process of sharpening paths in life generally involves

paying attention to *differences*. The contrary process of softening involves paying attention to *similarities*.

Here is a little girl learning to speak: she strokes a cat; her mother says "puss"; the girl says "puss"; the mother says "puss" again, warmly; the girl says "puss"; later the girl picks up her teddy and says "puss"; her mother strokes the teddy and says "teddy"; the mother strokes the cat and says "puss"; the child begins to notice the *differences* between the two things and is able to call each by its proper name. What is happening here is that the mental path on which the word "puss" lies is initially very soft-edged, and could apply to any small soft thing. The drawing of the attention to the differences between cases sharpens up the verbal paths. It is probable that even at the end of the learning path I have sketched above the word "puss" would still be soft-edged enough for any small dog also to be called "puss".

For an example of softening let us suppose that the same child has, for some reason, become unable to sleep in any other bed but her own. There might be a very simple path: strange bed; fear; crying; sleeplessness. While at home the path is: own bed; security; relaxation; sleep. The key to changing the first path is to make the idea of "strangeness" much more soft-edged. And it can be done by drawing her attention to *similarities*. For example, let us suppose that her bed at home has a very distinctive cover, and she always takes her teddy to bed with her. Then, if the cover is taken with her to her grandparents, because "teddy will only sleep in his own bed, and wants to take it with him", then the sharp edge between "own bed" and "strange bed" is softened considerably, and it will become a much easier task to get her moving along the remainder of the good path, even when away from home.

These may seem rather simple examples, but I hope that you can see what I am saying. Perhaps you would like to comment, or to think of some other examples from the way in which you handle children, if you are a parent, of when you have in fact used one or other of these approaches without thinking of it in quite this way?

Here are two examples from adult life. The first is a woman who had developed the habit of sulking in childhood when her father scolded her. When she married she continued down the sulking path whenever her husband was angry. But while it always brought her father around, it simply made her husband worse. To improve the path of her married behaviour we must work to get her to notice vividly the *differences* between the two men when they are angry. The husband could help by changing his behaviour a little. This will help her to begin to work out two different paths: one with an angry father and the other with an angry husband. The second path will be lighter, because it will not have been followed so often, and so will be easier to change to a useful one. The change in the husband can be something quite silly - he could stand on his head or the table - and it can be enough to establish a difference from her known paths with her father, and get her to start off on a new one.

My second example is one that I have used to soften the edges of the path of a smoker to make it easier to get off it. First of all we pay attention to the smokers path: desire for nicotine; reaching for the packet; placing cigarette in the mouth; breathing out the smoke; the ash oing into a special receptacle. We picture in detail the path that I have outlined briefly here. Then we go back a hundred years or so and picture in similar detail the similar path: desire for nicotine; reaching for the tobacco pouch; placing a chew in the

mouth; spitting out the saliva; the chewed leaves finally following into the spittoon. Finally the smoker can visualise himself or herself smoking, with every step mirrored by the chewer across the room. Now there are some people who would regard spitting saliva across the room to be gross bad manners but have no qualms about blowing smoke across the room. If we soften the edge between these two paths then the disgust that exists on the one path can begin to flow into the other, and this will generally help such a person to change their smoking habits.

Now we can begin to see *why* some people follow sharper edged paths in life than others. Such people typically are always noticing *differences*: they are discriminating and selective or critical and judgmental. Others make a habit of only noticing *similarities*: they are indiscriminating and uncritical, tolerant and easygoing. Again I would ask you to notice whether you, or some of your friends, make a habit of one or other of these approaches to your lives.

There are some people who are like the gardener who has learned to prune. But *only* to prune. If a plant is thriving, he prunes it back. If it is ailing he prunes it as well. It is his only skill. There are others who are like the gardener who has learned the importance of fertilising. But *only* of fertilising. He will never cut anything back: never remove a plant however feeble it has become. When I try to picture the gardens each of these would produce I seem to see the first as an austere and joyless near-desert and the second a riotous near-jungle. Is this what you see?

Would it not also be better if each of these gardeners learned some of the other's the other's skill?

In the same way I am suggesting that it is of great use for us to be able to notice both similarities and differences: to be able to choose to make our paths either sharper or softer edged.

More abstract words for the processes of finding differences and similarities are analysis and synthesis. But in this book I am trying to keep the language fairly straightforward so that it can connect up with the paths of thought of a large number of people.

Next I am going to move on to describe quite an important kind of path. And that is a *tunnel*. A tunnel has walls all around it. You can only get in or out at the two ends. It is more sharp-edged even than a railway line, where you can at least see on either side. As I am writing these words work is well under way on the digging of the Channel Tunnel, linking Britain and Europe. The advantages of the tunnel are clear. It will provide a *fast* and *efficient* way of getting across the channel. A tunnel is immune to disturbances on the surface. The traffic flow in one-way, with no junctions or intersections, and so travel is smooth and usually trouble free. The disadvantage lies in the fact that if something goes wrong then there is a chance of being totally trapped in the tunnel.

The last paragraph should have made you think about tunnels. I wonder how *you* feel about them. Which looms larger in you, the advantages or disadvantages?

Now let me describe a spectacular example of a tunnel-like path in a person: the path of a post-hypnotic

suggestion. This is the way it works. In a trance the subject is instructed that in response to a certain cue a certain path of action will be followed. The instruction will typically be repeated several times. (Remember the rule that repetition makes any path firmer, heavier, harder to change.) Then amnesia for the suggestion is induced. This may happen spontaneously, but more usually active steps will have to be taken to prevent the subject consciously remembering the words of the suggestion. This amnesia is what makes the path into a tunnel: "out of sight, out of mind". It prevents any connections with conscious paths of thought.

When this procedure is followed perfectly, then when the cue - perhaps the click of fingers - is later given, it will be followed by the requested behaviour. Have you ever seen this done on stage? The stage hypnotist has the advantage that the whole of the situation is unfamiliar to his volunteers, taken from the audience. Little of what happens lies on paths which connect up readily with everyday experience. It is therefore easier to create tunnels: sharp behavioural paths which are immune from the usual inhibitions and influences of familiar ways of behaving. Have you ever wondered what it *feels* like to perform a post-hypnotic suggestion? Well, it varies. In extreme cases there is no recollection of having done it at all. If it has taken a significant time to perform the action then there is going to be an unusual sensation at the end of the tunnel: "how did I get to be here?" Whether a person feels alarmed, bemused or amused depends on the personality. But these cases in which the whole thing is forgotten is the exception rather than the rule. More commonly people will execute the action, and if questioned about it say something like, "Oh, I remembered that he had told me to do it, but there seemed no reason not to, and so I went ahead." In cases where the path is followed with full awareness of what is being done, and why, then I would not call it a tunnel, though of course it is a result of the hypnotist's words.

Now many people find the *idea* of such suggestions repugnant. They feel that it is wrong for anyone to be forced to do something which they did not consciously agree to. What do you feel?

My feeling is this. I dislike the idea of making anyone do things contrary to their will, and I am deeply suspicious of anyone who *desires* to do this, *by whatever means*. It is my experience that it is a great deal easier, and more common in the world, for people to be forced against their will by lies, bullying and emotional manipulation, than it is by hypnosis. For one thing people can usually resist entering a trance quite easily. And there is also plenty of evidence on record that any attempt to make a suggestion running strongly contrary to other paths of the personality only results in the subject coming out of a trance.

My reason for following up the path of hypnotism a little is to give us a viewpoint from which we can look down on a lot of other, more common, experiences. Imagine that your nose is beginning to itch. Just a little tickle somewhere. The kind that you are only just aware of, that can happen at any time. That is a cue. What happens next, at least if you are in private, is that a hand rises to scratch it. The path that it follows is one that you have probably been following most of your life with little modification. It is probably quite a heavy path. If someone started to express irritation with the *way* in which you do it, it would be quite hard to change. On the other hand you are normally not at all aware of doing it: which makes it a tunnel. By the way are you aware of having scratched your nose since we raised the subject? Some people respond very readily to the merest suggestion of a cue like that. In fact I found myself scratching my nose as I was writing this. Of course one can resist the temptation, as one does in

company, but there remains a good chance of the suggestion being carried out later, when the attention wanders. How does your nose feel? Have you noticed any itches?

There are plenty of other examples of tunnel behaviours. If you can drive then you may well have had the experience of arriving at your destination with no clear recollection of any of the details of the drive? It is as if you are on autopilot. At the beginning of the journey there was a decision about where to go. Then your consciousness can be on other things - work, friends or memories - until you arrive. Provided that there were no emergencies en route to draw your attention you will have followed the whole path of driving as smoothly and unconsciously as if it had been a post-hypnotic suggestion. By the way, how is your nose? Have you scratched it yet?

Then you probably know people who readily enter conversational tunnels. At a certain cue word or idea they start, "That reminds me of the time when" or "Have you heard the one about the...." Do you know the sort of thing? While the reminiscence or anecdote is being spoken there seems little awareness of any reactions from the audience, and frequently no recollection of having told it before. Here again we see something which follows the tunnel-like path of a post-hypnotic suggestion: a certain cue arises; it is the start of a given path; the path is followed with little awareness of the surroundings; at the end there is little recollection of having followed the path. Can you name someone who is often plunging into conversational tunnels?

I have now given three examples of what I mean by a tunnel as opposed to a simple path. Each should have helped us to sharpen up the edges of the idea as the distinction becomes clear. Because we are talking about human behaviour and not physics or mathematics we cannot expect to have *very* sharp-edged definitions of our terms. But it should now be clear what I mean when I say that in human terms the less conscious awareness there is of a path the more appropriate it is to use the word "tunnel" for it.

Most of the daily habits that I have mentioned earlier in the chapter are in fact tunnels. Walking, breathing, leg-crossing, posture, eye-movements and thousands of other actions are performed with no conscious attention. Most of the time it is not only important but *essential* that most of our actions should be automatic in this way. If, on typing this out, I was still having consciously to think about how to move each finger, and how to spell each word, the whole thing would take ages. When we are doing arithmetic the cue "5+9" should lead swiftly, by some neurological tunnel, to the answer "14". It would be terribly inefficient to have to do it on our fingers each time. A good memory relies on there being a neurological tunnel which takes us from the cue of a person's face to the end of the tunnel where we find the name that goes with it. Imagine the problems that would arise if it was still necessary to think consciously about keeping balance when walking, as a child has to. It is essential that there be tunnels so that the cue of a slight sense of imbalance leads swiftly and smoothly, with no conscious intervention, to the correct muscular adjustment. Can you see this?

Perhaps you could make your own list of some more of the thousands of things that we do automatically, without thinking of them.

There are of course examples of tunnels which are a nuisance, and people want removed. For example here is a common enough path: sight of a cookie (the cue); hand moves out; the cookie is eaten before the mind had really noticed what was going on. Sufferers from this tunnel feel exactly as if they had been given a post-hypnotic suggestion, "When you see a cookie, you must eat it." For many smokers, too, the path of smoking is a tunnel which they are seldom conscious at the time of having followed. Do you have any tunnel-like behaviours that you want to remove? If so, name them.

This naturally raises the question of *how* to change a tunnel, and in particular, how to remove it. Let us begin with the case of the post-hypnotic suggestion. You will remember that one of the important tasks of the hypnotist was to try to detach the suggestion from all other conscious paths: to build walls around it and a roof over. In short to prevent conscious attention to the path, so that it will act like one of the thousands of other tunnels which arise naturally, as we have seen. The reverse process is therefore to attach the path to other experiences by *paying conscious attention* to it.

This may be a little difficult at first, but any suggestion which produces a noticeable change in your behaviour is bound to draw your attention to the fact that something has changed. Or it will draw someone else's attention. If you have been told to take off your tie at an unusual time then it will soon be noticed. If you have been told to write with the opposite hand then the messiness of the writing will soon become apparent. Once you *attend* to it then the force of the suggestion is immediately weakened. (A post-hypnotic suggestion is seldom very *heavy*: it is not like a lifetime's habit.) Very careful attention to the feelings associated with the act of picking up the pen with the wrong hand is very likely to bring back associated ideas such as the hypnotist's voice. From this point the whole path becomes weakened and a small act of will can remove it.

There is a whole chapter on hypnosis later in the book which you may find interesting if you want to follow up some of these ideas. But for the time being I have only followed this path to give us a slightly unusual viewpoint from which we can look down on a lot of more familiar ground.

The point is that -most- habitual paths of behaviour or thought or feeling behave in much the same way as a post-hypnotic suggestion. The origins are forgotten. It is triggered by a certain cue. It is followed automatically with little or no conscious thought. Many motorists have had the experience of following a familiar route and arriving at their destination with no conscious memory of any event en route. This is a tunnel-like path. The path of driving my daughter to school had become a tunnel for me. A little while ago I was supposed to be going with her to the supermarket, which is half way along the same route, but ended up at the school. If I had been attending to the path this would not have happened. If you now imagine this problem becoming more severe so that I became incapable, once my daughter was sitting in the car of going anywhere -but- to school, then something would have to be done, wouldn't it? Does that sound silly? Well, is it -so- different from being unable to put down a drink once it is in your hand, or to resist a bar of chocolate on the shelf? The use of the silly picture is that it can suggest ways of getting someone out a tunnel behaviour. For example you could help me by coming along in the car for a few weeks, and ask me to take a different route each time. This would first of all jolt me into conscious awareness of driving again (take the roof off the tunnel), and secondly make me aware of all the ways off the route (connect it with other paths.) While these steps might not be enough to cure me if I had a very

bad problem of tunnel-driving, I think that you can see that it would help me to weaken the force of it a lot?

These principles can be very useful if you are trapped in any tunnel-like behaviour. My next example is of a very severe emotional tunnel. This young man suffered from very black moods, ranging between panics and depressions. He had had them for a very long time: they formed a heavy path in his life. Now a key step was for me to accompany him and allow him to attend to the feelings in a more detached way and with a feeling of comparative safety. He then found that attending in this way brought to mind images of being very small, in hospital, alone, in pain and of being ignored by the doctors. It turned out that the actual experience behind these images was that he had been run over at the age of two. An ambulance had taken him to hospital. Years later, while I was seeing him, he dreamed of a flying saucer which landed outside the house, and of people emerging from it to take him away to another world. Not a bad picture of how a two-year old would see an ambulance! In the hospital the initial fear, pain and anxiety at being without his mother for the first time in his life would gradually be replaced by loneliness, isolation and depression. This was the first time he followed the path. But that one experience in childhood was so intense that it established it as a very heavy emotional path that persisted, and could be triggered by being too far away from his mother even when he was much older.

Now the power of this path was very much stronger than any hypnotic suggestion, but you will notice the similarities in the way it was weakened. In both cases attention to some detail - in this case the emotion itself - brings back to mind memories associated with the first impression of the path - in this case the hospital - and thereby opens up the tunnel, and reduces the hold of the path.

This process of bringing back into the conscious mind an awareness of some early traumatic incident is common in many schools of psychotherapy since Freud. It can go under the name of "release of repressed material from the subconscious", or "regression to a childhood state." It is well known that this process frequently produces benefits to the person in many ways in terms of release from problems. What I am saying is that, stripped of the technical language, the process is not very different from the method I have described to free someone from paths which do not have their origin in early traumas. In each case that I have mentioned above the crucial step has been the -paying--of close--attention- to the path. I have likened this to removing the roof of a tunnel so that it is possible to escape. Does this make sense to you?

With these ideas in mind I would like us to think of the word "subconscious". It is used very freely these days, but have you ever wondered -exactly- what it means? For many people the subconscious is little more than a very big bag into which can be thrown any human behaviour which cannot otherwise be explained. Do -you- have a clear picture of the

subconscious?

Now I would like to propose for you a slightly more detailed picture of the subconscious. I would suggest seeing it as the sum of all the buried paths or tunnels in a person's experience. That is to say all those paths to which conscious attention is not readily turned. I wonder if you like this picture?

There are many other things which can be said about paths, some of which we will meet later. One thing I have said nothing about, for example, is the differences between people who only have a limited number of paths which they can follow, and those who are free to follow very many. Some countries are rich in roads and others poor: some people are rich in behavioural or mental or emotional paths and others are poor. Perhaps you would like to make a short list of people you know and see how they rate in this way?

We will also meet, later on in the book, circular paths. Paths that people go around time and time again. Often these can be destructive. You will have heard of vicious circles. These can be seen as circular paths which get worse for the traveller each time (s)he moves around them. Here is a little story to show the kind of thing I mean, and also show again the importance of looking at the whole -path- of what is happening, and not some isolated feature.

Once upon a time a father was watching his small son on a swing. The boy was naturally seeing how high he could go. At one point the father noticed that he was reaching what seemed to him a dangerous height. So he pushed the seat down firmly. The -immediate- effect was to make the boy go down, but of course it did not stop there, and the swing was soon soaring up to an even greater height. Seeing this the father again took action when the swing was at its peak, and pushed down even harder. Again his action seemed fine in the short term, but made things worse in the long term.

Now you may think that this is a silly story: no one behaves like that. But they do. There are many fathers who only pay attention to their sons when they are behaving badly. They then shout them down. In the short term this can make the son quieter. But in the long run it can build up more inner anger each time, and the quarrels can get more and more violent. Does this ring a bell? I hope that you can see that the path is almost precisely the same as the man with the swing.

And there have been sad cases in the medical world where a drug seems to have a good effect in the short term. It might be a tranquilliser for example. But as time passes it has been found that the problem keeps returning, and with greater and greater force. So more of the drug is prescribed. It works for a while. Then more is needed again. And the patient can get trapped on a vicious circle which it is impossible to get off because of the powerful dependency that has resulted. So in the long term the patient is far worse off than when (s)he started. I have met a few of such people, who have suffered enormously. Perhaps you have done so too?

I hope that as a result of my talking around and about the idea of paths, and the way in which they behave, you will have begun to see the paths in your own life. As you go further into the book you will meet many different kinds of paths and you will get more and more used to -recognising -them. And you will also find more and more ways of -thinking -about the different paths so that you can begin to -change -them usefully. It will therefore give you the power to take control of the Path of your Life so that you can walk it with greater confidence.

Finally I am leaving some space for you to jot down any thoughts that have come to you on reading this chapter. I hope that I have said something new to you, for in that way I will have helped your thoughts to

move along new paths. On a new path there is always the chance of discovering something of value to you in your life. And you may find something valuable by disagreeing with me just as much as by agreeing. Remember that this is not one of those dogmatic "this is the truth, the whole truth and nothing but the truth" books. It is a "this way of looking at things has helped others, it may be useful to you at times" sort of book.

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Your Path in Life

Dylan Morgan

Chapter 2: Head Paths

In this chapter we will be thinking about thoughts. There will be a certain path of words on the pages which your eye and mind will follow. This is an example of what I will refer to by the phrase *head path*. As we continue, this idea will gradually sharpen, and in particular I will begin to distinguish it from another way of thinking which I will term *imagination*. At this point it is enough to think that *head paths* have to do with words for the most part, while *imagination paths* are much more likely to involve pictures in the mind. Head paths will also be distinguished from Heart paths, which are the ways of feelings, Habit paths, which are the habitual paths of action of the body, Heaven paths, which at this stage we can think of as to do with our spiritual aspirations and Health paths which have to do with the way the body copes with self-preservation. Of course in any particular life all these strands are interwoven, but since each has its own rules it is useful to understand something of each to make it easier to change.

So in the chapter we will be using words to describe something of the ways in which we use words. The human facility with words is the source of many of the differences between ourselves and animals. Using words we can strive for and attain new truths and understandings, but we can also lie. We can achieve far greater understanding of each other, which can lead to greater love, or use words like knives to cut deeper and hurt more. Words can be a great blessing or a great curse, like fire they can warm or destroy. They are good servants but bad masters. I wonder if you feel that you are happier in a world which has speech?

It is interesting to think for a little about how life would be if words and writing were to be removed from the world. In many ways we would at once revert to the nonverbal paths of communication used by our ancestors of some 5 to 9 million years ago, before the time we presume that mankind became distinguishable from the other higher apes. (And if you have not read my mother, Elaine Morgan's, book "The Aquatic Ape," describing the evolutionary path which was probably followed in making this change, then it is worth doing so.) In those days you had to communicate by gestures, facial expressions and pheromones: essentially smells. Learning in the child would have to proceed mainly through the instinct-driven tendency to *copy* its elders' behaviour, together with the basic conditioning reflex of tending to stop following behavioural paths which lead at once to pain. If jumping onto Daddy was

followed by a swift cuff you soon stopped doing it. You did not have to balance complex alternatives like "If you don't stop doing that then you won't go to the zoo next week." If in your community all the men banded together to go further afield to fish, while the women remained with the children to cook or to gather shellfish or seaweed, then as a child you would have quite a simple path in life to copy and to follow. There would be no complexities such as having a truckdriving father whom you love and want (by instinct) to copy, saying to you "No, son you should become a qualified engineer. *That's* where the money is."

Suppose that words disappeared. What would the politicians do? What would happen to the legal system? Since there would be so few ways of communicating what has happened in the past, justice could only really be seen to by any witnesses present at the time of the crime. History would become little more than one person's memory. Science would become the slowly accumulated practical skills passed on, by imitation, from one generation to the next. Literature disappears. And so on.

If you play with this picture for a while you will, I think, find that very little of what we now call civilisation would, for good or bad, exist. Do you think that you would prefer it that way? Out of all these changes there is one that I want to single out. People can now lie. When all you know is what you see or hear or smell then generally what you sense is what you get. If, as a dog, you smell a bitch on heat, then you can proceed with little doubt about whether or not she is going to be interested. A bitch, though for some reason the word has unfortunate connotations, cannot think "I'll just act like I'm interested to get him going until I get a new fur coat out of him, then I'll drop it." What you smell is what you get. But once speech becomes possible a million lies can arise. "I love you" are three magic words. Spoken with truth they have opened a door to heaven in many hearts. But they have also been used very many times for lower ends, deceitfully. And to make things worse we may quite easily be told a lie by an honest person who has simply and honestly swallowed a lie himself. Beyond this are many misunderstandings, distortions and misconceptions which arise out of the fact that any word can mean quite different things to different people. Think of the words Jew, Justice and God, to take but three. What do they mean to a Nazi, a murderer, an atheist or a Jew, a Judge or a priest? A single word can mean totally different things to different people.

But one of the most common unspoken assumptions we make - and we are all doing this all the time - is that **WHAT I MEAN BY A WORD IS THE ONLY REAL MEANING**. Humpty Dumpty in *Alice in Wonderland* was at least honest and open about this when he said plainly that since he paid the words they had better mean what he wanted them to mean. The number of arguments and quarrels that arise out of an inability to recognise this fact is legion. Let us take those three words "I love you" again. They can mean anything from "O.K. for sex now?" to "I intend to devote my entire life to you, and put you before anyone and everything else." It seems to me that we can only grasp what a word means for a person by observing the many paths of thought on which it lies. Do you agree?

If a woman uses the word "Republican", then before we have any idea what it means to her we must hear it several times in sentences (verbal paths) before the meaning she has in mind comes also into our minds. The word "path" in my mind as I sat down to write this book was different from yours. I have now incorporated it into many verbal paths so that my meaning may be grasped by you. It does not mean

that you have to *agree* with me, or the lady. But there is no point in agreeing or disagreeing until you understand what it is that the disagreement or agreement is about. This should really be an obvious fact, that most of us can agree with in theory. But it is ignored in practice to an amazing extent. Perhaps you could pause a moment and think of the names of *some* people that you know who are obviously unable to grasp what you mean by certain words?

The rule to bear in mind, then, is that if you desire to change any idea in anybody, including yourself, you should first pay careful attention to the paths on which the idea lies. For the whole meaning lies in the paths, just as the whole means of changing the idea lies in altering the paths.

I would like you to pause and think about this. A word means nothing unless you meet it on a verbal path. "Crwth." There was a word which was not on a verbal path. Does it mean anything to you? (It will only have done so if you have previously met it on a path, which is unlikely unless you speak Welsh.)

This path dependent quality of meaning is one reason why a person can hold quite contradictory views on a subject. It depends which path he approaches it on. A man is likely to say quite different things about parking regulations when they come up when he is given a ticket from when someone else has parked across his driveway.

In a smaller way many jokes and puns rely upon the fact that a word can lie on different paths, and the sudden jolt of moving from one path to the other creates amusement or some other, less pleasant, emotion. Groucho Marx is alleged to have said to a telephone operator "Extension 482? 482? sounds like a cannibal story." Some people like the sensation of being jolted from the path of numbers to the path of "four-ate-two", others hate it. But if you notice it then it is enough to drive home the fact that the meaning of the phrase depends entirely on the mental path on which it lies, and this is true of all we think, say and hear. I wonder how you feel about this kind of verbal humour?

And I wonder if you feel something of the same feeling about riding on dodgem cars, where again you can find yourself suddenly jolted from one path to another? Which is another experience which makes some people laugh and others feel upset.

I would next like to move on to look at some different patterns of thought. Again we all tend to assume that everyone else thinks in much the same way as we do ourselves, but we have to remember that this is not true.

For example if you read any book by Bertrand Russell, the famous British philosopher, then you will find a mind of enormous power and clarity. The picture that I would form of his mind would be of a great country with many straight, broad and sharp-edged roads. There are no fuzzy or meandering paths and no sympathy, I fancy, for the spirit of G.K.Chesterton writing warmly "The rolling English drunkard / made the rolling English road."

For a complete contrast listen to John Steinbeck in *Sweet Thursday* describing Hazel thinking. "Thinking

is always painful, but in Hazel it was heroic. A picture of the process would make you seasick. A grey, whirling furore of images, memories, words, patterns. It was like a traffic jam at a big intersection with Hazel in the middle trying to get something to move somewhere."

Hazel's is a mind which is at the opposite extreme from Russell's, with few clear paths at all. It is all uncleared undergrowth. Notice how difficult would be the task of writing a book which would be of use to both of them. The fact that both can speak, and use words to communicate, disguises the enormous difference between them. Yet, in my experience, the same is true of each of us. As I have got to know many people deeply I am constantly amazed at how *very* different each person's inner world is. In one person each thought may be coloured by vivid associated pictures; in another thinking is like walking through mud; in another thought is little more than hopping from one feeling to another; or yet another is a running over old memories. Have you never listened to an old person whose paths of thought consist entirely of a few very well-trodden reminiscences of younger days which are gone over time and time again? Or to a young child whose paths of thought are like her actions, quick and quickly changing their direction? Or the man whose paths run only towards power and status? Or the new mother for whom the only paths are those on which the baby lies?

It would now be good for you to think about the minds of some of the people that you are closely involved with. Try to form some picture of the kinds of paths that their thinking follows, a little as I have done in the last few paragraphs. Try to notice particularly the *differences* between their world and yours. But first notice what Steinbeck said of thinking "it is always difficult": is this true for you? .

Why have I given all this all this emphasis to the difference between minds, the way they think, and the meaning they give to words? Because I have noticed time and time again the problems that arise when this fact is neglected.

Think of any kind of machine a T.V., car or what have you. What do you think would happen if you overlooked the difference between different models and replaced a faulty part with one from a different model?

Or, if you are more sensitive to decor, how would you feel if, in a room that you had designed harmoniously, you were forced to include a piece of furniture that was hideously out of place there even though it might be quite a good piece in its own way.

Now something similar can happen in our minds: they can contain ideas which really do not fit in well with the rest. They may for example be ideas which suited your grandparents or parents very well indeed, but suit the rest of your modern thinking no better than their clothes would.

How many of your parents' clothes are you wearing, and how many of their things are you still using?

In a similar way we may have followed many paths of thought to which we have been introduced by friends or teachers or the advertising industry or books or newspapers, without ever really taking the

trouble to check if they really suit us. "You are a really *reliable* boy", a mother tells her son. He grows up with this idea in his mind, using it to decide on career and lifestyle. It could have been that what the mother meant by the words was, "Don't be like your father, who is always chasing women, but the son *interprets* it as, "Be serious, always ready to help, never have fun." Such a severe attitude can lead to trouble later on in life if he really has a carefree and funloving side. One possible consequence is that he will find in alcohol a way of killing that "Be reliable" voice for a while, and break out into an exuberant personality. When he sobers up, however, the guilt will set in and he will remorsefully return to his "reliable" path again: until the next drink. This can lead to a dependency problem, or contribute to one. A path common to many alcoholics is this the rational self is very "good"; many paths of action are deemed "bad" and avoided; a drink anaesthetises the higher brain centres; a door opens to those forbidden paths; they are followed for a few hours or days; sobriety returns; the mind returns to the "good" paths; it finds again the verbal path "that was a bad thing to do"; guilt sets in; an attempt is made to close the forbidden door yet more firmly; the "good" paths are followed again; until the next time.

Here is another example. A girl of sixteen wanted to go off camping with some friends. She was something of a tomboy, and the friends included boys. Now her father, not too unnaturally, did not like this idea. What he *said* was "If you go you will become a slut." The trouble was that this idea stuck in her mind for years afterwards. So that when, in her twenties, she was trying to form close emotional relationships with men, those early ideas got in the way, and she would shy off the minute the relationship moved beyond simple friendship, because of a fear of becoming a slut.

We can perhaps think of ideas like that as being like sign posts on the path of life. Some people have a lot of "No Entry" signs or "Turn Right" or "Stop" signs. Let us see what some of these sound like. "I can't do that."

"It would be wrong of me to do this."

"I could not bring myself to do that."

"I have to stay in this job."

"I dare not risk upsetting him."

"I must stay at home with my parents, they need me."

"I can't go out looking like this."

"Sex is dirty."

"I will never settle down."

"Marriage is for the birds."

"Only morons work for a living."

"I always speak my mind."

"I'll do it *my* way."

"All women are sluts."

"All men are bastards."

"Honesty is the best policy."

"Always brush your teeth."

I could go on and on. What I would like you to start looking out for are phrases or sentences like this in others first, and then in yourself. (It is always easier in others.) What you are listening for are things that come up many times. These are key ideas which the person is using to guide his or her thinking. They are the signposts. You could usefully jot down any that you hear.

The problem of wrong ideas arises not just in you and me but also in mankind as a whole.

"The world is flat."

"Heavier than air flying machines are impossible."

"The world was created in 4004 BC."

The history of thought shows time after time that highly intelligent men can nevertheless be very mistaken in the mental paths they follow, even in subjects that they have devoted their whole lives to following. So it is really no disgrace if we occasionally find that we need to change the way we think in *our* day to day lives as well.

How do we know if there is a need to change? Well, it seems to me to be a matter of common sense that there is no need to waste time worrying about whether we need to change unless there is some clear sign that we have a problem in life. There must be a feeling of "there is something wrong", or "nothing goes right for me", or "I feel terrible/depressed/anxious" or "why can't I manage to do this others can, easily?". Or to put it another way. If you are at present moving smoothly and happily along your path of life then there is no need to be concerned about whether your mental road signs are faulty. The time to start checking them is the time when the going starts to get rough or bogy or you no longer feel happy about the direction your road is leading you. Does this make sense to you?

What then should we do when we have some reason to feel that we have drifted off the right path in life for ourselves? Please notice that I am assuming here that the right path for one person is not necessarily the right path for another. The path your parents have taken, no matter how right it has been for them, may well be wrong for you. Your best friend may be a teacher, and happy. This does not mean that you will be happy following the same path. So the question is what should you do when you feel that you have lost *your* path.

The first step for most of us should be to find a sympathetic listener to talk the matter over with. As we talk we will be going over most of the mental paths relating to the problem area, and there is a very good chance that in this way we will find at least one idea on how things could be improved. I am a professional listener. And I find that at least the kernel of the answer to most of the problems brought to me comes out in the first session in perhaps half the cases. The client really *knows* the answer, but does not know that (s)he knows.

It is far better to choose a *listener* than a *talker*. A talker is usually far too fond of giving advice before really understanding the problem:

YOU: I am having a problem with my marriage

TALKER: (interrupting) Yes. I know what it is like. You should do what I did. I've been through it all. Let me tell you about it.

With someone like that there is no chance to go over your own mental paths, and every chance that their signposts will land you in an even greater mess since they have not bothered to find out where you are, or where you are going. It is as if you are on the phone, lost in the middle of nowhere:

YOU :I am lost on my way to ..

TALKER: (interrupting) Yes. I know what it is like. You should do what I did. I've been through it all. Let me tell you about it. I just drove straight on for two miles, turned left and was back on my road.

Abraham Lincoln had many difficult problems as President. On at least one occasion he sorted out his thinking in the way I am suggesting. He did not call in one of his experts but an old friend from his home town. The friend came all the way to Washington, sat down and listened. He listened for the best part of the day while the President walked up and down, talking, explaining things that were for the most part above his listener's head. When he had finished, the friend was thanked warmly for his invaluable help and went home. Notice that Lincoln did not need any *advice*. What he needed was a way of sorting out his own thinking. Thinking is about words. If even *he* found it far better to think out loud when it was a matter of exploring and straightening out his mental paths, then it is no disgrace for *you or me*. So the best way to begin to sort out mental paths is to find a good *listener*.

There are a few alternatives. Some people are good at talking to themselves. Some are good at talking to a piece of paper: writing. Talking into a tape recorder may also help. Talking to the dog may be even better because you can often rely on more sympathy there than in most people. But for most of us a good sympathetic human listener is best. I wonder what order *you* would place these options in?

Of course you may do better than this and find someone who is not only a good listener, but having listened is able to ask questions that help you to straighten out your thoughts still more, and even offer advice. But remember that if you have lost your way you need to find someone who not only knows where you are, but also where you want to go, and something of the roads in between. Now most of us have acquired a reasonable skill in running our own lives and there is a strong tendency to think that the paths which suit *us* must also suit others. This is not true.

"Oh. So you are depressed? I was depressed once. I just went for a thirty mile hike, came back exhausted, slept like a log and have never had any trouble since. You try it." There *are* of course people for whom this is the best advice: especially fit young men whose "depressions" are the result of too much drink or study. The cause and cure for them are on quite different paths from those followed by someone suffering from postnatal depression.

So before you accept advice try to make sure that the person giving it does at least have some idea of who you are, where you are and where you want to go. Remember that there is a good chance that you have lost your way in the first place because of poor advice.

This would be a good time for you to think over the various people friends, relatives or professionals such as priests, psychotherapists, doctors who might listen to you and rank them roughly on a scale of ten, with the above ideas in mind. Who can *you* turn to when you have a problem to sort out? It is worth thinking back over your life. There may be a distant aunt, or an old school friend who excelled at that kind of thing, and it could prompt you to get back in touch.

I have said that the first thing to do is to find a good listener. What is the second? It is to keep talking, and to go over the same ground several times. When you start you may feel that you know all about the problem which concerns you. But as you cover the ground you will find that it changes. Remember the golden rule: **To change a path, first pay close attention to it.** Each time you run over the paths in your mind they will become clearer and clearer until what was at first a chaotic mass is reduced to a clear picture which you can describe in about five minutes.

I remember one couple who had had severe differences over religion all their married lives. Little had been resolved because they had never really discussed their respective feelings, only argued about them. An exercise I set the wife was as follows. "Ask him to tell you what he feels about all that has happened; write it down; do not comment on it; discuss it with me later; a few weeks later do the same thing again; repeat it a few weeks later."

What did this achieve? Well, each time there was less written down, and each time it was more succinct

and clear. He was having the chance, for the first time, to really sort out the important things from smaller irritations which might have been cleared out of the way years ago if there had been the chance to talk about things. This process did not, of course, resolve the religious differences, but it did make them far less of a bone of contention. Could a plan like this be of any help to you in one of your relationships?

So at the end of repeatedly going over the ground a young man may reduce the verbal path of his problem to a simple "I have no confidence; I want a girlfriend; but I am too shy to approach a girl; so I stay in and listen to records and play my guitar; if *only* I were confident!"

Now with any luck a great deal of the self-pity will have gone as a result of just talking it over, and it will be easier to move on to the next stage. That is to talk over *what would happen if he changed any one of the verbal steps* on the above path. For example he could wonder about what he would do with life if he did *not* want a girlfriend. His thoughts might run, "If I did *not* want a girl, I would have no problems. I would go out with my friends, get involved in the band again, perhaps play some gigs: man, life would be sweet if I did not want a girlfriend!" This is a new mental path for him. It has taken him off the stale, heavy, circular path that he has been following in his mind for months. It can lead to further paths such as, "Well, after all, maybe I should enjoy life for maybe three or five years and *then* worry about being shy with girls."

I was once faced with a similar problem in a young woman. She desperately wanted love but because of that, and some traumatic experiences, was unable to bring herself to take any steps to find a boy friend. I asked her to defer the desire for a time, and within six months she was engaged, and got married not long after.

Incidentally there is a general rule here. **IT CAN OFTEN HAPPEN THAT TOO STRONG A DESIRE FOR SOMETHING ACTUALLY STOPS YOU FROM GETTING IT.** Often people make a mess of exams or interviews because they want so much to do well. This makes them tense and nervous. Perhaps they do not sleep well the night before and are drained and exhausted as well. Men can make themselves impotent because they have so strong a desire to prove themselves that they drive themselves into a corner of anxiety and self-doubt which produces the very thing they feared. In the same way a woman whose greatest desire is that her husband remain faithful can arouse in herself such furious jealousy that she behaves in a way that he finds intolerable. He is then more or less forced into the arms of another woman if only for some peace or because he may as well have the fun of it since he is going to get blamed for it in any case. I can put the rule another way. **IF WE GREATLY FEAR A THING THEN OUR BEHAVIOUR IS VERY OFTEN EXACTLY THAT WHICH WILL BRING ABOUT THE THING FEARED.**

Perhaps you would like to think about this aside, connect it to your own path in life, and see if this has any bearing on past or present problems.

Notice that the examples I gave above all depend on there being a certain idea in the mind which is no

longer of value or is doing actual harm. "I must pass this exam." "I must perform perfectly in bed." "I must get married / have a girlfriend." "I must keep my husband faithful." And I have said that if we are running into trouble then we should look closely at the mental paths that we are following, and then just think of what would be the result of changing one step or another.

Picture someone who is in despair on a walk because there has just been a landslide behind him, and he had planned to return by the same path that he came. "What shall I do?" he wails, "I am trapped. There is the river on one side of me, a steep mountain on the other, and ahead I know that the path only leads to a gorge and a dead end." And he lies down in his despair and prepares to die. If you question him about his situation you will find the following mental paths.

"You could cross the river, there is another path on the other side." "Yes, but I will get wet.

"You could climb up the side of the mountain." "Yes, but that would exhaust me, and I might get lost."

"There are climbers with ropes at the gorge, they could help you to climb up." "Yes, but I am afraid of heights."

I wonder if you have come across people like this? They are the "Yes, but" people. They are incapable of getting out of whatever predicament they are in because they are incapable of removing any of the No Entry signs in their minds. Do you know any people like that, and who are they?

Here are some more "No Entry" signs:

"I am too old to change."

"I could never get another job."

"I am just a housewife."

"I must have nothing to do with girls/boys of another faith/colour/politics."

Now it seems to me that it is nothing but common sense to say that if life has run into what seems a dead end, then there is everything to be gained and nothing to be lost by exploring all around just to see that the ways that seem to be impassible really are.

Here is an example. This man was a salesman and enjoyed the job very much. He believed in his product and he enjoyed meeting people and bringing them the benefit of the product. He was so good that in due course he was promoted. to an office position. Some time later he started to wake in the night sweating and with violent abdominal pains. A visit to the doctor revealed nothing wrong. But he was still in pain and still losing sleep. What should he do?

Once we had isolated the above facts he agreed that it was probably the stress of the office job that was causing the upsets. But, like many men, he had the idea in his mind, "You are not allowed to reject a promotion." And again the next step was the one I described above for the unconfident youth. "Yes, it is of course foolish to reject a promotion, but what would happen if you *did*?" This is like saying to our walker, "Yes, you would get wet crossing the water, but what would happen then?" or "Yes, it is a steep climb up the mountain, but where would that way actually lead?"

Well, when we thought about giving up his promotion, we discovered that he would then be earning a little more, would have more time with his family, and would feel a great deal happier. This made him think further, though he was still not quite happy with the idea of demotion. And what he came up with was an idea of a sideways move which was not technically a demotion, but which took him back on the road again. End of problem. The pains went and he was himself again.

The moral of this story is that is well worth thinking yourself well beyond any blockage, or No Entry signs on your mental paths.

Clearly some mental road signs are very useful. "I must not put my hand into the fire." is a pretty sound one, and so is "I must not kill." But we are all carrying thousands of signs, many of which are just simple rules of thumb impressed on us when we were children. They may be fine up to a point, but we may have gone well beyond that point and still be obeying the rules.

I know one man who had it very firmly impressed on him when he was a boy that he should eat what was put in front of him, whether he wanted it or not. His life and mind, when I met him, were in a terrible mess because he seemed to have learned this lesson all too well he was still accepting everything put in front of him, words as well as food and his mind was hopelessly cluttered with mental rubbish that was of no use to him. He could not get rid of it because there was a mental rule "I must take in any bit of information put in front of me, whether I want it or not."

I would like you to remember this case especially because it puts much of what I am saying in this chapter in a nutshell. I have found that **many of us get into greater or lesser messes by not exercising the right to spit out of our minds mental food which is not to our taste, or is not what we need.**

What does the phrase, "freedom of thought," mean to you? In many countries today this is a battle cry. There have always been rulers and pressure groups which are determined to force into other people's minds the ideas which they themselves have. They are people who cannot bear others to follow a different path from themselves. It would take me too far out of my way to explore the interesting question of **why** they should want this, but perhaps you would like to think about it and add to this short list: a genuine feeling that their way is the best; a fear that it is not the best, which can only be allayed by forcing everyone else onto it; being brainwashed by someone who stands to gain power or wealth as a result; ...

Many of us today live in countries where freedom of thought is being accepted as a right. But I am

saying that this is only a real freedom if each of us, as individuals, actually has the ability to get out of our minds ideas which are not right for us. We must have the freedom to explore any avenue of thought, which must mean ignoring at times various No Entry signs on the way.

There are a number of factors which influence the number and strength of such signs. People who have had an authoritarian upbringing in which at least one parent issued commands forcibly, unpredictably and with no explanations given, have an early conditioning in sign erection. People who are timid can turn even the mildest rebuff in life into a permanent No Entry. Signs are generally planted much more firmly at times of great emotional intensity, whether the emotion is pleasant, like love, or unpleasant like fear. Then again some people's minds are simply more receptive to new ideas. They can make excellent hypnotic subjects but are also vulnerable to the stray suggestions made by anybody they meet, some of whom are actually in the business of manipulating minds.

Indeed, it seems to me that a great part of my job is not so much hypnotising people as dehypnotising them of getting out of their minds suggestions planted at some earlier time in life which are now blocking further progress on their path. ([cf. article.](#)) And then again people who, as we described in the last chapter, are fond of creating sharp edges to all their paths, are likely to have to use a lot of "Keep Off the Grass" notices. These are just some of the factors which can be involved in how the flow of our thoughts is regulated. But what is likely to concern the average person is the simple practical principle: **If you are blocked on your path in life then exercise your right to freedom of thought and feel free to think along any avenue, ignoring all restrictions for the time being.** Do you know how to do this?

In the world of business you will at times come across what are called brainstorming sessions. There are times when an organisation needs some new ideas perhaps to get out of some terrible mess. They will then get together a group of people in comfortable surroundings, with no interruptions, and these people then start to throw around ideas, however wild, for perhaps a few hours. The only rule is that no idea must be criticised. This is another way of saying that any path of thought, however unrealistic, however wild or mad, illegal or immoral can be followed. Later on, after the session is over, there is a very good chance indeed that a few really good and practical ideas will have come out of it. And the silly ones can simply be forgotten.

When he was a boy Einstein used to daydream about what would happen if you were to ride on a beam of light. Now that is a path of thought that may not at once grab you as being very realistic. Yet it led him on into that vast field of human understanding that we call Relativity. You can imagine the result if Einstein had had a father who had said, "What would happen if you travelled at the speed of light? If you don't start travelling pretty damn quick to that pile of logs and get chopping, my boot will be travelling somewhere even faster than light."

If you would like to go further down this path of finding and following new paths of thought I would suggest starting with some of Edward de Bono's books. He has coined the phrase Lateral Thinking to describe something of this process, and his book with that title is a good starting point. Your library or bookshop will get you a copy. You probably knew that. But quite a number of people seem to think that

they are only allowed the books they can see on the shelves. There is an unspoken barrier in their minds, going back to childhood, which may say something like "If you can't see it, you mustn't ask for it." I know someone who has suffered from this problem: me. I sometimes wonder if it was related to a particular incident when I was around 11 and went into an electrical shop to ask for a small piece of equipment I needed for something I was building. The assistant treated me as if I was dirt. Experiences like that can implant No Entry signs which are accepted without question for years after.

But even without reading books on the subject perhaps you could arrange a mini-brainstorming session for yourself? I wonder if it would be possible for you to get two or three friends around for a relaxed evening during which you begin by describing a problem you have and then let them all throw in any suggestions, however wild, just following the simple rule, "no suggestion is to be criticised by anyone, even you." Can you think of the names of anybody who might quite enjoy this game with you?

Of course even one other person might do if (s)he is prepared to follow the rule it might well be the same person that you have chosen as your listener. Good listeners are often also good at suggesting a variety of ideas in a tentative way.

What other tools are there for changing the paths of your thoughts? What tools are there for catching fish? My answer to the second question is that fish are caught either in a net or with a hook. If you turn a hook upside down then you get a question mark. A question is a very good way of fishing for new ideas, new paths of thought. You will have noticed how frequently I have used question marks in this book for this very reason, to bring up to the surface of your mind ideas which are there, but which you may not have known were there.

We have seen that Einstein used a question to fish for the Theory of Relativity. Newton may not have asked himself the exact question, "Why did that apple fall on my head?" but he will have asked himself a similar one in order to fish for his theory of gravitation. If such mental giants as these use the simple fish hook ? then surely you and I need not be too proud to use it in our small concerns.

But what kind of questions are most likely to be useful to us? Well to begin with, almost **any** one. Some are, of course, more productive than others, but any questions are enough to start you off fishing. Part of my stock in trade is a collection of the more useful questions, many of which are cattered freely through this book. You would expect a fisherman who had had years of experience to know the right kind of hook and bait for a certain water, wouldn't you? But even a beginner can atch a fish, though it might well take longer.

We have already seen in outline how I will often start my fishing. The first question I am looking for an answer to is, "What is the path on which the problem lies?" This might mean looking in detail at the path of a typical quarrel in a relationship, or the pattern of stresses in a day, or the path leading to bed and then out the next day in an insomniac, or the path of hunger and eating in someone who is overweight, or of drink in the alcoholic and so on. In practice it often takes a lot of questions to get this path clear. The most helpfullones are probably questions like, "And what happens before that?" and "And what happens

next?" Next come a series of questions which are really all forms of "And what do you think would happen if you changed that step in this way?" or "Do you think you would be able to change this small step?"

Erickson once had a client who was retired and was eating and smoking himself to death. He discovered that the man was getting his food and cigarettes from the store just around the corner. The only change that was necessary for that man was to agree that any time he was hungry or wanted a smoke he would go to a different shop on the other side of town. This small change in one step on his path soon reduced both eating and smoking and he became a great deal fitter with the walking.

I am going to add here a number of other questions which I have found to be useful at times, with certain people. It is unlikely that they will *all* be of use to you, but each will be of use to *someone* who reads this book, and I expect at least one to be useful to you at some time.

What is the path on which my problem lies?

Can I think of three ways, however wild, of changing each step?

Can I actually make any of those changes?

Suppose that I had a friend with the same problem, what would I advise?

If I knew that I was going to die in a year's time, how would that change how I would feel or act?

Call to mind someone who loved you, but is no longer around: someone you trust. Then ask, "What is (s)he advising?" (One woman recalled her dead father. The question brought tears but also the recollection of his last words "Go out and lead your own life and let them get on with it." which was in fact exactly the advice she needed.)

When did I *start* thinking / feeling / acting like this?

If I had all the money I wanted, what doors would it open, and what would I do?

Can I imagine being in a situation, or being of an age, where this particular path would be really quite acceptable?

How seriously am I taking this problem? How much would I pay to have it solved?

If I were writing my obituary, or talking to St. Peter, so that I had to look back along the whole path of my life on earth, what would I see, and what would I like to see?

How have I solved other problems in my life?

And you might add any questions that you have found useful in the past, or that you would use if you were talking to anybody else.

Perhaps you are wondering about catching ideas with a net? Well to catch ideas wholesale you need to find a place where there are shoals of them so you can go out and buy and read a book like this, or find someone whose mind is full of ideas, or organise a brainstorming session.

I wonder what you think about the fishing analogy?

The point about it was that the question about how can we catch fish led to a new way of thinking about solving problems. Analogies and metaphors can be very useful when it comes to finding new paths. You will find many in this book for that very reason, including, of course the extended metaphor of paths. They are very powerful tools of thought, but they are not primarily verbal, and so I will discuss them in the next chapter.

SUMMARY

I will end this chapter with a brief summary of what we have met on the way. Perhaps the central theme is that for most adults the greatest need is to GET RID OF OUTMODED ROADSIGNS. We have all got ideas in our heads that are either plain lies that we have been told, misunderstood ideas, rules that we have grown out of, prohibitions which we hold too strongly and inflexibly and above all ideas which are fine for some other people, but are just not right in our heads. (I have written a [poem](#) on this theme, if you are interested.)

I have suggested that freedom of thought is only real if you have the ability to get out of your mind ideas which do not belong there. The process of getting them out is made easier if you can first find a sympathetic listener; then go over the paths that are worrying you until they become clear; then start to ignore No Entry signs; then explore all alternative avenues of thought at each step. In this way there is a much better chance of getting back onto your path. The path that *only you* will lead, and *only you* can tell if you are satisfied with.

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Your Path in Life

Dylan Morgan

Chapter 3: Imagination Paths

In the last chapter I was dwelling on one of the ways in which we think with words. You will remember that this way of thinking has not been around long: probably less than ten million years or perhaps 20,000 generations. In this chapter I would like us to think about another very important process which goes on in the brain, which can actually be a very useful way of thinking, and yet does not directly involve words. This way is what I am calling imagination.

Suppose I say to you "Imagine that you are in another room of your house." I wonder what happens in your mind? There are some people who can at once picture themselves in that room almost as vividly as if they were really there. They are aware of the detailed textures of all the furniture, can describe the colours in detail and even note the way the shadows are falling for the particular time of day that they are chosen. Occasionally they may also notice vividly the scent of flowers and hear the ticking of the clock or the crackle of the fire.

At the other extreme we may have a person who has only the vaguest idea of the layout of the room and may, if pressed, say, "Well, there is a chair." Detailed questioning may reveal no more than, "It is an armchair." "Comfortable?" "Yes, I suppose so." "Colour?" "Umm... a sort of brown?" And the same lack of detail will be found in all descriptions.

This quality which I have described above is a very important feature of the imagination. I will call it vividness. It is very important to me professionally, as there is a big difference in the way in which I talk to and help those people who do most of their thinking verbally and those who do the greater part of it accompanied with vivid images.

Suppose that we rate the first person above, who has an almost perfect imaginative recall, as 10, and the second person, who can see almost nothing at all, as 1, I wonder where you would place yourself? Think about it for a few minutes. Note down as bonuses anything you can recall through the other senses touch, pain, temperature, smell, hearing or taste, again on a rough scale of ten.

Some people can recall sensations such as these very vividly too. I would still call them imaginative in a broad sense, but for most people the imagination works mainly through pictures or images as the very word imagination suggests.

You may be interested to know that I come very low on this score. I can see no vivid pictures. (I know what vivid pictures look like because I can have them in dreams.) I could describe the layout of furniture quite well and describe it in fair detail. I could tell you the colours of some of the things, without being able to "see" them. If I was asked to describe a room I had only been in once then I would have almost no recall of colours and only a rough idea of the contents. I would rate these abilities as about 2 on the scale.

There is another aspect of imagination that I also usually test for, and is revealed by questions like, "Now can you imagine that the carpet is removed?" or "Can you see that baby elephant in the armchair?" or "Imagine the room three hundred years ago", or "Look! All the furniture is beginning to float."

A person who can adapt to these sorts of unreality has what I term flexibility of imagination. They can readily picture things that they have never seen before, and might never be seen in real life. I am aware of no research which has been done in this area which would tell us whether people with strong vividness also tend to have high flexibility. My experience with hundreds of people suggests that they often do go together, but do not have to. On a scale of ten I would estimate my own flexibility at around 8, which you will see is much higher than the vividness. An artist I knew was, not surprisingly, high in both. But so was a barrister.

It is important to realise, however, that any figures must be rough and ready because for one thing a person's imaginative powers will always be stronger in some areas than others. The man who had no idea of the room in his house may turn out to have a perfect picture of the interior of an engine. A woman may have perfect recall of faces and yet be unable to recall places. It must therefore be very difficult to produce any standardised tests, which is probably the reason why there is little research done on this area.

But even so you might like to give yourself a rough rating on how easy it is for you to imagine the unusual scenes I mentioned above.

What can science tell us about this ability? What we do know is that the pictures are located in the visual cortex. This is a layer of cells that you have spread over much of the back of your brain. It is a long way from the part of your brain which deals with words, which is normally high on the left side of the head. When you look at anything with your eyes open it is almost as if what you see is projected directly onto a screen at the back of your head. You can think of the eyes as being the lenses of a video camera, and the visual cortex as being the viewing screen on which you see the picture. Of course the brain is a great deal more complicated than a video camera, and does a lot of things to the incoming pictures such as recognising partial patterns and completing them, making edges sharper, enhancing the image in various ways and so on, and we will see something more of these abilities as we go on.

The brain, like most video cameras, also has a playback facility. With the eyes shut most people can play back on the screen a scene that they have previously observed. At its best the replay is detailed and in full colour. But it can depart from this in many ways. I knew one man who was excellent at retrieving single frames *still* pictures but much poorer at seeing *moving* pictures. He

makes his living as a still photographer a fact that must, I think, be connected. So the quality of vividness that I mentioned has to do with the quality of the playback.

When we are talking about flexibility we are adding to the above simple video camera the image manipulation qualities that we are learning to associate with computer graphics. The brain, when the eyes are shut, can use the screen to play about with all sorts of images, mix into one scene something found in another, change the time scale, or the relationships of people, and generally move things around in all sorts of ways. You may well have noticed this sort of thing happening in your dreams?

Next I want to draw attention to something else that the brain can do that no video camera can do yet. My favourite example is a man I knew in Scotland, Mr. Compton, who could point out four-leafed clover from horseback while waiting for his polo game to begin. (What was I doing there? At that time my wife was working as a freelance journalist and I was doing the photography. Horse and Hound magazine paid quite well for pictures of the Scottish Polo scene. You will find that many people's paths through life take them along unexpected byways.) So I want you to picture Mr. Compton sitting on his horse and pointing with his polo mallet, saying, "Look, there's one." And I am down on my hands and knees trying in vain to spot it. "No, just an inch to the left of your hand. Nearly there. You are touching it now." And I was. I suspected at first that it was luck, but he could do it time after time, while all that I could find myself were the three leafed variety.

I have never met anyone else who could do that, but there must be areas of life in which you can do something similar. If you are looking for someone then it is often possible to spot them in the middle of a crowd, at a distance from which their faces are scarcely more than blobs. Or perhaps you have been looking for a particular dress or a car for some time, and suddenly, when you were not even thinking about it, you catch a glimpse of one out of the corner of your eye, and your attention is seized? Or perhaps you have just glanced casually at a newspaper and a particular name perhaps your own, or a friend's has leapt out at you or it might be a word "sex", maybe? Can you provide an experience of your own of this kind?

People are working hard to try to get computers to be able to do this sort of thing, which is called Pattern Recognition, but with only limited success so far. Our brains, and those of most animals, are extremely good at it by comparison, because it has been so important for survival. That rabbit which can most quickly realise that a heavily shrouded shape in the ferns is a fox, is the one most likely to survive. And the predator who can most readily see through the camouflage of its hiding prey is the one who is least likely to starve, and most likely to have healthy offspring. Any individual creature with poor Pattern Recognition ability compared with those around it would go to the wall. And so thousands of millions of years have gone into perfecting the systems we use compared with the tens of years which have gone into

computers.

Now we cannot say what is happening in an animal's brain, but for most of us it is the case that if we are looking for something then the imagination presents us with some sort of a picture of the thing, so that the eye can know what to look out for. I wonder how true this is for you? The next time that you feel hungry pause for a minute and see if your mind's eye holds a picture of something that you would like to eat. When you are in love do you find that your mind is filled with images of your loved one in his or her absence? If you are looking for new clothes or a new car do you find that there is some sort of picture in your imagination to help your eye to spot it? If you have lost something about the house, do you find yourself picturing it in various places where it might be? If you are cold do you start to imagine warm fires, and if you are hot imagine cooling drinks?

What I am describing here is one function of the imagination which is to give us in the present a clear idea of what will be needed in the future to satisfy a present need. It has to do with guiding the person into the future.

There was a story I once read as a boy, and so I cannot recall where. In it a boy and a man were walking through the snow. The man said, "Try to walk in a straight line across this field." The boy proceeded slowly, watching to see that he was placing one foot straight in front of the other. At the other side of the field he looked back. His path had wandered all over the place. "Now," said the man, "look at that tree over there. Walk towards it." The boy walked briskly forward, keeping an eye on the tree. When he looked back he saw a perfectly straight line of prints.

One function of the imagination is to give us a distant goal to guide our steps. You will find a lot about this in books on positive thinking. If we are lacking in self-confidence then we should start with pictures of how we want to be. You don't bother about how to get there. If you keep that picture firmly in mind then your path in life will lead towards it. I have helped many women to slim successfully, not by concentrating on the individual steps of what to eat at meals, but by fixing in their imagination a very clear and firm picture of how they are going to look in a certain dress. The appropriate eating and exercise patterns have then arisen spontaneously. A strong and early picture of being a successful businessman is commonly necessary to becoming one. And Napoleon did not get to be Emperor by picturing himself as a contented small farmer.

I would like us pause for a few minutes for you to think about this. If you want to be the one who decides where your path in life is going, then you really have only two ways of going about it. You can either tell yourself in words where you are going, (the Head path), or you can picture the future to yourself (the Imaginative path). Of course you can use both, but if you use neither then you are a boat adrift on the sea of life allowing any current and tide to take you where they will. For if you don't take control of the words and pictures in your mind, then there are plenty of other people who will do the job instead, with no understanding of you or your needs. I have talked in the last chapter about getting rid of thoughts in your mind which do not really belong there. The same is true of pictures.

I have just been seeing a young mother who is extremely depressed by some pictures in her mind that were planted there by a television programme on child abuse. In particular she has been plagued by guilt because the idea keeps running through her mind that she might abuse her own small son. There is no danger of this, she is as sweet as a nut, and a perfect mother. What I instructed her to do and this is often a very effective, simple way to handle these problems is to picture a video tape in her mind on which these pictures of hers are recorded. She can then either choose to keep the tape or destroy it. She destroyed it with enthusiasm on a bonfire. I then restored some of the original, natural pictures of the developing love between mother and son right up to the time of the grandchildren.

Do you have any pictures of the way that you are going to be that you are not happy with?

Remember that the very fact that they are in your mind will tend to produce behaviour in you which act so as to bring it about. (This fact is one reason why the thing that we most fear will often happen.)

If you want to change them then some version of the following path is probably the best to follow: pay attention to the pictures; consciously decide to destroy them; replace them by a better set. Another way of saying this is: play back the video on which the pictures lie; consciously decide to destroy it, or wipe it out; record instead a video picturing your desired alternative. If you prefer you can do it with still pictures. There are people for whom one application of this process is enough. For others, and the more difficult problems, (heavy paths that need to be changed), the process may need to be repeated many times. In the later chapter on hypnosis we will meet this process again the hypnotherapist is simply using a mild hypnotic trance to get a more effective access to the powers of the imagination.

Now you might like to describe briefly a new tape that you would like to record to replace what you have thought of above (if you did). Then you could, if you choose, close your eyes and spend five minutes briefly playing through the pictures you don't want, deciding to remove them, and then picturing what you do want.

This function of the imagination is also used extensively by the advertising industry. It tries to plant in your mind a pleasant picture of the product being there in your life. Once this is done then the picture will tend to act, by non-conscious pathways in the mind, to bring about this desirable state of affairs. (Desirable to the manufacturer, anyway.) The natural path, which we have been following for millions of years is: an inner need arises (food, safety, mate, offspring, shelter etc.); an appropriate picture is presented to the imagination; actions are promoted which lead to the pictured goal; the need is satisfied. A good way for the advertiser to use this path is to proceed: arouse a feeling of need; then swiftly present a picture to the imagination which involves the product; actions should then follow to reach that picture. Not all advertising uses this path but you might like to think of one or two that do.

Have you ever daydreamed much? There are of course different ways of daydreaming, but it should be clear from what I have been saying that some of it is a valuable function of the imagination. Particularly in our earlier years, when we are uncertain about the direction of our path in life, it can be very useful to take time out and allow pictures of possible future states to come up on the inner screen of the mind.

Running through the various paths which arise gives us chance to decide which ones seem to suit us best. The most satisfactory ones then serve as distant goals to guide us. I wonder if you can remember a daydream that you enjoyed when you were younger that has acted in this way?

I sometimes find that people have come to me at a time of life not long after they have accomplished some goal that they set years before, feeling lost. "What is life all about? I have got what I wanted. Why am I not happy?" They are not happy because they have no sense of direction any longer. Instead of proceeding along a path, they are wandering about aimlessly near one spot. One way out of this dilemma is simply to activate the daydreaming kind of imagination it can be seen as a form of trance state and start to look for pictures which, arising out of the present needs of the person, give a sense of direction into the future.

But of course the imagination is not only concerned with the future in the ways I have described above. It is also intimately connected with memory, which is to say the past. We can remember sounds and smells and other sensations as well of course, but for most people the memory of past events seems to be primarily visual. It also seems that the greater the intensity of the imagination, the better the memory.

Do you want to improve your memory? If you look at any book on the subject you will find that nearly all the methods rely on using the visual imagination more efficiently. The main trick is to turn the thing which has to be recalled into a vivid picture. The second fact that is used is that the more strikingly unusual the picture is the more attention it will receive and the better it is remembered. So, if I need to remember that this man I have just met, whose most noticeable feature is a large nose, is called Mr. Painter, I am asked to picture an elephant with a paintbrush in its long trunk of a nose, sloshing paint all over Mr. Painter's nose. This should fix the association for me. Have you met this idea before? Would you like to improve your memory? Then it is well

worth searching for one of the books on the subject, such as *Develop a Super Power Memory*, by Harry Lorayne.

Notice that what these methods are doing is to create paths from the visual cortex to the verbal centres. For the first few times, when I next see Mr. Painter and his nose, I will also see the elephant, and this will guide me to the word which is his name. After following this path a number of times the elephant will no longer appear and there will be a direct, unconscious link from the face to the name. I have called such unconscious paths tunnels in an earlier chapter. This is another example of a useful tunnel.

Can you see that nearly all of what we call memory is the creation of associations which is to say pathways in the brain between things?

I have now described two useful functions of the imagination. One is directed to the past memory and the other is directed to the future visualising goals. Now I come to a third, which depends on the flexibility of the imagination. This is the way in which it can be used to picture unfamiliar or hard-to-grasp things in such a way that we can begin to understand them.

We do this at many levels. One level is the level of this book itself. Here I am talking about some of the things that I have learned about us human beings. Some of it will be unfamiliar to a lot of readers. To help to make the unfamiliar familiar I am making use of certain pictures the very notion of a path that we started with is a prime example. As you go through this book you will find more and more of them. I wonder if you agree with me that it is very hard to understand something new if it calls no picture at all to mind? That is why academic text books can be such hard reading at times, when the author is more concerned with sounding erudite than with communicating. Try this: "It will be evident that the existence of psycho-cerebral differentiations necessitates conceptualisations of experience which do not necessarily have a one to one transformation between areas. The transformations involved in the communications between them are typically nonlinear encryption of information and the flexible processing capacity resident in the visual cortex provides a valuable resource in facilitating the transformation." I wonder if you understood that easily?

What I have said there is that one part of your mind deals with words, another deals with feelings, another with actions, another with appetites, another with memories and so on. Now really each of these areas has its own language in which to handle its own business. But there are times when messages need to go from one area to another. Your reasoning mind may need to be informed about your feelings, for example. How can this be done? I am suggesting that you picture each part as a different person, with a different language. Mr. Head speaks Wordish, while Mr. Heart speaks Feelingese. When they need to converse they go to the central super-computer of the brain which translates any messages into pictures or videos which both can see and understand.

Can you understand this picture? How does it compare for you with the more abstract description above?

I am expecting that most readers will find it easier to grasp, and find it easier to use. You see, in some ways I have the same problem in communicating with you, that the parts of the brain have in communicating with each other. I may find it quite easy to think in a specialised language such as higher mathematics, or the one I used above, simply because I am familiar with them. But in communicating my ideas to someone else I must use a language that they understand. And a word picture or metaphor is one of the best ways of doing this. I wonder what you think of this?

Christians will recognise the fact that when Jesus wanted to tell his audience about Heaven he also made extensive use of parables. He gave them moving pictures in the mind which served to guide them onto the Way or Path to Heaven. He communicated through the imagination.

Here is an example of the use of the imagination in communicating an idea from the mind to the body, which is a favourite among some hypnotists. You ask someone to sit comfortably with closed eyes. Then you ask them to imagine a beautiful balloon floating in front of them, lightly tied to a finger. The balloon is to be imagined lighter than air and pulling gently on the finger. Provided that this picture is held in the imagination for long enough usually about five or ten minutes has to be allowed you should find the person's hand beginning to rise gently into the air, just as if it were in fact being lifted. The interesting thing is that they have no sensation of willing the action. It seems to be happening all by itself. Perhaps

you would like to try this yourself? You do not have to have someone else to help. The thing that is most likely to prevent you producing this effect is impatience. I wonder how quickly it will work for you?

There are more straightforward and everyday ways in which the Head sets the Habits to work by means of pictures. The strength of the effect varies in different people. But suppose that you decide to go somewhere, do you not find at least a fleeting picture of the place arising in your mind to guide your feet or your driving? Check and see next time. Suppose that you are going to make something, especially something that is a bit unusual, do you not find yourself running over it in your mind first? Have you noticed the way golf players spend a lot of time addressing the ball and planning the shot? They are busy picturing exactly what it is that they want to happen, programming the muscles to give them the shot they want. Perhaps you can start to look for examples of your own. For the most valuable thing for you to discover is the part that imagination plays in *your* life. It is interesting to know about the ways that others use it, but much more useful to find out our own uses of it, and then see if we can't use it to better effect. So you can begin to think of the times when you are most likely to be using imagination when deciding to do things.

Next I will give some examples which are going from the Heart to the Head. That is to say a communication from the broad area of feelings to the broad area of thought. Some people are very good at this, and others are much worse. Let us take the feeling of fear. I wonder if you can remember feeling fear or even nervousness about something that is not happening at the moment? It might be about an impending confrontation, or plane ride or any of a thousand things. If you then ask yourself what exactly are you frightened of, which is to say the Head turning to the Heart and asking what the fear is about, what comes into mind?

For many people the result of this is a picture. It may be a picture of mangled bodies by a crashed plane. Or one of falling through space. It may just be a picture of being shouted at. Once the picture has come though, then the Head can turn it into words. I wonder if you can now recognise this sort of thing in yourself?

There are some people who block off any communication from the emotions. They are unlikely to get very far in looking for the use of the imagination in this way. Some people have low vividness of imagination, and they will have to look very carefully for images. There are also people at the other extreme for whom the communication of emotions to the Head is so direct and frequent and clear that there is no need for an interpreter, and so they too may find that they do not often need to use the imagination. But for millions of people in the middle I would like to suggest the rule: IF YOU WANT TO LISTEN TO YOUR FEELINGS GO TO THE

TRANSLATOR OF THE IMAGINATION.

The communication works the other way too. Suppose I say to you in words, "Feel angry," or "Now feel jealousy," can you do it? I usually find that if I suggest things like this, then people soon give up and say, "No, I can't. The feelings are not there now." But if I say, "Picture or remember vividly a situation in

which you felt jealous or angry," then the feelings return with no trouble. Perhaps you would like to experiment for yourself? If so, choose an emotion that you have not felt today: good or bad. What have you chosen? Now try to arouse it by simply repeating to yourself, "I am going to feel" for as long as you choose. Then drop the attempt and begin to picture a situation, real or imaginary, in which that emotion arises. Do this for a similar length of time. What have you discovered about yourself?

Remember that in this example, as in all that I give, there is no question of success or failure involved. It is a question of knowing yourself. The majority of people who do the above exercise find, as I have said, that the emotions arise much more readily to the pictures than to the words. If this is not true for you than you have learned about a way in which you are different. It may help you to understand others better as well as yourself.

As an example of the use of the imagination in communication between the levels of the body and the mind, which is not to do with the emotions, I would like turn to level of Health rather than Habit. This was a middle aged man who was suffering from severe headaches. The only thing that medical science could do was to provide painkillers, which were not in fact much help, and advise him to learn live with them. He found this prospect almost unbearable and looked elsewhere for help. When we began to use the Imagination to tell the Head what the body was feeling the following picture emerged. There was something like a hose pipe, and there was a shadowy grey figure who would come and step on it. This would create a headache. If the figure went away then there would be a sort of bubbly sensation, and then the pain would go. And so the scene was set. The Head now had something to work on dealing with the grey figure. As time passed the picture changed a little. The pipe was up on pylons, and the figure was trying to climb to them. Every time the man turned his attention on the figure it faded away, but came back later. So he had learned partial control. Then, after one long battle he had, the figure got up to the hose and then ran along it into the distance, never to return! And neither did the headaches. Now I don't understand why it happened in this way. But I can explain something of what happened. The headaches seemed to be caused by a nervous constriction of a blood vessel in the

brain. There are many small muscles whose job it is to do this for good reasons. One was doing so for a wrong reason. The constriction build up blood pressure locally. The pressure made a headache. The problem was to regain conscious control of that muscle. The pictures were a link between the conscious brain and the subconscious tunnels: the hidden paths followed by small nerves and muscles. The grey figure stepping on the pipe is associated with the contraction of a muscle around the small pipe of the blood vessel. The going away of the grey figure is associated with the relaxing of that muscle. Does this make sense to you?

Notice that the communication is two way. The body is sending up a picture to the brain to indicate the nature of what is wrong. The brain is sending messages back in the same language to indicate the kind of actions required to improve things.

I will talk more about the use of such imagery in matters of health in a later chapter. At this point I simply want to mention it as a further example of the way in which detailed communication between

different levels of the body and mind can be made easier by means of pictures.

And this brings me back to the other big area in which the Imagination plays a central part. So far we have met its use in memory and as a guide into the future, as a good translator between different parts. Now I am going to return to the usefulness of the imagination when it come to understanding difficult or abstract things. But this time it is going to be at a different level.

Here is an example. It is a woman who, when she was a girl, became involved in an unpleasant episode between her parents. I am not going to tell you what it was because it is confidential. But it was neither the sort of thing that she could understand as a girl, nor talk to her parents about. Even less could she talk to anyone outside the family about it. It was not the problem that she came to me with, and I only became aware of it when, in dealing with a minor problem, she started to visualise a room. It was not a room she had ever been in. The walls were of undressed stone. She was happy in it until she noticed a chest in the middle of the floor. Then she started to cry. Why would the sight of the chest make her cry? As I started gently to ask about the chest we discovered that she could not move it, and nor could anyone else. The only other person who could look inside was her small daughter. Inside there were mainly papers.

At that stage it was clear to me that the chest was a Family Chest and that it represented some emotional problem that she had inherited. It took her some time before she felt able to tell me about the actual problem, and cry about it. Once this had been done the chest was no longer the same problem. It could be painted and moved from its central position to an out of the way place, and was no longer a cause of tears.

It is this kind of work of the imagination that has attracted the attention of psychiatrists since Freud and Jung. Frequently when people talk about the subconscious they mean just this way the mind has of representing difficult or abstract emotional problems in some symbolic or visual way.

Here is another example. This woman, in a light trance, found herself in a certain landscape which she had never known in life. When we started to explore it there was a great deal she was unhappy with steep precipices and derelict houses, for example. It was possible to change a great deal of these details of this inner world, and as we did so, over the weeks, her inner feelings about life improved very much for the better. At times a particular change would bring back real memories from the past, which must have been related in some way, though the identification was seldom as close as the Family Chest.

I use the phrase "inner landscape" to describe such a model of the way in which life appears to a person. I have described one woman who used a room in this way, and another who used an actual landscape. Whole houses are fairly commonly used. There may be dark frightening rooms symbolising areas of life which are being avoided. There may be areas of neglect which, if tidied in the imagination, produce improvements in the corresponding area of life itself.

For example, here is an unmarried woman whose inner house has a very lived-in kitchen and plenty of children playing about, but a joyless bedroom. "Look into the husband's wardrobe," I suggest. She does

not want to. She knows that it will contain severe suits and dark shoes. "Change those clothes for something better." She changes them to casual wear and then feels a lot better about the room.

Can you see what this was saying about her feelings about men?

Perhaps you would agree with me that it shows very clearly that she would like to have a family. But she cannot get married because she hates husbands. She hates them because in her mind the path on which they lie is severe and joyless. Now the act of simply changing the clothes in her mental wardrobe is removing a barrier in her mind. It makes it possible for her to look afresh at that area. And this in turn makes it easier for her to find the husband that she will be happy with.

In fact a few months later on she fell in love with a new man, who did *not* wear suits. Later they got married and the last time I heard they had the first of the children she had daydreamed of.

I wonder how you feel about this kind of thing?

The nature of what is going on seems fairly clear to me. Life presents us with many problems. Many are quite difficult. The brain has a natural capacity to invent simple, concrete pictures which in some ways represent the problem. If the problem can be solved in the simple picture, then it can be a big step towards solving them in real life. We can find this happening in dreams, though we are not always aware of it. The skilled therapist can help it along by speeding up the solution of the problems.

I suspect that people who have read a lot about psychotherapy will find it all very familiar, while many more, practical, people are rather doubtful about its value, if not its reality. And so I would like to make some comments addressed to each of these viewpoints.

The first thing I want to say is that I find that the content of the imagery is very special to the person. I have found NO evidence that a given symbol has a universal meaning, as some people, such as Jung, claim. But surely we would expect this? If someone has nearly drowned as a child then deep water could easily be associated with feelings of danger, and could be a good symbol of it. If another child spent many happy days frolicking in the ocean then it is equally likely to symbolise freedom and happiness. I have known trees to symbolise peace and security, but also to be oppressive. Moving downstairs deep underground can be associated with a deepening peace in some, but a deepening fear in others.

I first learned that early on in my practice. I was following a method of hypnotic induction which is in fairly common use, and consists in getting the subject to imagine slowly descending a softly carpeted staircase, going deep underground. My client started to panic. For her, peace could only be found out of doors and in the open. The symbolism of the staircase had quite a different value for her than it has for others.

Incidentally this difference between people is the drawback to the cheap mass-produced hypnotic tapes that you can buy for a wide range of problems. They use imagery and ideas which are designed to

communicate with the deeper levels of the mind. But many purchasers will simply not relate in the expected way. It is true that, for example, lying on the beach and letting the sun's rays sink in will make many feel relaxed. But there are many others who feel that this is a pointless activity. And others for whom it is hell.

I have known a case where the most relaxing situation chosen was dancing in a disco. I wonder what you would choose?

Now perhaps on the other hand you are rather doubtful about all this business of an imaginative subconscious. You may be thinking that it never happens to you, and in any case has no relevance to life. Well, the thing to remember is that I am not saying that this type of thinking happens in *everyone*. In my experience there is an enormous range over which people vary. There are some people who can do it with the slightest of prompting. Others can manage very little, no matter how much time and care I take. In fact, as I have said, I myself have a mind which is not apt at bringing these images to conscious attention, except in dreams.

If you want to explore your own capacity in this way then this is a good path to follow: Sit comfortably with your eyes closed; have a companion near at hand; keep looking at the blankness in front of your eyes; describe its colour (pink and grey are the most common to begin with) to your companion; sit patiently; the companion may prompt with gentle questions but not make any statements; look for changes of texture and colour; remark on them; when the changes grow into pictures start to describe them; continue to explore them until you have had enough.

At times I will vary this by making the starting point a memory of a vivid or repeated dream. This will then sometimes develop quite rapidly into an internal scenario of great emotional significance, which is of therapeutic value.

Do you think that you will decide to follow this exploratory path some time, and if so when?

Now that we have explored the field of the imagination in a little detail, I will spend the rest of the chapter in describing some of the ways in which you can use it. More examples will arise in later chapters which will cover the same paths of thought and so reinforce them.

Suppose that there is a problem at the level of Habit. It could be that I want to admire my nails and not bite them; not to eat between meals; to be more confident or to breathe better. Now many will try to achieve this by talking to themselves and saying, "I am going to...", or "I must" Of course this will work at times. If, as a child, you always obeyed a parent who said, "You must.....," then there can be quite a good chance of you obeying a firm verbal command. (I will often try to find out if a client has an early training in obeying direct commands, by parents, teachers or army. Perhaps you can see that such people are accessible to certain approaches which are quite useless with those at the other extreme, and disobey all direct instructions. I wonder where you lie on the scale: very obedient, obedient, neutral, disobedient, very disobedient?)

But even for an obedient person a direct order may give little idea of *how* to behave in the new way. And this is where the imagination comes in as a very powerful tool. The basic path to follow is fairly simple: allow a quiet ten minutes every day; spend the time picturing in as much detail as possible the desired path of behaviour; run over the path several times; repeat until the new habit is fixed. This is a very much more effective way of instructing the part of the brain dealing with habits than is a direct order.

I wonder if you have any habits that you would like to try to change in this way?

Next let us look at an example of a change which involves emotions. Again the message is that it is seldom all that much use telling somebody to change the way they feel about something or somebody. I will describe a very simple problem: a woman who was feeling extremely irritated by her new husband's snoring. Now how can she change this? Certainly there is no use in simply telling her that there is no need to be annoyed. It was a question of getting her to *feel* quite differently about the sound. This we achieved as follows: she imagined herself vividly as a small dog, out in the wild; it is getting dark, and she is tired; there are dangerous animals all around wolves and lions; she finds a cave to sleep in; but the predators could still get in; at this stage she discovers a very large, warm, furry, friendly bear (her husband) who will share the cave with her; he makes her feel safe; but she must understand that he will have to growl at any wild animals who approach the cave; she can sleep soundly when she hears the growling, because she will know that the growling is her guarantee of safety.

After she followed this imaginative path she no longer had any trouble with the snoring it simply reassured her and made her sleep better! Notice that there would have been no use in my simply *saying*, "you should find his snoring comforting." It is also important to realise that the pictures we used would not work for everyone: they were deeply rooted in the imagery of her own mind about herself, her husband, and their relationship.

The general path I have used in that case, that can be used in others as well is this: Identify the key emotional and factual elements in the problem; create a story which contains most of these elements, but in which the emotional implications are more positive or hopeful; tell the story in a way which uses the imagination as vividly as possible. (A hypnotic trance can help there, but is not essential.)

As another example take the emotional distress of a divorce. I have had many cases of this distress lingering for a very long time afterwards the person still feels tied to the spouse emotionally, and also feels guilt and the entangling feelings. Now for such people it would be far easier if the spouse had died a natural death: there would be shock; grief; tears; a funeral; sympathy from friends and relatives; an acceptance of the situation; a steady healing of the grief; an absence of guilt; leading to an acceptance of the single state. As a matter of observation there is really little difference between the outward states of having a dead spouse and a divorced one. But the former is much easier to cope with emotionally. It may surprise you, but I have often found that if someone is divorced, then getting them to imagine that they have actually followed the path of bereavement, in detail, is enormously helpful. On it they can experience the natural feelings that accompany the death of a spouse, and end up with a calmer acceptance of the resulting state. Does this surprise you?

Again I want you to notice that it is seldom enough to tell someone, "Well, (s)he is as good as dead to you. You would not be feeling all this guilt and resentment if (s)he were dead. Why do it now?" No, it is necessary to follow the emotional path *in detail*, through the Imagination.

I wonder if you have noticed the way in which people can use some of the arts for this purpose? In reading a story or watching a play our emotions follow a certain path. We are not so much *thinking* about what is happening as *feeling* what is happening. Someone with a good imagination can, when reading a book, or watching a film, really feel as if they are part of the action. There is no satisfaction in simply being told the plot. The value is all in the reality of the experience, as judged by the emotions. How true is this for you, I wonder? What kinds of story have the most appeal for you, and what kind of satisfaction do they have? Romantic? Adventure? Fantasy? Real life? Horror? They all have their devotees.

Even when we are not dealing with emotions, but with things which are really in the province of the Head, and reason, it remains true that the visual imagination is a very powerful tool. One picture is worth a thousand words.

Have you ever been in a crowd packed shoulder to shoulder? You know how crowded the world is becoming? How big a square do you think we would make if we were packed shoulder to shoulder? Well the answer is a square with a side of about twenty miles. Look up something this size on a map. It is a bit smaller than London. Does this surprise you? But of course it would not be possible to live shoulder to shoulder. How much space would we take up if we lived as close as they do in Hong Kong? Well, if I have my sums right then the whole of the world's population could live in a country about the size of Iran, and the whole of the rest of the world could be used as a Nature Reserve or for growing food. Can you picture this? What would be the point of using pictures like this? Well, they might make quite a number of people wonder if the "population problem" is not a matter of the number of people, so much as the fact that we are not making the best use of the planet. I am not concerned to change your mind on this point, but only to show that pictures can be an effective tool in conveying facts.

And throughout this book you will find quite a number of fresh ways of looking at things. These will frequently be presented in a form which can be easily imagined, because I am aware of the value of the imagination as a tool in getting to grips with new ideas, or old ideas in a new way. I would not like anyone to think that I am saying that imagination is the only tool for thinking. Nor that it is without limitations. At the mental level it must not become a substitute for reasoning. When we start to learn to count we may picture two apples, three oranges etc., but to make real progress we have to move beyond the pictures to the abstract ideas of twoness, threeness and so on. If we fail to make this jump we cannot get far in mathematics.

Equally the imaginative living of emotional paths has great value in helping us on our way, but must never become a substitute for a real emotional life, involving others. Nor must imaginative playing with visions of future actions become a substitute for actions. Neither of course should a vision of Heaven be seen as an end in itself, but only as a sign post on the Way.

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Your Path in Life

Dylan Morgan

Chapter 4: Heart Paths

In this chapter we will be paying attention to emotions and feelings. Have you ever fallen in love? Have you ever felt furiously angry? Have you ever felt the grief that can follow the death of a loved person, or even a pet? Have you ever felt a surge of triumph on winning or achieving something? I could go on. Here are just a few more words which stand for emotions: joy, misery, ecstasy, fear, contentment, satisfaction, jealousy, lust, loneliness, sorrow, mirth. If you like you can add to this list any that I have omitted which are particularly noticeable in your life. They may be your emotions or those of others you know.

Now I was able to write all those words without actually feeling the emotions, because it is usually possible to talk about emotions without actually feeling them. This may not be as true for you as it is for me, but I expect that you can share with me the fact that the experience of thinking and the experience of feeling are two very different things. And this is why is it useful to have one chapter for the Head and another for the Heart. The paths of the Heart are wilder, freer, more flowing and elusive and ancient, where the paths of the Head are more sharpe-dged and disciplined and modern.

To emphasise this difference further I would like you to think about how to tell someone else how you feel. Pick one of the feelings that you might have experienced out of the above list and think of a few sentences describing the feeling.

Now imagine that you spoke those words to someone else. Do you think that they would understand your feelings? It seems to me that the answer would depend very largely on whether or not they had themselves felt the same emotion. If they have then your words should be enough to remind them of the feelings. If they have not, then no amount of words is going to get you much further.

If you are a woman, have you ever thought, "What on earth does he see in her?"? If you are a man change it to "What does she see in him?" I find that, no matter how I approach it, I can never really see what a woman can see in a man, sexually, because I am unable to feel anything like that about one. I can admire a man, and feel friendship for one. I can also feel the sexual attraction of women. But I am unable to put the two things together. What about you?

What I am saying here is that emotions are very personal things. You are the only person who can judge your own feelings. The only things that the rest of us can go on are what you tell us about them and a few outward signs. Neither of these things tell us very much. Words are very poor at conveying feelings, and the outward signs vary so much from person to person that they can be extremely misleading. Tears, for example, flow very freely in some people and never in others. We cannot use them to tell us reliably about the feelings inside. Even worse, tears may sometimes be of grief, but at other times of relief. They can come from great misery or great joy. They are not a very reliable guide.

It is this highly personal nature of emotions that makes them lie outside the area which science claims as its own. That area is the area in which things can be measured objectively, and compared. We can compare your weight with mine using scales, we can compare our heights with a ruler, our heart rates with a watch, our temperatures with a thermometer, and so on. But what can we use to compare our loves or our sorrows? There is certainly no piece of equipment in any laboratory which can do it. The best that we can do is to describe our feelings in sympathy and get, in that way, a very rough idea of how they compare.

Here are some questions to throw the matter into further relief. They make good discussion topics. Could a computer feel emotions? I know a man who worked for IBM whose opinion was that they could. And that they could feel pain. You see, his picture of people is one in which the brain is the real person. And that the brain is nothing more than a collection of electrical circuits. A computer is also a collection of electrical circuits which can be made to do anything the brain can do. Hence you should be able to see why he thinks that computers should also be able to feel. What is your quick reaction. Could computers be made which have emotions or not?

Now the interesting question is this. Suppose that someone had built a computer or robot which he claimed could feel emotion. How would we ever know if he was right? We all know people such as confidence tricksters who can act as if they have all sorts of benevolent feelings towards others, but are about as caring as sharks. How would we know that the behaviour of the robot was anything more than acting?

If we ask the same question about animals I suspect that we will find that far more people coming down on the side of answering that at least some animals have emotions.

On the following brief list you might like to give your quick yes/no response: chimpanzees, dogs, sheep, budgerigars, tortoises, frogs, goldfish, shrimps, earthworms, tadpoles, frogspawn, bacteria, viruses.

And again the problem is in finding any way of deciding between one person's list and another. For in each case we can only observe behaviour and never know if there are any feelings behind it.

Or you may like to play the game of deciding when, in the life of a human, it becomes possible to

perceive feelings. I know one woman whose mother told her confidently, "Oh, you can do what you like with children before the age of five. They have no feelings before then."

Again it might be of interest for you to give a quick check to the time at which you think feelings begin on this rough chart: 5 years, 1 year, birth, 3 months pregnant, when the embryo has fully human features, 1 month, 1 week, 1 day, or perhaps you believe in a feeling spirit which existed even before the conception.

And again there exists no piece of equipment which can answer these questions. They are quite simply out of the scope of human science.

However science has not been idle in this area, and we now know a lot more about the mechanisms in the body which become active when emotions are reported. The centre of this activity has been found deep within the brain, and has been called the limbic system. You may have heard of the pituitary gland which lies in this area of the brain. This has the very important function of making hormones which flow through the rest of the body, affecting it in many ways and one of the most important is to get other glands in the body to produce their hormones in turn. You will have heard of adrenaline (sometimes called epinephrine), produced in the adrenal gland, and of the sexual hormones produced in the testes or ovaries.

Further specialised glands produce pheromones. If you think of hormones as being chemical messages between two parts of your body, then you can see pheromones as being like chemical messages between your body and mine. How do they travel? Through the air. Some sweat glands, especially in the regions of the arm pits and genitals, have become specialised in us for this purpose. As the sweat evaporates, the pheromones are released into the air. Someone else can smell them and this will in turn stimulate certain further secretions within their own hormonal system.

The most common example of this is the well-named "chemistry" which exists between a couple in love. Here the messages are mainly sexual. But fear is another emotion that can be transmitted by pheromones. Have you ever been stuck in a group of people where at least one was very nervous? Perhaps in a lift? Or a tense meeting? Or a waiting room? In many of these places it only needs one person to start to feel frightened and the feeling becomes infectious as it spreads chemically. Of course if people start to move and talk in an anxious way then it gets worse. But a dog who was allowed only to smell the air from that place would respond to the fear.

And this brings us to the next point. Most animals possess that same deep part of the brain, and the associated glands, as we do. All mammals seem to have systems that function in much the same way ours. And even reptiles and fish have them in a simplified form. So the chemistry that we are using goes back a very long time it has evolved over hundreds of millions of years, well before speech, well before humans evolved, well before the apes, and presumably at least as far back as the time of the dinosaurs when the first warmblooded animals were starting to emerge.

It is not very important for us to determine exactly how long life on earth has been using these chemical systems. What is important is that we realise that they have evolved over an extremely long time. They follow pathways that were first laid down hundreds or even thousands of millions of years ago. The chemical sexual messages exist in moths and other insects, in salmon and other fishes and indeed in almost all animal life that reproduces sexually.

They are very ancient. They cannot be lightly set aside. The paths of our fears and excitements, our loves and angers, our pleasures and griefs are all paths which, at least in terms of the nerves and glands, are the paths of our ancestors for millions of generations. We may have civilised them little, and controlled their manifestations with more or less success. But we have not changed their basic nature. It is this essential nature, the nature of emotional paths, that we will be exploring a little in this chapter.

But before you move on you may like to think a little about what I have said so far. You will have your own thoughts on what I have written.

Next I am going to move on to a new theme. That is, How can we talk about or think about emotions at the Head level, and how can we picture them in the Imagination?

Now if you listen to people talking about their feelings you may notice phrases like, "He has bottled up his anger," or "Just let your feelings flow," or "Sorrow welled up inside me," or "His love poured into me," or "I was carried on a tide of feeling." Can you see what all these phrases have in common? In all of them the feelings are talked about as if they were water which can well up, flow, be poured or bottled, or surge like the tides in the sea.

To some extent science would endorse these phrases because of our awareness that emotions are associated with flows of chemicals in the blood and body.

What I am going to do in this book is to take up these simple word pictures and make them into a more useful tool for you to use at any time that you want to think about or talk about emotions.

Let us imagine the bed of a stream, river or canal. It is the path of the water that can flow along it. Let us remember some of the things that I said about paths and see how they apply to the path of a river. We observed that a path will always change a little each time someone passes along it. The river bed too, is always slowly changing as the water flows along it. It is be deepening a little here, silting up a little there, and gradually changing its course over the years. We noticed that paths become more pronounced with use. I used the word heavy to describe a path that has become very hard to change. If you think of different efforts it would take from you to change the path of a stream and the path of a river, then you should be able to see that the former is usually much lighter than the latter. And we found that some paths were sharp edged and others were soft edged. In terms of flows we have the same distinction. In some cases the water can very easily overflow the banks a soft edged situation. In others there are steep sides which can never be flooded. This is the sharp edge of a mountain gorge.

Let us see how this kind of thinking can help us. Here is a little story. There was once a man, a farmer, who had a river flowing through his land. Then one day a big quarrel started between him and his neighbour downstream. Furious, and determined to hit at his neighbour somehow, the man finally decided to deprive him of the river. So with diggers and lorries he quickly built himself an enormous dam across the river at the point where it left his land. For the next few days he gloated, picturing his neighbour's dismay at finding no water for his animals. But then the night came when the water behind the dam overflowed its banks. He awoke to find his bed floating and half his livestock drowned.

Do you think that no man would be foolish enough to do such a thing? Well, think about it. Regard the river as being a picture of the feelings of goodwill flowing from him to his neighbour. Can you see that a man who holds a grievance will very often, in resentment, hold back or dam up those feelings of goodwill? And have you not experienced, as I have, the way in which those unpleasant, muddy and turbulent emotions then continue to well up inside day after day until the whole of life seems awash with them? Perhaps you are more sensible than I have been at times, but even so you may recognise that this sort of thing does happen.

There was another man who became angry with the river itself because it would flood its banks every so often and create a lot of mess. So he decided to dam it to prevent it entering his land at all. Again there was a high level of success at first. But you can picture what happened as time passed. As the water deepened inexorably week after week he had to keep attending to the dam, to raise it. After some months his entire time and energy were spent in repairing and raising that damned dam. And the water still rose. When the dam finally broke the enormous wave of water carried away all his property and destroyed him.

A foolish man? Perhaps. And yet many of us treat certain emotions in just this way. We just dam them up. The emotion may be anger or it may be sexual or it may be grief, or indeed anything. And there will always be people whose reaction to them is one of fear, and whose only response is

to try to block them off.

BUT IT EXTREMELY HARD WORK DAMMING A FLOW OF ANY KIND.

So what should we do instead?

When I was a boy I played on the mountain sides of South Wales. Rainfall was plentiful and there were many streams running down the mountain sides. I loved playing with these streams. It was fun damming them and fun diverting them. I would like you to share with me a little of this xperience. Let us be children again for a while. We have no big earth moving equipment but we have sharp eyes and minds and active hands. Let us have the idea that it will be fun to change the course of the stream for a while.

The first task is to find another route for it to take. Now if you look around with me you will find there are places where, in the past, the stream has run in a different course, which has since dried up. Can you

picture this, I wonder? This is a very promising place. We then go and investigate carefully the point at which the present stream moves away from the dry channel. We may well find that some big log, or stone had got washed to that spot and partially blocked the old channel. Then sediment collected around it, and twigs and mud, until the whole path was blocked, and the water was forced to move elsewhere.

Now we know where to begin work. Together we can dig away with our hands until, satisfyingly muddy, we manage to move the log out of the way. Do you enjoy watching with me the water beginning to flow again down the dry channel? It is very muddy at first, and carries a lot of twigs and dead leaves, rolling and turning and swirling as it goes. The rush of the water down the hillside is arrested now and again as it enters a hollow which takes time to fill into a pool before that in turn overflows, and the water runs on, a little tentatively at first as it explores the lie of the

land beyond the pool, but then flowing strongly and eagerly. And we can follow it downstream until it rejoins the other path.

If we return to the scene of our labours we will then find that the water is running clear, and that the force of the flow has done a lot more work in clearing the course that we have freed from the big obstruction. The stream is then dividing at that point. What shall we do with the obstructing stone or log?

One thing that we could choose to do is to use it to block the mouth of the other channel. This will divert more water still into our chosen one, and create a more powerful flow into it, which will in turn help to clear that path further. We could move smaller stones and soil to complete the damming, which can be fun, or we could rest on our laurels then and leave it for a few weeks. When we came back nature would have completed the job, as the usual debris which is carried down by the stream would have settled against the obstruction, now in the new position where we have placed it, until the flow along that channel became blocked.

I wonder what you feel about this story? Not everyone will like it. Some people are averse to any changes in the status quo. To them I would remark that the flow was only being returned to an earlier path.

Now, though I have moved from the valleys of Wales, to the valleys of the West Riding of Yorkshire, I am still playing the same games with people. I wonder if you can already see what I mean? I am talking about the very many forms of emotional problems that people can suffer from, which can be seen as being the result of their feelings having been diverted from a wholesome path and having been forced, for one reason or another, into a channel which is far less satisfactory, if not actually distressing. And the game that we play together is to find the cause of the diversion, and to find ways of restoring the flow back to normal.

There is no one best way of doing this. With some people we can use the pictorial language of the Imagination directly. One woman was suffering from severe jealousy over an earlier affair that her boy friend had had. We talked about it first at a rational (Head) level. Then I asked her to picture her feelings

and this is what we found. There was a great river the size of Niagara. Into it was flowing another, also very large. But further up that second river there was a small, oily, poisonous looking stream which trickled into it. This poison water then flowed down and poisoned the two rivers from the point where they joined. We did not like the look of that poison stream at all. But since it was not very strongly flowing we were able to dig a small ditch which diverted it away, and into the desert, so that there was no longer any danger of the rivers being polluted.

You will perhaps see the symbolism: the first river is my client's love for her man; the second is his love for her; the poison stream is the effect the earlier woman in his life had on him; the poisoning of the united rivers is the jealousy and other bad feelings she is feeling now; and the diversion of the oily stream removes the influence.

You may not think that such a piece of imaginative stream diversion would have any effect. But it did at the emotional level producing an immediate feeling of improvement.

Here is another example. This man had a number of problems, one of which was dealing with men in authority over him. When we looked back into his past we found that most of his memories of his father were unpleasant. His father had been unable to express any love except by way of correcting his son. Not surprisingly the son was therefore unable to feel the love that he so much wanted. In order to get the love to flow in better channels we did the following. This was simply to imagine a number of scenes in which they went for walks together, or played football together. Just the sort of thing that the father might have done if he had been given the idea by someone. And when we imagined all this my client cried a bit, and experienced a warm glow of love for his father which had never been there before. His feelings had returned to a more natural channel. And this in turn made for improvements in his feelings about other people in authority. He is less likely now to look to them for the love that he had not felt as a child, and less likely to take their criticism personally.

I wonder what you feel about that story?

Some people feel that this sort of rewriting of the memories of the past is somehow cheating. They have a rather austere view that facts are facts, and that to change them in such a way is to lose contact with reality and to enter a world of delusion. I myself have an enormous love of facts and reality. But you will remember what I said about the need for a translator between the Head and the Heart. The father did love his son. How do we get this message through to the boy's Heart? Not by simply stating the fact: we must turn it into a picture that the Heart can understand. And that is what we did. The son now does not have false memories of the past, but a better image of the true reality, which includes that love. His feelings are now flowing in a more satisfactory channel.

Perhaps these ideas have some relevance in your own life? There must be very few of who have no painful times in the past, times when our feelings were flowing anywhere but in the proper channels. Before I come to another example perhaps you would like to spend a little while thinking about anything like this in your experience. We often feel reluctant to expose such areas, and you may find that you do

not want to call details of such times to mind. Fine. You do not have to. But as your mind gets close to such memories you could at least make a mental note that one day you might feel able to sort it out.

For my next example I am going to use rape. This is a very distressing experience to the victim. I have seen a number of young women who have been victims, and the results are severe emotional distress, sometimes for many years afterwards. Now each case is different, and requires slightly different handling, but you should be able to see from one case how it is possible to relieve a lot of pain.

The picture we might have in mind here is of a poisoned pool. Perhaps the girl is sailing happily down the river of life (another image of following a path) when the banks are violently breached and her boat is floated down a side channel into a stagnant and fetid pool from which there is no escape.

In this example the woman, in her twenties, had been attacked in her own home at the age of 12, by a man who just walked in off the street. To make it worse her parents were in the house, watching TV in another room. She was too terrified to cry out. This incident was still very seriously affecting her emotional paths in life when she met me.

So what did we do? Well, very gently, after finding out about the incident, I travelled down that little side channel with her, to see what had happened. This is a delicate task, not to be undertaken lightly. The next thing to do was to let that emotion drain away. Now how is that to be done? There may be other ways, but the one I find most effective is something like the following. We pictured that man being arrested; we saw how scared he was; we saw him in court; we saw him in prison; we saw how scared he was; we saw the attitude of the other prisoners; they despise child molesters more than anything; we saw them beating him up violently; this was very satisfying to her; we saw him recovering; but his nose was permanently broken and disfigured; he would always remember what he had done.

You may think that this is rather a bloodthirsty path to follow. And it is indeed Old Testament morality: an eye for an eye and a tooth for a tooth. But you will observe that no-one is actually injured. And it does, in the cases where I have used this broad approach, drain away feelings from that poisoned pool. In effect the path I outlined above is a new channel dug to let the feelings flow away to a satisfactory ending. It is cathartic.

You may wish to pause to think over clearly your own attitude to this, at this point.

Now some readers may be wanting to try out some of these ideas in their own lives. If so, this is how we go about it. In order to avoid disappointments I should say to begin with that it is not always easy at first to spot the best way to make the changes, nor to decide whether to work with realistic pictures as in the second two cases, or with more symbolic ones as in the first. This is where experience comes in. You call in a plumber and pay him well because his experience allows him to fix things much more quickly and efficiently than you can yourself.

The starting point is to set aside some time at least half an hour with no distractions. If you can find a real

listener, of the kind I have described in an earlier chapter, so much the better. It is a great help to concentration to have someone to talk to. Then you start gently to explore the delicate area. At this point paths are going to diverge and I cannot follow all of them in the brief space of this chapter. So what I am going to do is to provide a number of suggestions to act as guides.

One approach is to concentrate on a painful incident. How clearly can you imagine it? It is best if you can recall the whole path of the incident, and not just an isolated moment.

If you can do that well, then the next step is to see if you can also feel clearly the emotions that go with the pictures.

It may be, on the other hand, that your natural starting point is some bad feeling which does not seem to be associated with an actual incident. In that case it is best to start by paying attention to the feelings. Let it come to the surface as much as possible. Then see if it can be turned into pictures. These are some of the questions I have used successfully to help people to do this:

You have probably felt this a number of times in the past. Could you go back in time, remembering each occasion as vividly as you can?

If this emotion were water, how would you picture it. Is it still or moving? muddy? poisonous? dangerous, and if so how?

Can you tell me anything else about it?

You know, a lot of our more powerful emotions come from times in our childhood. When you are feeling this emotion most strongly, what sort of age do you feel?

I once had a client who, when she was feeling distressed, saw very clearly a small girl curled up silently on the bathroom floor. We found that when we paid attention to the girl, and helped her to feel better, then the woman's problems disappeared. Now I wonder if you could picture how a child or other person would be behaving if they felt like you do?

Or perhaps you would find it easier to picture some animal. What kind of animal do you feel like right now? What is it doing?

You know, most of our emotional problems have been experienced by someone in every generation as far back as you can imagine. You may be able to picture some historical setting in which you are feeling much the same, but all the people and events and clothes are different?

I wonder if your body is telling you anything? At times I have found that paying attention to any characteristic aches or pains can bring to mind associated memories. So see if you can feel any such sensations. When you pay attention to them for five or ten minutes, what comes to mind?

Or you might be able to imagine for yourself a room, or better still a house, which somehow represents the feeling. Perhaps it is too dark, or too old, or too crowded, or too.

All of the above approaches are designed to lead to one end: an awareness of a certain flow of feelings a heart path and with it some form of video in the Imagination. You will recall that the Imagination can act as a translator between the Head and the Heart, and this is what we have been doing trying to find the right language in which to understand what the Heart is saying.

Some psychoanalysts would say that this process is one of gaining access to the subconscious. Two of the favourite tools of Freudian analysts are dreams and free association. In the former we rely on remembered dreams, and try to understand what they mean. You can see that there is some similarity to what I am doing, because a dream and the kind of Imaginative video we have been looking for will often be serving the same purpose to communicate to the higher centres of the mind problems which exist at lower levels. On the other hand you may have to wait a long time before you get the right dream. The process of free association, which involves allowing the mind to wander freely along paths of its own choosing, may also at times lead to some form of awareness of what is troubling a person at a deeper level. It seems to me that both of these methods are very time consuming, compared with focussing attention on the available clues in the way I have been suggesting.

Now suppose that we have got to the stage of discovering an Imaginative scenario together with its emotional associations. What do we do next? Well again, I can only tell you in a general way, because no two videos are the same. But the broad idea is then to begin to see what sort of changes can be made in the video, with most of the attention going into removing the negative features.

Here are some of the ways in which I might suggest changes in specific cases, to give you an idea of what I mean.

You say that the room is very dark. I wonder how you would feel about having a big window?

So you can see a lonely child. What could we do to make her feel better?

You can see a road which is coming down from the moor and then ends in a stone wall. Would you feel happy about removing the wall? Would you like any help? How about a bulldozer?

So there are snakes blocking your path? Have you ever seen a mongoose? They are small, furry, and very fast. They can kill any snake. Would you like a friendly mongoose or two?

You feel cut off by the rising tide? Well, there are often small paths cut in the cliffs for emergency use. Perhaps you could look for one?

You will notice that all the changes are offered in a tentative way. This is very important at the beginning. Some of the suggestions will be rejected. This typically happens in one of two ways. It is either a case of "No, I would not like that, it feels wrong." or, "No, I am trying, but the pictures won't change." I would not recommend trying too hard to push that one change. Look instead for another. If you are trying to divert the course of a river then it is highly unlikely that the first point, chosen almost at random, will be either the best or the easiest place to start.

If you are following this particular exercise with a friend then it is particularly important that (s)he should not make any forceful suggestions at this point, as it is unlikely that (s)he will have had enough experience to be able to be confident of making suggestions that suit your Heart. The guide must always be your own feelings, and what feels right to you.

So what effect can we expect as a result of these dialogues between Head and Heart?

While you are doing it, the most common characteristic is that emotions start to flow more readily. This is not surprising. We are paying attention to the Heart. We are looking at feelings. We want them to flow. This means that there will sometimes be tears and other outward signs of emotions. At times the tears go with feelings of grief, or of relief or even joy. At times a reservoir of unhappiness seems to be relieved, and then there is room for happiness to return. The next most common immediate effect is the rediscovery of lost memories.

Here is a picture of this process: There was once a village in a valley. Then men came and built a dam, right across the valley. And the water rose. And rose to cover even the tallest steeple in that village. Many years later the dam was removed, and the ancient village came to light again, and with it memories of earlier days and ways.

Over the next few hours there will typically be a feeling of inner relief, but also a need to sleep. Clients very frequently sleep better on the first night. I suspect that the reason for this is that further changes will follow on from what has been done. You recall that when a stream is diverted, then for a while after the initial change there are a number of smaller changes that follow naturally, such as the deepening and clearing of the newly opened path, and the silting up of the older one. A lot of these adjustments can be made more easily when the mind is not fully awake and dealing with daily concerns.

Then over the next few days everything settles down, and if the job has been done properly, life continues at a much better level. There are times when the problem brought to me are simple: the obstruction is quite recent, and not very massive. There has been no time for diverted flows to dig deep and distressing channels, or to do much other damage. In cases like this things may come back to normal quickly and easily with just one session. In other cases, if the diversion occurred a long time ago, and has led to many subsidiary problems, it is frequently necessary to pay attention to one aspect at a time, and achieve some improvement on each occasion.

Now it may be that some readers are thinking that all that I have said is very strange and unreal. And so I would like to spend a little time connecting it to some other areas of experience.

Let us think about the vast amount of time that the human race devotes to imaginative recreation. By this I mean the reading of books of fiction, the watching of films in the cinema or on television, not to mention all the dramas and soap operas. What is it all about? What is the reason for it all? I wonder if you would agree with me on certain things which are true for most of these productions? The first thing is that the thing is a flop if the viewer does not enter imaginatively into the world that is being displayed. And the second thing is that the viewers' emotions must become involved.

Of course the two things go together very often. If you try watching a film while all the time thinking of all the camera crews, and the lighting teams, and the director and all the rest just out of range of the camera, and reflecting on the private lives of the actors and so on which is just to say that you do not enter imaginatively into the world portrayed then you are unlikely to feel the emotions being displayed. And equally if the emotions mean nothing to you: like small boys who resent any romantic intrusion into their Westerns then it becomes difficult to take the whole thing seriously. So the two things often go together, while being different.

Now these two factors are shared by the type of experience that I have been describing. Here too we have a strongly imagined scenario, combined with an emotional involvement.

What are the differences between such an inner experience and an outer one, as presented in the imaginative arts? The main one that occurs to me is that the inner experience is very personal I have never met two people who share the same video. The outer experience is usually seen or read by hundreds of thousands of people.

I wonder if you can recall any film or book in your experience from which you feel that you have got "something"?

For some of us it might be a book or film about some profession or career nurse or musician that made a deep impression and moved us to follow that path. For some it might be some Western or War story that left us with a new courage and sense of what it means to be a man. For others it might be a love story which somehow deepens the romance in our own lives. Or again the story may be of some deep tragedy which is overcome against all the odds.

It is my belief that one of the things we find in such imaginative arts is a personal growth, and a way to resolve certain inner problems. Does this seem reasonable to you?

I am not saying that this is all we find, only that it is one of the uses.

If you accept this, then you should see that the kind of inner stories that my clients and I work with together are not so very different in their purposes. The differences are mainly that the purpose is first

and foremost the resolution of some problem rather than entertainment, and that the story is highly personalised, and relevant in all its details to this person at this stage of life with this problem.

If you go long with me here, then you may agree that the methods that I have described above for dealing with emotional problems are not so different from our ordinary experience as they may at first seem. What do you think?

I have now spent some time describing one specific and direct way in which we can begin to alter the stream beds of emotion. For some people this is not the best approach. So I am next going to look at the control of emotions from quite a different angle. It is for you to decide what use you can make of either approach.

What do we use to control the flow of water into our homes? Taps. A satisfactory tap is one which can be turned on at will, and turned off at will, and can be turned smoothly to regulate the flow of water to just the force and volume we require. Agreed?

What taps then do people use to control the flow of emotions in their lives? Perhaps you have never looked at things in this light before, and so I will talk around the subject a bit.

Suppose that you are feeling bored. Here are some of the things that people do to change that feeling: switch on the TV; find someone to talk to; have a drink; go to sleep;

make something; go for a walk; eat something; pick a quarrel; bite their nails; read a book; phone a friend; plan a holiday; look for a lover; smoke a cigarette; ride a roller coaster; go skiing; play squash; spring clean; buy some new clothes; climb a dangerous cliff; dig the garden; drive out in the car; go to a show; watch football; steal something; masturbate; meditate; have a bath; go to the hairdressers; watch a horror video;.....

You can see that the list is virtually endless, though any one person is only likely to find a small number of these activities useful to relieve boredom. Indeed something that can be very effective for one person may plunge another into an even worse state. The audiences for ballet and for all in wrestling are usually quite different, though both are watching strong bodies moving together on a stage.

Although I have mentioned boredom I could have used almost any emotional state such as misery, anxiety or depression, and it would still be the case that someone would use the above activities to relieve them. They are all taps which can be used to regulate the flow of emotions into our lives. Notice that the thing that makes them like taps is that they can be turned on or off at will. We can consciously choose to do things. It is normally a great deal harder to choose to feel a certain way. If someone says to you, "Cheer up. Snap out of it." then it is very unlikely that you will be able to do it. But if they say, "take the dog for a walk," then that is at least something that you can do. Of course there is no guarantee that walking the dog will change your mood, but there is a fair chance that there is something that you can do which will change it.

For this reason I am always very professionally interested in the things people do and have done in their spare time. I can at times seem fanatically interested in such details. For it has often happened that one of these simple everyday taps has got stuck or overlooked.

The interesting question for you is: what means do you use to change your moods? In a little while I will suggest counting how many you have. But before then I will try to introduce a little order into the above list of activities. They can be roughly grouped into the following categories.

There are several things that we take into our bodies through our mouths which have a direct effect on the chemistry of our bodies, and thus affect our moods. The common and notable examples are alcohol, nicotine, caffeine and chocolate. On one side of these are the rarer marijuana and the heavy drugs. On the other side is food, with its effect on the blood sugar level among other things.

We also ingest medicines at various times. The most significant ones to mention here are the mood changing chemicals, which are becoming more varied, and are used in the hope of controlling depressions, anxieties and severe disorders of the emotional systems of the body.

The above substances are normally taken through the mouth. You might also like to think about things which commonly enter the body through the nose such as fresh air and its opposite, polluted air, which both affect the chemistry of your body. Scents, whether of flowers and aromatic oils on the one hand, or of stale odours, can also affect your feelings one way or another.

I am not taking a moral stance on any of these things. I am simply saying that all of the things that I have mentioned can have an effect on the kind and strength of our emotional states. And since we have some choice over whether or not to use these substances, and in what quantities, we can use them to control our feelings.

But it is not always straightforward. You may have noticed that a drink will at times make a person merry and at another sad. And a cup of coffee will at times be a stimulant, but at others be calming. And what is calming to one person may be an irritant to another. So the list that you will make is personal to you. Only you know what effects things have on you at different times, and only you can take control of them for yourself.

So you could find it very useful to reflect now, or later, on the way in which you use some of the substances above to regulate your emotional flows. It is useful to think of them in the following way which emphasises the path-like nature of life, with one thing leading on to another:

When I am anxious, it makes me feel more relaxed.

When I am calm it makes me happy.

When I am alone it makes me morose.

When I am in company it makes me merry.

These sort of statements can be abbreviated to:

When Then, as I have indicated above.

The other big category of things in my list is simply activities; things we do. It would be useful to note down the effect of all your activities on your moods, and to include on the list things that you used to do, but have now stopped. There are various ways of sorting them. One way is solitary: fishing or newspaper reading, perhaps or social: dancing or talking. Another is active: sports, for

example, or sedentary reading or TV for example. Another is exciting, adrenaline inducing, as against calming. I have mentioned these mainly as an aid to you in thinking about the things that you do, and how they affect you.

At this point, if we were talking together, we could well find ourselves noticing that, on the basis of what you have said about yourself, you have actually got far more taps for regulating your emotions than you are using at present, and we would consider how you could start to take advantage of this fact. But you don't really need me for that, do you? I have walked along this path for some way with you, and pointed out a direction that many find very valuable. You can go a lot further by yourself. Noting down the taps you have found or talking them over with a friend will help you further.

Now we are nearly at the end of this chapter, I would like you to plan to look out for the paths along which the emotions of those close to you flow. And how yours flow. In some people emotions are like flash floods, starting quickly, but disappearing as quickly as they come. In others the emotional level rises slowly and falls slowly too. Try to look out for such things. Look out for the things that start emotional flows as well as those that stop them.

Try to see them as paths. For example one person might follow the path: criticism is felt; anger; shouting; tears; calmness; tiredness; sleep; fine again.

Once you have done this you will be in a good position to look for ways to change the flow. I have given examples of ways of doing this through the Imagination and through various activities. But you may well find another way for yourself. I know that I very seldom suggest the same way twice. People are different. But what is the same in us all is that emotions behave like water flowing along a path, or being prevented from doing so.

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Your Path in Life

Dylan Morgan

Chapter 5: Habit Paths

What do I mean by the phrase Habit Path? I mean anything that we do which involves no conscious thought and no noticeable emotion. For most of us the following are pure habit paths: brushing teeth, writing the word "it", saying "good morning", singing a well-known song, being able to follow a moving ball with the eyes, walking, riding a bike, eating and breathing. There are countless more.

Of course we can be thinking consciously about these things when we are doing them, and equally it is possible for certain habitual actions, such as lovemaking, to be also associated with strong emotions. In such cases the Head or the Heart is also involved. But it is a great help in dealing with such combinations if we first look at the different components by themselves.

There are sums in which you have to use addition, subtraction, multiplication and division, but it is best to gain understanding of each by itself first.

Another way of looking at Habit paths is that they involve the use of muscles, where Heart paths involve the use of hormonal chemistry, the Imagination involves the visual cortex, and the Head paths involve mainly the speech and reasoning centres of the brain. I have told you which parts of the brain are associated with each of these other activities. The part of the brain that seems to be most involved with habits is the cerebellum, which you will find tucked away at the back of your head, close to the top of your neck. We will talk more about the cerebellum later.

Now Habit paths are, with no doubt or disagreement, very ancient in evolutionary terms. We may not be certain if an animal is thinking in any sense, or feeling in any sense, or imagining in any sense, but we can certainly see it moving. And moving in a regular way.

I would like to share with you something that I read in Konrad Lorenz' excellent book, King Solomon's Ring. It is a book which dwells lovingly on the behaviour of many animals, including a small creature called the watershrew which gives a very clear picture of Habit paths.

The water shrew is aquatic, as the name suggests, but it also spends some time on land. Now it is nearly blind, and finds its way around mainly through its sense of touch and long whiskers. If you watch it in a

place which is unfamiliar you will see the very picture of nervousness and uncertainty. It will edge forward slowly, feeling its way. (You might imagine the feeling of walking in the dark through a strange and furnished room.) Every so often it will turn and find its way back to the safety of the water, always following the route it came by. The next time it follows its path inland it will do so with perfect confidence as long as it is on a known section of the path. When the path is fairly new to it this results in a stop and start progress: rapid on the parts of the path it has memorised, with occasional halts at uncertain sections. But gradually the missing steps are recalled until the whole path can be followed in one lightening dash. Note that. The learning of the path seems painfully slow to someone with good eyes. But the result is being able to move with almost incredible speed.

Once the shrew has learned a path it is bound to them, as Lorenz writes, "as a railway engine to its tracks and is as unable to deviate from them by even a few centimetres." In terms of our descriptions of paths, these are very sharp-edged. And you may remember that one of the advantages of sharp-edged paths is that, all being well, progress along them is swift and smooth. As it is for the shrew.

What happens if there is an obstruction on the path? Lorenz experimented by moving a stone which had been on one of the shrews' paths. This is what he found, "...the shrews would jump right up into the air in the place where the stone should have been; they came down with a jarring bump, were obviously disconcerted and started whiskering cautiously right and left, just as they behaved in an unknown environment. And then they did a most interesting thing: they went back the way they had come, carefully feeling their way until they had again got their bearings. Then, facing around again, they tried a second time with a rush and jumped and crashed down exactly as they had done a few seconds before. Only then did they seem to realise that the first fall had not been their own fault but was due to a change in the wonted pathway, and now they proceeded to explore the alteration, cautiously sniffing and bewhiskering the place where the stone ought to have been. This method of going back to the start and trying again always reminds me of a small boy who, on reciting a poem, gets stuck and begins again at an earlier place."

Lorenz' picture of the shrew is vivid. And he draws attention to the fact that we can often seem to work in a similar way in learning poetry in this instance. Perhaps you can find some other examples. Have you ever felt for your keys in pocket or bag, when they were not in fact there? You put in your hand without thinking much about it; your fingers know that the expected thing is not there; there is a slight sense of shock; the fingers search all over again, in a more desperate way; then the awful truth sinks in; only then does conscious thought really enter and you begin to think what has happened to them. Does that path seem familiar to you?

Perhaps you have not learned much poetry, but have you ever learned to play the piano, or another musical instrument? The learning of a particular piece follows much the same path as the shrew, I think you will find. It is slow at first; then certain sections become fluent, with hesitations over the harder bits in between; finally the whole thing becomes known.

Here are some other professions which rely heavily on the creation of strong and perfect habit paths:

golfing, dancing, typing, most athletics, assembly work, singing, acting, and generally all jobs that involve the learning of a skill which uses the muscles including those which we use in speech or song.

I wonder what skills of this kind you possess, whether you use them at work or in your leisure time?

I hope you have not overlooked things that you take for granted, but some other people find hard, such as driving, or tidying or cleaning or cooking or packing for holiday or gardening.

In all of these skills, whether at the level of the concert pianist or the daily drive to work, use is being made of that same, primitive part of the brain that we share with many other creatures including the humble water shrew, and which is called the cerebellum. I am now going to talk about it a bit more. The word itself is Latin and means "little brain". Are you any wiser? I have also told you where to find it. Does that make you better at performing your skills? I can tell you that in recent times scientists have found out a great deal more of the structures in the brain cells of the cerebellum, and that if you are really interested you can go to a university library, as I have done, and find several good, but heavy, books on the brain which will have a chapter or two describing the neurology of the cerebellum in some detail. But I am not going to tell you what is to be found there, for the same reason that I would not begin driving lessons with long and detailed sessions on the internal combustion engine.

What I am going to do is to give you a vivid picture of how it works in practice, which you will be able to use. I have found that for most intelligent people who have little grounding in neurophysiology (and not many do, oddly!) the following is worth more than all the text books together.

Forget the word Cerebellum and see instead Sarah Belham. She is one of those housemaids from an earlier generation, illiterate and with very little intelligence, but accustomed to obedience. You may perhaps choose to see her wearing a bonnet and apron. Can you picture her? Now when she first comes to the house as a young maid she really knows nothing about how to do her job, so it is no use telling her to do such-and-such: she has to be shown. Then, after she has been shown a number of times, and her mistakes have been corrected, she will be able to go on doing that particular task all by herself until the end of life without deviation or complaint.

Here is a little scene involving Sarah Belham and her new Mistress.

"Now, Sarah, look. This is the way to polish the table."

"Yes, Ma'am."

"Now you try, Sarah."

"Yes, Ma'am." A crash is heard.

"No, Sarah. You must not press so hard on the table that it tips over."

"No, Ma'am. Sorry, Ma'am."

"Watch again. This is how I do it. Now try again."

"Yes Ma'am."

Some time passes.

"No, Sarah. You must polish it all. Look. Start at this end. Polish from side to side, like this. Then move along and polish the next strip, look. All the way to the other end. Do you see, Sarah?"

"Yes Ma'am."

"Try again, then."

"Yes Ma'am."

Then, after she has finished, "Very good, Sarah."

"Thank you Ma'am."

After that kind of training Sarah will be able diligently to go on polishing that table in exactly that way with no further supervision. She has learned that behavioural path and she will stick to it. With every day that passes the path will become heavier and heavier, and harder for anyone, even her Mistress, to change. When she is in her sixties she may be working for the granddaughter of her original Mistress, and we might see this scene.

"But Sarah. You don't really have to polish the table so thoroughly with the new polishes."

"Yes, Ma'am." Sarah replies, but goes on doing it in exactly the same way that she was taught all those years ago.

"Now look," says the new Mistress, grabbing the cloth in exasperation, "this is all you have to do." Thrown by this interruption of her routine Sarah stands dazed until she is handed the duster again. Since she has lost her place she, like the vole, will go back to the start again, and repeat her path, and will be quite unable to deviate from her path, to the exasperation of her mistress.

Can you see how the new Mistress could do a better job of the retraining? I will make some suggestions in a few paragraphs. In the meantime let us look at another problem that can arise with Sarah Belham.

One day Sarah, in the middle of the table, notices a vase which gets in her way. She does not realise that it is precious, but she does realise that it is stopping her on her path. Her natural instinct then is to go to her Mistress to find out what to do next. Picture the following dialogue.

"Please, Ma'am, I can't polish no more."

"Nonsense, girl. Back to work this instant."

"But Ma'am...."

"Silence. Do as you have been told."

"Yes, Ma'am." (Sadly.)

A few minutes pass and then a crash is heard. The Mistress rushes to see what has happened. "You criminal! Do you know what you have done?"

"Yes, Ma'am, I've abeen an' polished..."

"Don't give me that insolence. I'll have you locked up. I'll call the police."

"But, Ma'am..."

Since this Mistress will continue neither to listen to any other Sarah who comes to work for her, nor to understand how to get her to work, she will continue to have problems with her maids to the end of life.

The problem there was that Sarah, alone, has no idea what to do about the unfamiliar. If she gets no guidance then she will be more or less forced to follow the path that she has learned no matter how the externals have changed like a stone not being there, or a vase now being there. You have to listen to her and be patient when the unfamiliar comes up. Can you see this?

Now what about that question of how the new Mistress should get Sarah to clean tables her way? Here is one idea. Picture this scene.

"Now, Sarah. You are a wonderful maid."

"Thank you, Ma'am."

"And the way in which you polish a table is absolutely perfect."

"Thank you Ma'am. I only does it the way your Grandma taught me."

"Yes, I know. And very good too. You have learned well. Now I want you to learn something else, something different."

"What's that, Ma'am?"

"I am going to reach you how to protect a table. Look here is a special can of protector. And here is a blue cloth not a yellow one like the one you use for polishing. Now I want you to watch me protecting the table."

And then she goes through the process of showing what she wants done, as slowly and patiently as her grandmother did. At the end Sarah will have learned to do what the new Mistress wants done, without having to unlearn the old, any time she is told to protect the table.

In terms of our path analysis it was clear that the old path was much too heavy to modify easily. We must simply start a completely new path far enough away from the old for there to be no danger of slipping back by accident.

How do you feel about my solution to the problem?

Perhaps you have another solution. Most problems have many solutions.

I hope that you enjoy these pictures of how Sarah Belham works. Of course you may be a little offended to be told that you have a Sarah at the back of your head, and may choose to replace her by one of her brothers who you might picture as a footman, handyman or gardener in the same big house. As long as you see him with the same simple character, which is to say that he is obedient and has no initiative of his own, but is hardworking and almost tireless, then you can choose your own picture. But I will continue to talk of Sarah Belham for simplicity.

Now let us see how these pictures help us to understand how to change our own muscular habits. I wonder if you have ever tried to change a habit?

Now many people feel that it should be enough to make a simple effort of will "Tomorrow I will change." and are continually surprised or disappointed to find that this does not work. It is no surprise to friends and relatives though.

All such people expect that if they say to Sarah, "Now, I want you to do such-and-such in a different way," then that should be enough. It seldom is. That is why I want you to get to know Sarah, because if you can figure out how to handle her it will help enormously in the task of handling your own habits.

Let us take an example. Here is someone who has decided to stop smoking when talking on the phone.

The wrong way to do it is simply to say, "I must stop smoking on the phone." This might work for perhaps five minutes, but then, as soon as attention gets caught up in the conversation, a cigarette soon appears and is smoked, unnoticed. Why is this wrong? Well, let us look at this habit with Sarah in mind. It is as if when you were teaching her to use the phone you were smoking. You may not have intended her to copy that action, but that is the way with Sarah, she is not very discriminating. She noticed you smoking while phoning, and for all she knows it is an essential part of the operation: maybe the God of the Telephone will not answer unless a burnt offering is made! so she copies. And once she has followed that path enough times it becomes fixed and heavy, and she lights up at every phone call. Simply telling her once is just not going to work. Do you understand Sarah enough to see that?

To begin with we must understand is that it is going to take some time and attention to retrain Sarah. The following is then a possible path to follow. First of all watch her to see exactly what she is doing. Then say, "Look, Sarah. This is what you are doing." Repeat this several times, each time drawing attention to the crucial steps on the path, such as picking up the packet. The next step is to enact the required behaviour. "Look, Sarah. This is what you are going to do." Enact this several times, again drawing most attention to the points where the new behaviour differs from the old. Since it is hard to enact not doing something it is often easier to replace one action by another for example you can firmly pick up a pen instead of the packet or cigarette. Finally keep an eye on Sarah for the next few days, and if she slips back into her old ways remind her firmly but gently by again showing her the new way, paying careful attention to any small incident which may have pushed her back onto her old ways.

Can you see how much more effective this will be with Sarah? Again you may think of some alternative approach. It should also be easier if you change some of the other details at the same time: a different telephone, for example.

The bare bones of the path that I have described above are: pay conscious attention to the present path; decide clearly what the new path is to be; act it out consciously a few times noticing especially the places where the new path diverges from the old; any slip into old ways leads to a refresher course.

This path is essentially that used in those hypnotic trances which are used to gain access to the mechanisms of the cerebellum. Here the hypnotist takes over the role of the normal conscious mind, which sits on one side, watching, and (s)he then directs Sarah Belham firmly, clearly and repeatedly. In this case the paths are not actually enacted, but are commonly presented via the video facilities of the Imagination.

I must emphasise, however, that what I am saying in this chapter applies to pure Habit, which is to say those habits in particular which are not associated with strong feelings. In the above example I have supposed that telephoning does not arouse strong emotions in itself. If it does, then the smoking may be associated with strong tide of feeling, and if so the above simple retraining programme may not be enough in itself, and attention would also have to be paid to the Heart paths accompanying the action.

You will remember from the last chapter that there are a large range of activities which can alter your

emotional patterns, and smoking is one of them. As an example I will mention a woman who needed help in overcoming a smoking habit. After the first session she had reduced considerably, but when she returned she was on the verge of tears. When we explored this we found that the state of her home was driving her mad. They had bought it five years earlier. She had been very happy with the location, but had wanted the kitchen on the other side of the house. Her husband (a builder) managed this change, but it had meant other changes to other rooms, and since he did not have all that much time, the house had been permanently in a state of disorder all the time they had been there. I wonder how you would feel about living under these conditions?

Some people would not mind, but like many other housewives, my client found it purgatory. And she had been using the nicotine to dam back the flood of unhappiness about it. So the second session was devoted to these emotional problems, mostly by letting the feelings flow, allowing her to express her resentments and by crying. With this emotional relief it then became quite easy to remove the rest of the smoking habit without distress.

Now then, I wonder if you have any simple habits that you would like to change? In a moment I will give you a chance to make a short list, but before you do I want you to think of something else as well, which is how much time or money you are prepared to devote to changing each one on the list. This is a good way of figuring out how important it is to you to change it. Now why not pause for a moment and ask yourself what habits you might want to change and how much it is worth to you to change them.

It is worth spending a little time pondering on the value of the change. There are many people who could add five extra healthy years to life if they were prepared to make some changes in their eating habits or drinking habits or exercise patterns or one of many habits that are leading them into stress situations. Yet they are not prepared to spend even a few hours or the cost of a weekend break on making these changes. Such is the force of Habit.

How much are the changes that you would like worth?

Think of the manufacturers of televisions or any other piece of machinery which is sold in millions. The successful manufacturer, often Japanese, devotes a lot of time to improving the efficiency and cost of making them. Suppose that he can find a way of trimming just one minute off the time it takes a man to make a set. Then, if the set sells a million, the total saving will be nearly eight working years. It would therefore be an excellent investment if that change could be thought out by one man in a week or two.

Perhaps in your life there are some purely neutral habits, that give you no particular satisfaction, but which you do most days. It might be reading the paper or tidying, showering or shaving, sitting watching TV after a meal, or pottering about before bedtime just one of those unnoticed commonplace activities. Now suppose that you could change that habit a little, so that without rushing it took you just five minutes less. Then simple arithmetic shows that you will have an extra 30 hours a year to do something else. That is nearly the amount of time which would be gained by taking an extra four days off work.

Of course it may be that you are perfectly happy with your life at the moment, and if there is nothing you would rather be doing with your time, then I would be the first to encourage you not to try to change your present habits.

In industry it is a fairly common practice to call in an outside consultant from time to time to look at the way things are going, and to suggest improvements. It pays them. Part of my job involves looking at people's lives in just this sort of way as an outside consultant. Normally, of course, I am called in because of some specific problem. But there are people who use me specifically because they feel the need of an objective and intelligent expert to look over the detailed pattern of paths in their lives and to draw attention to any that could be improved. It is usually quite hard to do this from within your life, you are too close to it. This is why businesses call in outsiders, also.

Here is a little example, a client who came last night. He is a very conscientious worker. And he had been in the habit of arriving home in the evening and then wanting to sit by himself to think over the day's work for half an hour or so, in case there had been any mistakes. His wife had been alone all day with her new baby and, naturally enough, was distressed by his coming in and disregarding her. This caused quite a bit of upset one way or another. Now he was also in the habit of leaving work last, about half an hour after the others. So, I suggested that he might try leaving his desk at the normal finishing hour, go and sit somewhere else in the building and go over the day in his mind for half an hour, and then go home. He tried it. He is an intelligent man. And he really enjoyed that half hour by himself. When he got home it was with a mind happy that there was no unfinished business, and he was able to play with his son and talk to his wife. Now that was not a big change of habit, but it had never occurred to him before, and yet it produced and will continue to produce for the rest of his life, a much greater harmony at home and efficiency at work.

Perhaps this story will remind you of some part of your life where there is friction between you and someone close. You might consider how much time or money it would be worth to resolve the problem, and then devote a fraction of that time to looking for some simple change in an habitual path of action which could avoid that trouble.

I would guess that a good half of my successes with clients are due to my habit of trying to locate precisely those daily Habitual paths which are wrong for the particular individual at that particular stage in life.

Now let us go back to look at Sarah. All this time she has been getting on with her work for you, quietly and without complaint. It is the great virtue of a good habit that once you start it takes no effort to continue. Reflect on this. You know how some things feel to be a great effort, while others are effortless. There can be a number of reasons for this. One is that generally things that we have got to do are far more effort than things that we want to do. You will find more on this later. But the other big difference is between things that can be handed over to Sarah Belham and things that you have to do yourself. When your cerebellum is handling a routine action - driving a car, perhaps - then it is effortless.

This is a wonderful thing. If we did not have the service of Sarah, life would be extremely difficult. I am getting Sarah to type this out for me as I write. Without her help I would still be at that stage of typing where you have to hunt out every single letter consciously, and press it laboriously.

It is worth thinking of one or two more things about how she can work better. Can you see, for example, what effect interruptions have on her?

As I see her, they have a very disrupting effect. Any break in the routine disorients her. Afterwards, like the shrew, she has to hunt back a bit to find out what she was doing last. At times she will forget what it was that she was doing, though she knows that she was in the middle of something, and this will prevent her from getting on to anything else. Perhaps you have had these feelings yourself at times. I know that I have.

If you have recognised this, you should be able to see the sense in trying to arrange habitual paths as far as possible in sections which will not usually suffer interruptions. Furthermore it is a good idea to train Sarah to cope easily with the most common problems.

"Now, Listen, Sarah."

"Yes, Ma'am."

"You have learned to dust the rooms very well."

"Thank you, Ma'am."

"Now I am sure that you will be able to answer the door

as well."

"Yes, Ma'am."

"This is what you do. Look. I am polishing the table. The door bell rings. Brrring! Brrring!. Now I stop polishing. I put the duster down exactly where I stopped. I walk slowly to the door. As I pass the mirror I look and check that my hair is straight. I open the door and say "Good morning."

Then there will be instructions on what to say and do, which we do not need to bother about here.

"Then, when that is over, I return to this room, find the duster, and carry on from that point. Look."

With this kind of training Sarah will not be at all confused by the interruption of the door bell, and will be able to get back to the path of dusting smoothly and effortlessly. Can you see that this has been

achieved by paying close attention to the junctions between paths?

We can use the mechanical metaphor of a train running along the tracks. For the train to move from one track to another it must be switched by points. If the points man has not been properly trained and cannot decide which way to throw the switch as the train comes by he can create havoc. Some people never bother to tell that points man in their minds how to do this job properly and they are constantly running into problems when they have to switch from one path to another in the course of life.

In my work I may be interrupted by the phone while I am talking with a client. I then have a choice of paths. Will I ignore the phone and let my wife answer it, or will I answer it myself? The decision is based usually on the present state of the client. Supposing that I choose in favour of the phone, then I excuse myself to the client; place a mental duster on the last thing we were saying; give my complete attention to the phone call; deal with the matter; put the phone down; pick up the "duster" and continue as if there had been no interruption. The smoothness of the transitions at either end of this change of path makes the whole process free from stress, strain or effort.

How about you? Can you think of any times in your life when you are being irritated or distracted when in the course of something?

It might help you to focus your mind if you were to write down a list of such things. In each case write down the thing that you might be doing such as writing a letter, baking, filing or phoning and then write down any frequent interruptions. These might include be a call from the boss; a baby crying, or a demand from husband or wife. Finally note down any better strategies you can think of to avoid having to be interrupted in that action or to work at smoothing the transition. In the former case you might think of doing whatever it is somewhere else, using prominent Do Not Disturb notices, arranging for someone else to handle the interruption in the way businessmen use their secretaries and so on. If you choose on the other hand to smooth the junctions then you can plan to retrain Sarah Belham in the sort of way I have indicated.

Notice that there is always likely to be the interruption that you had not planned - on a power failure or an accident to someone perhaps - that could still throw you. Funnily enough this happened to me just after writing the above section on how I cope with telephone interruptions. Undoubtedly it happened to teach me a lesson for sounding so pompous! In this case the action I was involved in was talking to someone on the phone. She is partly a client and partly a friend, and my wife came into the room wanting to pass on a message to her as a friend, while the conversation happened to be on the client basis. Since that particular change of path had never happened before it took me by surprise and I handled the switches from the client line to the wife line and back again roughly and tactlessly and ruffled a lot of feathers!

So that is one thing I have put on my list above, with the decision to smooth rather than to avoid, and

have spent some time thinking how to get it right in future.

Here is another thing that you may notice about the way in which Sarah behaves. See if it makes sense to you. Once she has learned how to do something, then to continue to supervise her in detail generally makes her do it worse, particularly if there is an air of criticism in your attitude. The picture is of her going about her polishing jobs quite happily when the mistress comes in. So she stops at once.

"No. Go on, Sarah. I am just watching."

(How do you feel when someone is watching you do something?)

"Yes, Ma'am."

But every time the Mistress moves, Sarah looks at her, expecting some instruction. Because of this she does not follow her path as smoothly as usual, and is inclined to make mistakes. You can imagine her getting a little nervous. And, of course, if the Mistress criticises those mistakes, then it makes her more nervous still; there are more mistakes; more criticism; and we are soon in a vicious circle.

Because of this it is usually the best strategy to train Sarah as I have described above, AND THEN LEAVE HER TO IT. If you have confidence in her she will work faster and better without supervision. Think about it. Do you not find this is true? You may play a very good game of golf, then one day someone says, "What a curious stance you have!" If you start to wonder about the stance, and try to observe it, does your game not go to pot? Or you may have washed up for half a lifetime without a single slip, when you are asked to wash up some particularly precious glassware. And so you think to yourself, "I had better be particularly careful here." And then you seem to be all thumbs, and perhaps even drop something. Does this sort of thing ring a bell?

So, I repeat, when Sarah has learned to do her job, it is usually best to LEAVE HER TO IT.

What I have said so far gives you a broad picture of how the cerebellum works in most people and animals. Next I am going to mention some of the differences that we can find between people. One difference is that of the speed with which Sarah works. As far as I can see this is something innate. Some can really only work happily by themselves when they are going along very slowly and surely. There are others who can habitually work very quickly. There are tortoises and there are hares. So I do not want you to think that you have to be one or the other. The best thing is to find the speed that you are most happy with. What would you say suits you very slow, slow, medium, fast, very fast?

Another important factor is what is technically called the level of arousal. Some people are happiest at very low levels of arousal, when everything is calm and peaceful and there is no pressure. They can then get on with routine work well and tirelessly. But on the other hand there are those people who need the adrenaline to be flowing before they can give anything like their best. Such people thrive on deadlines, on extra pressure from outside. You find these people in competitive sports and high pressure jobs.

Another way of looking at such differences is to think of the lifestyles of our ancestors. On the one hand there were the farming communities, where steady hard work at a low level of arousal and adrenaline was the greatest virtue, and at the other extreme there were the hunting, fighting tribes who lived a life of occasional periods of intense activity at high adrenaline and arousal levels interspersed with times of comparative inactivity.

I wonder where you lie between these two extremes? Are you happiest at very low arousal, low arousal, average, high or very high arousal?

Now if you are close to the high extreme then you will have to modify the pictures I have given you above, for your Sarah is likely to seem rather lazy unless there is some pressure on her. It may be a case of, "Now, Sarah, you lazy girl, if you don't pay attention you will be out on the streets, begging." or "Now, Sarah, if you pay attention I will let you serve at the Hunt Ball." In other words excitement and fear will both do the job of arousing this kind of Sarah to a level where she will pay attention. You might like to think again about this from your own angle. Think of teachers or bosses or parents that you have known. Which do you find that you respond best to: those who remain calm and helpful and arouse little or no feeling of stress, or those who are keeping you on your toes with challenges or threats or occasional fun and excitement?

One of the reasons it is important to emphasise these differences is that it is fatally easy to think that everybody works in exactly the same way. In fact we do not, and coming to understand the way in which your own body works, and how that way is different from other people's, is a step towards freedom.

Next I want to draw attention to one very clever ability of Sarah's. Did you notice how often her Mistress said "Look"? I was in that way drawing attention to the fact that Sarah can learn remarkably well by copying. We should be able to see why. The cerebellum evolved well before detailed speech. If the young of a species are to learn behaviour which is not stereotyped and instinctive, then the ability to copy their elders will have great value. And there is plenty of evidence that this does indeed happen in all the higher social animals and birds.

But we do not have to go far to observe the copying ability at work. Watch any baby, even. Have you noticed that at an age where it can do little else, then if you smile at it, it will copy and smile back? Think about the fact that your child will grow up not only speaking the same language as you but will also control the fine muscles of mouth and tongue in such a way that the accent will be the same with no conscious thought. You will have seen children copying, acting out or playing at things that they have seen their elders do. At a much higher level it has been noted that a disproportionate number of Nobel Prize winners have been students of earlier Prize winners: it is as if simply working with a great and original mind teaches you, by imitation, those same abilities. If you are training to be a surgeon you will spend a lot of time simply watching your more experienced elders operating: this is not a field where there is a lot of room for trial and error, as there might be in carpentry. You really have to get it right first time: you cannot write off a few corpses to experience. The best way of achieving this is to rely on your ability to copy actions that you have seen repeatedly performed by others.

I am not saying that copying is the only way to learn. I am saying that it is a very efficient and common way. But think of it yourself. Suppose that you wanted to learn a new *practical* skill knitting or pottery or car maintenance might be examples which of the following paths would you prefer to follow? a) You are given a book, with no illustrations, which tells you in words what to do. b) You are simply handed the materials and told to get on with it. c) You are given the opportunity to watch someone silently going through the whole operation a number of times. Which of these strikes you as best? If you have answered c) then I would agree with you. Perhaps you would then agree with me that c) could be improved upon by a few remarks at key points in the operation such as "I stop kneading when the texture is smooth," or "You need to keep the tension of the wool even." and so on.

I suspect that this imitative ability is such a commonplace one that we take it for granted, and do not marvel at how wonderful it is. Perhaps the cleverness of Sarah in this respect can be emphasised by contrasting it with any similar ability that men have been able to programme into computer-driven robots. Now the best industrial robots can copy in a certain way. Suppose that there is a paint spraying job to do. Then the robot is "taught" as follows. A man, expert in spraying, holds the "hand" of the robot in which the spray gun is held. He then moves spray gun and "hand" together in the best pattern of movement to cover the part evenly and fully with paint. While this is happening the computer records in detail exactly the path followed by the "hand". It "remembers" this path. Then, at any subsequent time, the robot can be made to follow again, exactly, that same path, and so paint any number of similar objects tirelessly. Had you heard of these robots?

If you can understand and follow this example easily and some of my readers will be experts in this technology then you can use it to help you to picture one aspect of the cerebellum, for it acts is something of the same way. When you first perform an action consciously the cerebellum is just noting the movements of the muscles, and memorising them. Each time you perform the action the movements are memorised with more precision. Do you remember the water shrew? Then in time the whole process can be reproduced entirely by the cerebellum, with no conscious control at all.

You will notice that the robot is a faster learner: it only takes one pass. But on the other hand it is less flexible, it relies on the part being in exactly the right place. Now in real life the spoon that we want to move is not always the same size or shape or in the same place, and so in order to teach the cerebellum to pick up spoons we have to pick up quite a number in different circumstances before it gets the hang of all the different possibilities. A robot has a lot of trouble with this complexity.

And at present, to the best of my knowledge when I am writing this book, there is certainly no industrial robot that can learn how to do a task by watching a man or another robot doing the task. For notice what is involved. First of all we can imagine the robot taking a video of the action, from two angles so that it can judge distances. Then it has to make sense of the video and so far computers are very poor at recognising patterns compared with even simple animals. And finally it has to turn those patterns into a corresponding pattern of movements of its "hand", which seems to be something not yet attempted by programmers. (Though I would be happy to be corrected.)

But your brain can do these things with remarkable ease, daily. That is why I say that Sarah has a wonderful ability to copy.

I would like you to notice the fact that the video-processing department of your brain is involved very centrally in this process. You will remember that we met this department in the chapter on the imagination. And I would like you to see that because of this it is possible to train Sarah by showing her videos which are imagined. What do I mean by this? Well suppose that you want to learn to behave in a certain way and in a certain place where you have little experience yourself, and no chance to watch anybody else either. It is therefore hard to teach Sarah by actual experience. But if, on the other hand, you can construct vivid imaginings of the desired behaviour, then as far as Sarah is concerned it is virtually as effective as the real thing (a fact that I touched on lightly before).

Here are few examples to show how this might be used. Suppose that I am dealing with a man who wants to become a better salesman. There are of course many things that might be done to help him, starting with a discussion to find out why he is not doing as well as he might. (The reasons are usually different.) But one way in which he might be helped is this: I will spend a lot of time getting him to build up on his own mind a vivid picture of a salesman that he can admire and yet also identify with in some ways.

This last point is crucial. There are many different ways of being a good salesman, and you can get into a terrible mess trying to copy a sales style which suits a different personality. Many sales schools emphasise the positive, confident approach, but I know one man who was the best salesman in his company who traded on quite a different approach. He said, "Many people do not like to see someone coming in to sell them something looking as if he is on top of the world, with not a cloud in his life. They have got a nagging wife, or backache, or a weighty mortgage and half a dozen smaller problems. Why should the salesman be free from these? No, I find that it is best to make them feel sorry for me and a little superior. They then buy from me."

So we always imagine a salesman who is better, but not better in a completely different way. And my client can watch him in many settings, familiar to him, selling successfully. And this imaginary video is no different, as far as Sarah is concerned, from seeing that salesman in real life. And she is good at imitating. And so she learns from what she sees. And then the next time the real salesman is in a similar situation his body will act with much more of the style of the successful salesman he has imagined.

Or it may be that a young man is having trouble "finding himself". Again he can view a composite of perhaps his father, a teacher and some roles he has seen on film. And again this will tend to make him act in the same way.

Do you remember the theme of daydreams in the last chapter? And what was said about its value? Now you can now see from the perspective of learning new habits another of its values more clearly. Used properly it is a very powerful aid on our paths in life, to help us to reach goals which may otherwise be unobtainable. You can see it as a way of training Sarah Belham when there is not a real role model available, or as programming the computer to execute certain behaviours when required. This is a

valuable activity, and one which I am utilising a lot in my day to day work, to help people to achieve the things that they want to achieve, but do not know HOW to go about it.

Now that I have drawn this imitative ability to your attention, is there any use that you can make of it, I wonder? Are there any ways in which you behave in which you do not feel you are doing as well as you might?

I would expect it to take a few minutes for something to come to mind. The next question is whether you already know someone who is already doing what you would like to do? If so, then you make a conscious decision to watch that person closely and frequently, so that Sarah has a lot of videos to learn from. If not, then you will have to create your own videos by piecing together things that you have seen at various times in various people. Finally you set aside ten or twenty minutes on a regular basis once every day or two days perhaps to sit or lie with closed eyes, and attend closely to the videos. If you do this your behaviour is bound to change in the required direction. Good actors and actresses can do this sort of thing with great speed and ease. All of us can do it with *some* success. But even if we are poor at it remember the rule about all paths: the more frequently you tread them the heavier or better marked they become. So you can make up in persistence for anything you lack in speed of change.

Before ending this chapter I will make some final remarks. I have presented one picture of how pure Habit works in some detail. But I have also touched on others that I will at times use with people. There is no *one* way of thinking which suits everybody. The other pictures or metaphors, each of which can be of some use, are the following. First we can think of the broad picture of the creation of paths that runs through the whole book. When you return to the chapter on paths you will find that quite a lot of it can be used as a picture of Habit paths. There is some choice over whether you prefer a picture of roads or railways to work with. I have also given you the picture of the water vole, from Lorenz. If you know a lot about training animals then this type of picture can be useful. For the relatively few clients who are familiar with computer programming I will at times develop the metaphor in which the learning or unlearning of a habit is described by analogy as a reprogramming of the subconscious.

There is one other image that I have used fairly frequently, which is useful for men with some experience of management. In this case we represent the workings of the cerebellum by the men and machines on the shop floor, and the workings of consciousness by the management. A bad management is one which knows nothing about proper training, is too dictatorial, is interfering and not supportive and so on. A good management pays careful attention to setting up working systems, in close cooperation with the work force; makes sure that they are working, and then LETS THEM GET ON WITH IT. The principles are very similar to those I have outlined with Sarah, they are just dressed up differently.

Any of these mental paths will help you to stand back from the Habitual paths that we all follow like the nearly blind water vole, and thereby to change them in yourself and others where necessary.

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Your Path in Life

Dylan Morgan

Chapter 6: Internal Health Paths

Health is one of those things that we mainly notice in its absence. There must be a thousand times more conversations about being ill than being well, just as there are enormously more medical books about illness than health.

Would you agree with me that this is just one instance of a general human tendency: to take for granted every good thing that we have, and to notice only those things which we lack? Would you say that this tendency is useful?

When I think about this question I find myself thinking the following. First of all it would be fatal to go to the other extreme and ignore every problem automatically. Any creature which ignores hunger, thirst or injury automatically will soon be dead. Any person who consistently ignores any problem which comes into life will soon find that life gets more and more of a mess. But on the other hand I find that many people who notice *only* the problems of life can easily get themselves into such a state of anxiety that they become unable to function effectively at all. On the one hand we see the bum, the slut. On the other hand we see the nervous wreck or the hypochondriac.

The right path must, I feel, lie somewhere between these two extremes. I would express it in something like these words: Count your blessings and enjoy the sunny spells of life; then tackle the problems that lie near to hand with a good heart. You might find it interesting to wander down this side road a little and to spend some time thinking about all the people you know and how they manage the balance between noticing blessings and problems. You will probably find people on either side of you. If you find yourself wistfully thinking that you rather envy those on one side rather than the other it could be a sign that you should start to take steps in that direction. In any case you might like to put into words your own ideas on how to strike a balance between the two extremes.

Because of this tendency to look at illness as soon as we start to talk about health, you may find that if you ask someone "What is health?" they have to think hard to avoid saying things like, "It is *not* being ill, *not* being in pain, *not* feeling well" and so on.

When I asked myself this question, this is what I thought. A healthy child is full of vitality. There can be seen laughter, energy, movement, shouting and times of quiet concentration. A healthy adult is following a more regular path, is applying effort more systematically and purposefully, and vitality shows in subtler

ways for most of the time in a certain quality of voice or gaze for example. What picture do I have of a healthy old age? A deep serenity of soul and a happy following of a slower and quieter life. These are just sketches. The important point that I am making is that different criteria of health apply to different stages of our path through life. To ignore this fact is to court disaster. If we spend our thirties bemoaning the fact that we do not feel as energetic and full of life as we did in our teens, then we may well find that we will spend our fifties miserable because we miss the physical and sexual vitality of the thirties, and our seventies groaning that we do not have the health of our fifties, and will have travelled the whole path of life walking backwards.

Not only are different standards of health appropriate to different stages of life, but they also differ from one person to another. An athlete and a midwife will have quite different criteria. Standards of health for aeroplane pilots are not the same as those for computer programmers. A prima ballerina and a cashier will mean quite different things by "I feel well."

So when we are approaching the question of health from the positive side, which is to say what it *is* and not what it isn't, we find a complex variety of answers from different people. And if you start to listen to people talking about their health you will find remarks that refer to the Head, Heart and Habit levels, together with one new thing. At the Head level you will find statements like, "I am always ill", "I should be able to run a mile in five minutes", "I should weigh ten pounds less than this", "I am not getting the eight hours' sleep I need." All these are ideas, thoughts, that may be right or wrong. Then we have the Heart paths those feelings we have which go so badly into words, such as "I feel under the weather", "I feel low", "Oh, I am so lethargic", "I am in a black mood today", "I feel on top of the world." On the level of Habits we may associate health with a certain pattern of behaviour such as "I play squash", "I paint", "I am on top of the ironing", and its absence is associated with other habits such as "I lie in bed late", "I eat a lot", "I avoid people".

With these ideas in mind perhaps you would like to jot down some notes on your own health. First of all, what are your standards of health for yourself at your present age? Are there any ways in which you feel that your health is not as good as it should be?

I will return to these things later. But first I want to talk about the one thing that we have not met at the other levels and is associated in most people's minds with illness and that is PAIN. PAIN, the strongest sign that all is not well. It may well feature on your list above. The stabbing or throbbing or agonising pains that can come. Now not all ill-health involves pain. Some illnesses may cause little more than a sensation of discomfort. But PAIN looms large when it does come, and so no discussion of health can ignore it.

Scientists have discovered something of the mechanisms associated with pain, and it has become clear that what is primarily involved is a certain set of nerves which transmit signals from injured parts of the body to the brain, where they are interpreted as pain. This puts it in a different category from the other mechanisms we have looked at. It is distinct from rational, verbal paths, and from visual paths, and also from the muscular paths controlled by the cerebellum. It is even distinct from the hormonal systems

associated with emotions, though I will have to say more about this distinction later, as the two can be associated.

But I don't think that we need science to tell us that there is a difference between Head, Imagination, Heart and Pain. Would you confuse a pain with a thought? Would you confuse it with a picture, real or imagined? Would you confuse it with a habit? And finally would you want to think of it as being like an emotion such as happiness, sadness, anger, fear and the like?

One thing that pains do have in common with emotions is that they are essentially personal. *I* cannot see, feel, hear, taste or smell *your* pain. Of course I can empathise, I can recall something of how it felt when I had a pain which sounds like yours, or how it felt after a similar experience. But this is no real guide. Two people going through the same experience: childbirth or tooth extraction, for example without anaesthetic, may seem to be experiencing quite different levels of pain, judging by what they say and the ways in which they behave. But in the end we have no way of comparing the pains directly. Is this woman simply over-dramatising? Is that one simply putting a determinedly brave face on things?

And there is the same question about animals. How much pain, if any, does a shrimp feel on being boiled alive? We have no way of telling. There is no instrument which can measure pain in such a way that we can compare them. I have said that pain is conveyed through certain nerves by electrical impulses to the brain. If you see the brain itself as being only a further collection of electrical circuits, then you might be led to think that one day we could build a robot with the same circuits which would also feel pain. What do you think? Could a computer feel pain as my friend from IBM thinks?

Friend: Yes, a computer could feel pain.

Me: So it might be that every time a computer is performing a certain operation it is experiencing the most hellish agony, with no way of complaining?

Friend: Yes.

Now it seems to me that we have no way of answering this question. How could an embryonic Computer Liberation Army detect the level of pain in a computer?

The only way in which pains can be compared with any reliability is when one person compares the intensity of a pain on two different occasions. If I am dealing with pains in people I follow the common practice of asking them to place the intensity of the pain on a scale from one to ten. Most people are able to do this quite easily, and this is a valuable way of allowing them to let me know whether the pain is increasing or decreasing. But this is of little or no value in comparing pains between *different* people because we have no way of knowing if their scales are the same.

Next I would like to make an important distinction, which is a commonplace to experts in the field of pain, but is perhaps not so well known to the average person. This is that we can distinguish between

pain and the distress or suffering that is associated with it. At a scientific level it is possible to trace two pathways in the nerves that pass from the spinal chord to the higher centres of the brain. One just carries information about where the pain is coming from, and how strong it is. The other deals with the perceived suffering.

Perhaps you would like to think about this fact a little, and see if it seems true in your experience. It is rather hard to do this because pains are not readily called to mind. Perhaps the following picture will help to explain the kind of thing that can happen. Here is a man who has spent the day out in the wilds, hunting. His hands and face are covered with scratches because he has to crawl through brambles, his trousers are torn and there are deep abrasions on his knees after falling when climbing a steep cliff, one of his ankles was twisted when he stumbled badly and is hurting a lot, he is covered with stings from the time he walked into a wild bees nest and every muscle is aching because he also got lost and had to walk twice as far as he expected. Now that is a lot of pain. But it is the sort of pain he can glory in and brag about. So there is very little *distress*.

This same man can be in an absolute agony at the thought of a simple injection, where the actual pain inflicted will be almost negligible. Does this picture help you to see the difference between the pain and the suffering?

Now I would suggest that it is better to see the suffering as lying on a Heart path: it behaves like an emotion. We can suffer just as much at the loss of a loved one as we can at the loss of an arm, but there would not normally be any sensation of real pain in the former case. So if you were having difficulty in agreeing with me when I said earlier that pain is not an emotion it is possible that you will now think that I am being more sensible. Pain is pain. But the emotional distress or suffering that can be associated with it is a feeling which follows its own path.

As I have said there is a large body of evidence to support this distinction, but you might like to think through your own opinions based on your own experiences, before I move on.

Have you ever wondered how many cells there are in your body? Well, you know how worried people are over the number of people on the earth. Do you think you have as many cells as there are people on earth? In fact, there are, in your brain alone, about twenty times as many cells as there are people on this earth, and in your whole body about a thousand times as many cells.

Think of your body then as being like a vast assembly of that number of people all standing shoulder to shoulder. They have to be fed. They need water. Hundreds of millions of cells are involved in just regulating the flow of water properly so that each cell gets enough but not too much. Most of the transportation network for food, water and air consists of the blood stream, with its one-way system for traffic. You might see it as a mighty highway or canal with trucks or barges numbered in many billions transporting everything that is needed. Some of the most important trucks are the bright red ones that are carrying the most vital supplies of all: air. But notice too the white ones. They are bit like ambulances and a bit like police and a bit like the army. They patrol along doing nothing very much unless something

goes wrong.

There are construction workers busy at all times repairing and renewing bones and flesh and skin. There are the food processors, taking the raw food and converting it into a form fit for the different cells to use. Then there are the billions of cells involved in refuse disposal, in purification and sewerage. Much of this passes from the cells into the main highways of the body and then is transported to liver and kidneys for processing and then to bladder or bowel for disposal.

Then there are the communicators in the nerves, passing messages of all kinds around. "We are getting very cold down here? Can we have some heating?" "Is there a famine on? Why is there no food coming down?" "Move the thumb." "Speed up the heart rate." "Remove some food from the reserve larders." There are millions of such instructions passing all the time.

Then there are the cells whose only job is to keep an eye on the whole system and to make sure that everything is done properly. They are doing the jobs which are handled by middle management in a business, or the civil service in a country.

There is a fascinating book called *The Healing Brain*, that you could find very interesting. It is written by two highly qualified Americans, Robert Ornstein and David Sobel who go so far as to say that the primary purpose of the brain is simply to keep us healthy and well. Is this a new thought to you? How do you feel about it?

If you were to read the book and decide that they have overstated their case, and conclude that no more than 50% of the brain is concerned with regulating the state of the body, you are still left with a number of cells bigger than ten earth populations devoted simply to keeping things running healthily. And if you chose to be very cautious and imagine only 5% of the brain as being involved, you are still talking about the entire population of the world.

Do you begin to see the complexity of all this? When I think about it I marvel at a state of affairs in which the brain of a child may be in charge of an organisation more complex than that society which we call the human race, by a factor of many hundreds. What do you feel about it?

In this chapter on Health I want to make use of just one part of this picture. And that is the fact that just as our society contains a large number of individuals whose vocation it is to make good any damage, so your body contains enormously more cells whose only job is to keep you well.

Let us start with two simple pictures. Let us suppose that there is a fire in a large block of flats. Fairly soon the alarm goes out; people rush to help; then the fire brigade comes; then the ambulances; and the police; the fire brigade tries to limit the damage; the dead and injured are removed by the medical staff; the next day workmen move in to clear the rubble; there are stories in the newspapers; the authorities are informed; inquiries are started; over the next few months a lot of work has to be done to demolish and rebuild; money has to be provided for this; lorries and workmen throng the area; plumbing has to be

repaired; electricity restored; all this requires a lot of organisation but in the end it is all done and everything is as good as new. There is no trace of the fire left.

The second picture is of someone who has just had a small burn; there is a feeling of pain the alarm goes out; fairly soon the area goes red there is a rush of blood to the area; in the blood are the resources to try to limit the damage; in addition fluid forms a watery blister - not unlike the effect of a fire brigade; when the immediate danger is past there is a lot of work still to be done; a lot of dead cells have to be removed; others repaired; the higher centres of the brain have to be informed; thought is taken about how it happened and how it can be prevented in future; energy and resources have to be provided: diverted from elsewhere; in time the whole place is tidied up and renewed.

Can you see the similarities? The two paths do not correspond in every detail, but the broad outline is the same. Key steps on the path are an alarm signal which mobilises a series of defensive measures, leading in time to a complete renewal of the damaged area.

What do you think would happen if in either case no signal went out? There are in fact some rare individuals who never feel pain. The result is a body in which repeated injuries to flesh and bone, to which no attention is paid, accumulate and lead to an early death. There are businesses in which there is no way for the work force or salesman or accountants to get through to the management that something is wrong. These businesses go bankrupt. There have at times been societies in which those in power do not hear the cries from the mass of the people when something is wrong. Though this may be acceptable in time of war, it leads to increasing problems in times of peace, and often to a revolution. There are occasional parents who never pay any attention to children who cry. I know one woman who was locked up in a cellar if she cried when she was a girl. She suffered from many emotional problems later in life. I doubt if any family in which a child's crying is always ignored can be a happy family.

I am forced to the conclusion that if we did not have pain then we would have to have something very similar, some alarm bell or siren which is loud enough to demand your attention whatever else you are doing. Suppose you have sprained an ankle badly playing tennis, and that the only message that came from it was a gentlemanly, "Oh, I say, old chap. There is a bit of a problem down here, and it would be helpful, if it is not too much trouble, if you could avoid jumping about quite so much." Messages like that can easily be ignored and result in that ankle going from bad to worse until permanent damage is caused. If such damage has to be avoided there has to be a signal powerful enough to override most other things.

What do you think at this point? In a more abstract language I have been saying that in any organic system, whether it is a body, a family, a business, a society or a nation, there must be a mechanism for sending powerful, attention-riveting signals from any damaged area to the highest decision making centres. Otherwise that organic system will not survive long. In us the signal is pain. Perhaps you would like to comment on this idea?

What I am going to say next follows naturally from the above pictures of the purpose of pain. Normally

pain is there to be PAID ATTENTION TO.

This may seem at first to be strange advice, because so much of our natural inclination is to get rid of the pain, and ignoring it seems at first a good way of getting rid of it. So we may need to think about this a bit. The question is: should we be aiming to get rid of the pain as such, or to remove the problem which is causing the pain?

You are in an aircraft. Unknown to you things are happening in the cockpit. A lot of red warning lights are flashing furiously to attract your pilot's attention. He can choose a) to attend to what they are saying, and take appropriate action b) to ignore them altogether and carry on as usual or c) he can attend to them with a hammer, smashing them beyond repair so that the nasty red lights are gone. Which course of action would you like him to take?

Or suppose you are working in some business where conditions have become intolerable. You go to your superior to tell him or her. (S)he can respond a) by listening carefully and assuring you that all that can possibly be done will be done, though it may not be possible to cure everything overnight, b) say, "Don't disturb me with your complaints. Go away." or c) Sack you on the spot. Which course of action would be best for you and the business?

Or perhaps you can remember what it feels like to be a child. You have just had a very distressing experience and run crying to your mother. She can choose a) to stop what she is doing and listen fully to you and comfort you, b) ask you to go away because she is busy or c) rage at you and hit you for upsetting her with your noise. Which course would you favour?

I am hoping that in all these cases you will have agreed with me that the choice a) attending to the problem, is the best one for all concerned. I will agree that there may be circumstances in which there are two or more insistent demands for attention, and that then all but one may have to be put on one side for a while, but then only so that the most important siren may be attended to.

Now here is an actual example of a man who suffered real pain after an operation. It lasted for decades. The injured tissues were crying out; the pain reached his brain; he chose to try to ignore it; it took so much effort to try to ignore it that his life reached a standstill. I suggested that he spend some time each day consciously attending to the pain instead of trying to ignore it. This did not result in the pain disappearing, but it did make it far less intrusive all the rest of the time, and less distressing, and he became able to proceed with life. He also began to take more positive steps to arrange life to avoid situations which would aggravate the pain and to encourage situations which would relieve it a bit. He became like the pilot who has stopped ignoring the lights and has started to do things which improve the situation. So this small change in attitude produced a large improvement in his condition. The pain got less and the distress very much less.

And here is another example. As I am writing this my mother is in hospital, having just had an operation for a combined knee and hip replacement. The surgeon is very pleased with her condition and amazed

that she has not been asking for pain killers. But, as she explained, "It doesn't really hurt when I am just lying in bed. Pain is just a signal to say that something is wrong. If you listen to it and then explain that, yes, you know all about it, and that everything possible is being done about it, then the pain mutters to itself for a little and then shuts up." The surgeon wondered if her freedom from pain was due to the use of hypnosis. Would you be inclined to call the way in which she dealt with it self-hypnosis?

I have taken time to emphasise that pain is, in the end, designed only to sound a siren, in order to reduce, if possible, the amount of anxiety that many of my readers feel about it. For high levels of anxiety lead to a great reduction in the body's ability to heal itself. If you would like to read a more technical and detailed account of the way in which prolonged anxiety can in itself make you more vulnerable to a variety of illnesses then you could turn to *The Healing Brain*, which I have mentioned. But I can give you a simple picture of the effect of anxiety in the following way.

I would like you to think of the difference between the ways a society behaves in time of peace and time of war. If some calamity occurs in time of peace then there is a great turning of attention to the site of the disaster, and resources are diverted towards it, as I have described in the picture of the fire. But if the same calamity is perceived as being due to some outward, or unknown danger, then all the attention goes elsewhere. The society goes onto a war footing, all unnecessary services are shut down, resources are poured into the armed forces, everything is geared up for action, and little is done about any repair work until the emergency is over.

In a similar way, then, if you interpret a pain as being a very serious thing, which is to say that it indicates a very serious attack on your body, then the body will go onto an emergency footing: a state of extreme anxiety. It might be looking for someone to fight, or want to run somewhere to safety. But this means that the healing of the damage itself is given a far lower priority, and may be delayed or prevented. The pain will therefore continue; the anxiety and distress will gradually rise; there is even less chance of healing; the pain therefore increases, and things go from bad to worse. Can you follow the way in which this establishes a circular path on which things get worse each time it is followed? We normally call such paths vicious circles.

One of my favourite authors is James Herriott, who has written many books about his experiences as a vet here in Yorkshire. You might well enjoy them, if you have not already met them, for they are full of life and a deep love of people and animals. In one of them he describes an interesting treatment for two animals who seemed to him to be dying, and beyond hope. One was a ewe which had contracted a terrible infection after lambing, and the other a small dog which was vomiting whenever she ate, and so was dying of starvation. In each case he put the creature under deep sedation. This effectively removed the distress from which it was suffering. In terms of the picture of a society I have been using, this amounts to putting the entire government and executive to sleep. The conditions then become close to those in peace time, and healing can proceed because no resources are being demanded elsewhere. Healing did proceed in both animals, who became as right as rain within days.

EXCESSIVE DISTRESS HINDERS HEALING.

EXCESSIVE DISTRESS HINDERS HEALING.

So you will notice that I have suggested that on the one hand ignoring the siren of pain leads to problems, and on the other hand that an excessive reaction can lead to other problems. It is not so different from my general question at the start of the chapter about how we should react to all problems, is it? Do you remember what you thought or wrote about that? At this stage you might find it interesting and valuable to sit down and think about your own reactions to illness or injury. Are you more inclined to ignore or to overreact?

Go back to your list of things wrong. I wonder if there is anything on this list that might improve if you were to give it a little more attention? Are there, on the other hand, things that are causing you a high level of anxiety?

Before going any further I want to talk a little about something called the Placebo Effect. You have probably heard of it. It is one of the best attested scientific facts in the whole of medicine. The Placebo Effect is this. If you take a group of people with almost any illness, then there are some that will get better no matter what treatment you give them, provided only that they believe that it is going to work. You can cure perhaps a third of peptic ulcers with a sugar pill, if the patient believes that it is a new wonder drug.

The Placebo Effect is a bit of a pain in the neck for those experimenters whose job it is to test out new wonder drugs. It means that they have to divide the suffers into two groups. The first group is given the real drug, and the other is given a pill or medicine of similar appearance but without the active ingredient. To make it still more complicated it has been found to be important whether or not the doctor giving the pills knows which he is giving, and so further precautions have to be taken to make sure that (s)he does *not* know. So the Placebo Effect makes all the tests that much more expensive. But it is telling us something very important. That is tat just *believing* that you re going to get better will often do the trick.

Remember that this is not some fanciful idea, or the result of wishful thinking, or an anti-doctor bias. It is a hard scientific fact confirmed daily in every test of some new drug. Just believing that you are going to get better will often do the trick.

How does this happen? Scientists are beginning to find out the answers to this at one level. They are beginning to discover the paths by which the brain acts on the immune system to generate higher levels of recovery. There is no longer the idea that the brain and body are independent and have no effect on each other. We are beginning to hear of chemicals produced by the brain, which have a profound effect on the rest of the body. Names like endorphins, acetylcholine, serotonin are beginning to enter our general reading, and we have probably heard of the pituitary gland, hidden deep in the brain, and the part of the brain just above it called the hypothalamus, both of which are involved deeply in the immune system. In other words science is beginning to be able to unravel the neurochemical pathways which lie behind the fact that what a person believes about his or her own health can have a profound effect on it.

Now the immune system has been evolving over billions of years. The number of cells in the body involved in it are also numbered in billions: the populations of many earths. We cannot expect science to unravel this in a few decades. The important thing for us to realise today is the really extraordinary power of a living organism to maintain itself after injury, attack or illness, and that the mind is vitally involved in the process.

Next time you have a cold try thinking to yourself, "My body is going to kill off all these viruses by itself. If I had enough money to pay every living doctor in the world to attend to me they could not produce a cure. Medicine has yet to produce a drug that will kill the virus but not harm me in the process. *I can do it though.* I have in my body pharmacists and doctors enough. They will soon do the job faster if I let them get on with the job."

Next time you have a cut reflect, "No doctor could mend that if I were dead. No doctor can create new cells to match perfectly those that were cut away. *I can do it though.* I have within me craftsmen enough to produce the millions of cells needed, doctors enough to cope with any risk of infection. They only need a little time, and the right conditions. I will keep the dirt out and leave them to it."

If you have any illness it is worth thinking "I have enormous internal resources to cope with this. How can I produce the best conditions for them to work under?"

I do not wish these thoughts to minimise the enormous help of the medical profession. They are the experts in helping to bring about the best conditions for healing to occur. What I am emphasising is that they are helping an organism which is extremely good at self preservation.

How good? Well, let us look at any machine made by man. How many components has a typical road vehicle got? our guess may be a great deal better than mine, but even including nuts and bolts the number is only going to run into thousands. And you know how often something needs to be replaced or renewed, even in the absence of bumps. Imagine a machine that could run for 70 years, automatically repairing any damage and renewing worn parts. Could you design one? Then imagine that there were not just thousands of components, but many thousands of millions. Can you even think of how you would begin to design such a machine? Or perhaps you would like to live in a house where the paintwork was automatically renewed, lost tiles were automatically replaced, worn hinges automatically repaired, burst pipes automatically strengthened, aging mortar replaced by new, all household dust and dirt automatically extracted? If you think about it you will begin to see that even this is beyond our present technology though if we invested fabulous sums in research we might get close to it in a few decades. But your body does this type of repair work automatically, every day, on billions of different parts.

Take your lungs. How are they kept clean? Well, we do know the answer to that one. Inside there are millions of small hairs called cilia, which are constantly in motion sweeping up to the throat any small specks of dust and dirt that get in, together with small amounts of mucus which help to wash them away. You can picture yourself as having millions of maids called Celia, mopping away merrily day and night, keeping your lungs clean. If one dies another grows to take her place. If too many die then dirt and

mucus collects and you are inclined to find your lungs getting congested and infected. Bronchitis and Pneumonia result when the defensive systems of the lungs break down. Certain gases kill Celia. Smoke both harms her and gives her more work to do. Can you see this picture?

This is to remind us that though our bodies have amazing powers of healing, it does not mean that we can expose them to any danger, and assume that they will take it in their stride.

With some of these ideas in mind, let us now look again at the Placebo Effect. And let us look at the path on which it lies. It goes something like this. A person has been following a path in life without illness; then there are signs that something is badly wrong; this arouses concern; a visit is paid to a specialist; (s)he pays attention to the signs; some explanation is given; something is done which, it is claimed, will remove the problem; the patient then goes away; and usually follows a prescribed course of action; in time the problem disappears.

People have been following this path since the dawn of history. The specialist has at times been called a shaman, or a witch doctor, or a doctor or a surgeon. With our present medical knowledge we can assume that very many of the "cures" that doctors of earlier generations achieved were due more to the Placebo Effect, than to the treatment. The practice of blood letting, which was once the treatment of choice for a wide range of ailments, has now disappeared, and with it a wide range of potions and purges that have been outmoded. I have no idea if any of these had some positive effect other than through their psychological impact - at times things are left behind just because they are old-fashioned - but I am pretty sure that the modern medical profession is right in regarding most of them as being far less effective than their present-day replacements. What do you think? Do you fancy returning to 19th century medicine?

Have you ever had a wart? A wart is a benign tumour caused by a virus. Did you think of warts in this way? There are hundreds of different ways of curing warts. You will find some ways in *Tom Sawyer* (by Mark Twain), involving burying a bean which has been smeared with blood from the wart, or dead cats. A couple of years ago my daughter started to have a few nasty ones on a foot. So I bought a nice new special soap and told her that we were going to rub some on the warts every night in the bath. This, I said, would get rid of them in about a month. And, of course, it did. They just fell away leaving clean and unmarked skin. As far as I know the soap had no properties in itself which kills viruses. So how did it work? You probably know other ways of getting rid of warts. Erickson once told a woman to bathe hers alternately in water as hot as she could stand and water as cold as possible. This worked too. So can the caustic that a doctor will apply to them. And so can repeating a fixed number of times each day, "warts go away."

It would be useful if we knew exactly how all these things work. But as yet, as far as I know, science has not learned enough about the body to explain the exact mechanisms by which these various approaches have all been successful in curing those mild virus-induced tumours called warts.

What we can see is that in each case of a cure we have at least the two step path: attention is drawn to the warts; something is done which stimulates a belief that they will go. From that point we can presume that

some of the massive resources in the body's immune system becomes activated, and the cure follows.

In terms of the picture we have been using we might think of it like this. You know how occasionally some very small problem in one area of the country, which has been going on for years can be taken up by the press or TV? It might be a tip on which poison has been dumped, or some other danger area or eye sore. For years only the locals were bothered about it, and nothing was done. Then, with the media attention, suddenly everyone is aware of it, and the powers that be are forced to decide to get rid of it. Orders are given; money is allocated; contractors appointed; and in time the problem is removed. Does this strike you as a similar path to that followed in getting rid of a wart, which can also continue for a long time without causing much comment, but when conscious attention is drawn to it, and a determined intention of getting rid of it is made, then it goes in a fairly short time?

Notice that warts are not painful. So there is no natural siren call to put them right. So we have to draw attention in some other way. On the other hand the advantage of there being no pain is that there is seldom any anxiety caused.

When anxiety is caused by something, then some other steps on the path of healing can become very important. A few days ago my daughter strained a shoulder while dressing. The unfamiliarity of the pain caused her a lot of distress and made her cry and feel shaky. I took her along to our local Health Centre to see our excellent doctor, Dr. Poulier. He very carefully examined it, to check for a dislocation; said that it was only a sprain; it would get better in a few days; she is to avoid swimming and sport for that time; and he prescribed an anti-inflammatory drug. Now the interesting thing is that following this examination Evanell felt immediately better. The pain seemed to have diminished enormously and her anxiety disappeared. She was still aware of the discomfort which warned her not to move the shoulder too much, but was otherwise fine. The strain did finally disappear in the predicted time.

This very small example shows how the two steps of diagnosis and prognosis can be very valuable in affecting the patient's state of mind and feeling. Do you find this yourself? If you can recall having a strange pain which you took to a doctor, did you find that the statement, "oh, yes, that is a common thing, called" produced a great sense of relief? And when this was followed by a description of the natural course of the ailment, did it not make you feel more secure, even if that course was not totally trouble free? And finally if you were given a recommended course of medicine, did you not feel even better, because something could be done about it?

For most of us these are important psychological facts of life. And they are deeply involved in the Placebo Response, particularly in those cases where the natural path of healing is being hindered by the rule: Excessive Distress Hinders Healing.

If we put together what we have seen so far, I would suggest that it shows that as a general rule the optimum approach to any pain or illness is *to pay calm, fearless attention to it*. If you think about it, this is pretty much what we expect doctors to do isn't it? We neither expect them to dismiss it on the one hand, nor do we want them to get agitated or in a panic about it on the other. I am suggesting that our

bodies can recover best if we adopt the same attitude.

We have further seen that if in addition we can include a feeling of confidence that the condition will improve then we will be maximising our chances of a rapid recovery.

It has been drawn to my attention by various clients that there are some doctors who, perhaps through over-reliance on the pharmaceutical industry, have lost what used to be called a good bedside manner. The skills which come under that heading were obviously of far greater value in days when far more cures were the result of the operation of the Placebo Response, which is to say self-healing under the conditions mentioned above. Nowadays, their neglect is at times leading to what I might call the Reverse Placebo. The doctor, by what he says and does, so demoralises his patient, that he completely undermines the benefit of the drug he is prescribing.

As an example of this I will quote the case of one client who had gone to her doctor because of her anxiety. He had recommended a certain drug, and when she seemed reluctant to take it he had said, "you should really come to see yourself as being *long term mentally ill*." This phrase stuck in her mind. Would it not in yours? And for the next twelve months she was in a worse state than before.

When she had finally pulled herself out of her depression, and eventually confronted the doctor again over his diagnosis he seemed surprised that she had been upset over his remarks, "Oh, I only meant that you would need to take the pills for a few weeks," was his only attempt at an apology, "I can't help it if you misunderstood me."

I wonder if you can think of any examples from your own experience or that of a friend or acquaintance which further illustrates a Reverse Placebo effect.

One lesson that we can learn from this is that you will get a great deal more healing help from your doctor if you find that you have a great deal of confidence in her or him, and (s)he always makes you feel better. I suspect that one reason why the so-called alternative medical practitioners are gaining such popularity these days is that they still have the time to talk and listen to their patients, and to reduce their anxieties and to plant feelings of hope. Most of these practitioners, like doctors, have a great deal of faith in their own particular approach. As far as I know it is only certain hypnotherapists who are making conscious use of the Placebo effect. They realise that if the idea, "I am going to get well," is implanted firmly in the patient's mind, then it is one of the most powerful of healing agents, for the reasons that I have mentioned.

So here are some things for you to think about: Does your doctor help you to feel a lot easier and more confident when you have consulted him or her?

If not, and remembering that all doctors are prescribing much the same range of drugs these days, what quality is there in him or her that makes you unwilling to ask around to find one with whom you would get on better?

Are you inclined to get very anxious about illness? If so, it is very important that you should do all you can to arrange things so as to minimise your anxiety. Can you think of ways which have worked for you in the past?

Do you have some long term problem which you have more or less learned to live with?

Have you considered the possibility of treating it like a wart? That is to say, have you tried paying attention to it in a regular way as if giving steady instructions to the armies of cells in the body whose job it is to get on and improve things?

Have you ever noticed yourself or others administering Reverse Placebos to themselves many times a day? "I am always getting colds", "I will never get over this", "I suffer from ..."

Have you ever tried using the Placebo effect consciously? By this I mean aiming to achieve an untroubled confidence in the capacity of your body to heal itself, combined with giving it intelligent assistance to do the job?

I hope that these questions and the rest of this chapter have given you some things to think about which will make you see Health in a new light, and perhaps also some ways to improve your own. You will see that what I have been saying applies mainly to what is involved within the body in maintaining health and coping with problems. That is why this chapter is subtitled internal paths. In the next chapter we will pay attention to those things that we do, or which are going on around us, which are also very important to health. These I will call external paths.

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Your Path in Life

Dylan Morgan

Chapter 7: External Health Paths

In the last chapter I was talking about health as it looks from within the body, and the almost miraculous way in which your body defends itself against all sorts of attacks. You will remember that at the beginning of it I raised the question, "What is health?" and the broad ways in which this can be answered. There is a sense of well-being which goes with a healthy life, and though this may well feel different in different people, we can nearly all recognise it when we have it. We also saw that this feeling of well-being gets much less attention than any sign of ill-health.

Now most people would agree without thinking that ill-health will lead to a loss of a sense of well-being. And certainly the two things go together. But I wonder if it has ever occurred to you that things may be the other way around, and that a loss of a sense of well-being can lead to ill-health?

It is a medically attested fact that the emotional upset caused by the death of a spouse leads to a greatly increased risk of illness of one kind or another. Does this surprise you? And the same is true of many other big changes on the path of life. Losing your job, retirement, having a child, getting married: all these and more have been found to increase the risk of illness. In fact tables have been drawn up which place a numerical value of the health risk of many such big changes in life. They are rather different for different countries, which is also interesting.

But I want you to remember that the effect is *statistical*. It does not mean that *everyone* will fall ill after such an event. It only means that rather more people will.

The medical description of what is happening in such cases goes like this. Such big changes in lifestyle often cause stress. Stress tends to suppress the immune system. Illness is therefore more likely. In the last chapter I offered you more vivid pictures of the same thing, comparing the defences of a body to those of a country. There I mentioned such things as dealing with a fire in times peace and war. In times of stress or war there are not enough resources to cope with many disasters or repair work. And this can lead to further problems. Now I want you to think a little more about such things.

Have you ever worked in a business where morale was low? If not, perhaps you can make some pictures from what you have seen in dealing with such a business, or shop. Things are not done well, are they? If

anything is suffering from wear and tear then no one has the heart to do anything about it. If supplies run out, then there seems to be nobody willing to do anything about it. If the roof leaks, then someone might fetch a bucket in a day or two. Perhaps you can put in details of your own.

In severe cases I think you would agree with me that such a business will soon die. If it survives it will suffer from all sorts of problems. There will be cash flow problems, stock control problems, personnel problems and the like. There can be many symptoms all stemming from an initial lack of morale.

I wonder if you would agree with me that you can see the same sort of thing in societies or countries? A low morale leads to increasing problems. It does not have to have anything to do directly with wealth. Some seemingly poor countries or societies nevertheless have a high morale, and so things are done which continuously improve things. Other poor societies seem to lack it and stay poor and miserable. Equally some quite rich countries can have it, and maintain everything in good order, while others seem to have lost heart and are plagued by all sorts of internal problems.

At another level there may have been times in your life when your own morale was low. Did you find yourself letting things slide, putting off until tomorrow, not eating properly, slumping in a chair too much and too late and so on?

All these pictures are there to illustrate the fact that at all levels of life *a low state of morale leads to increasing problems*. And what I am saying the statistics show is that if someone is on a path of life which shakes their normal sense of well-being, their normal level of morale, then this can affect all systems in the body. If it affects the immune system then it can result in infection. If it affects the normal vigilance system it can lead to accident-proneness. If it affects the digestive system then it can lead to ulcers, for example. Just as low morale in a business will show up in its weakest part, so low morale in a person is likely to show up in his or her weakest part.

Now let us look at it from the other side. I would suggest that someone who is steadily and happily in love is very unlikely to have to bother a doctor. I would suggest that a man who is totally and satisfyingly involved in his work is also a rare visitor. I would suggest that people who are deeply involved and satisfied in their community suffer far less from all diseases. All the facts that I can recall reading support the idea that these suggestions are true. I wonder if this is your feeling also?

So you will see that I am saying that a very large number of actual illnesses are a direct result of people's morale, motivation or well-being diminishing first. And therefore we might say that anything that lowers your morale for any length of time is bad for your health. For this reason unemployment can be bad for your health, so can retirement, or moving house, or divorce. If these things lower your morale and vitality then every system of your body is likely to be less efficient. And so the miraculous powers your body has to keep itself healthy are far more likely to break down in some way. Illness results.

I would like you to spend a little time thinking about this now. As always your own experience is the most important. Think about any times in your life when illness has been a problem. Then ask yourself if

these were more likely to arise in times when, for one reason or another, you were feeling demoralised.

Morale, confidence, well-being, vitality, optimism. These are all words that describe a certain area of feeling about life. What I am saying is that if you start to move onto paths where these are missing then illness is a likely result. Of course the illness will lower your morale even further. But I am trying to correct the idea that the illness is always the cause of the problem. It is very often just a symptom of the real problem, which is that your sense of morale and well-being have vanished.

We hear a lot about Preventative Medicine these days. This is the idea that we should learn what to do when we are well so as to maintain our health. This is an excellent idea. By now most of us have probably got the idea into our minds that it is dangerous to be overweight, to smoke and to drink too much. We may have also got the ideas that we should exercise more, and know some of the foods that would be better for us. Can you add anything to this?

Now I am not disagreeing that these things are, for most of us, desirable things. If we happen to be following these rules then we are likely to be healthier than if we didn't. But I would like you to be aware that accepting the rules blindly, without looking at the paths on which the behaviours lie, can lead to trouble.

For example take a fat man and tell him that it is dangerous to be overweight. You have immediately created a fresh worry in his mind. If he cannot manage to lose much weight, (and this is much the most likely thing to happen,) then you will only have managed to make every mealtime guilt-ridden. His morale will plummet. He will become miserable. If this state of affairs continues then he becomes a good candidate for illness of some sort as well as the other problems that can arise out of misery alcoholism, depression, accident-proneness, violence and so on.

It seems to me to be extremely important to look in such a case for the *reason* why he is overweight in the first place. It is quite commonly a symptom of a growing lack of well-being. This might be due to a work problem or a marital problem, or it might be that he has dropped some pastime that he was enjoying and made him feel good. Any of these and more can lead to eating more, doing less, and a lowering of the metabolic rate. These in turn are what lead to the observed increase in fat.

Now see what happens if we are *path*-oriented and not *symptom*-oriented. We begin by looking for those paths in his life which are lowering his morale. We pay attention to them and see how to change them or avoid them. This can often be surprisingly easy: it is just that people are often not consciously aware of how they have drifted from better paths to worse paths. As he moves onto better paths his morale continued to increase. His metabolic rate is likely to be higher. He is likely to do more. He will be able to find more satisfactions which are not of the table. In that state he will also have more self-confidence and the will to eat more sensibly. The result is a happier and healthier and lighter life all around.

It is undoubtedly true that smoking is likely to damage the tissues of the body. And that for many people it will be true that to stop smoking will lead to improvements in well-being within a week or so. But I

know cases, and perhaps you do also, where someone who stops feels so bad-tempered, deprived and wretched that (s)he is in a far worse state in most ways than before. Is such a person going to be healthier as a result? I don't know any research which has been done on such people. But we know that there is plenty of evidence that stress leads to illness. For such a person to stop smoking leads to stress. We can therefore expect illness as a possible result. Of course it may well not be a smoking related illness, but that is no comfort to the ex-smoker.

I don't want you to start thinking that I am therefore recommending smoking. What I am saying is that in many cases we have to approach changing the habit more intelligently, with close attention to the paths on which it lies. It is very common in my experience for people to smoke in order to deaden some sense of all not being well with life. Perhaps you will remember the woman I mentioned whose house had been in a state of upset for five years while her husband changed it around? The distress about this was keeping her smoking, and had to be dealt with before she could give up.

Here is another example to show how much better it is to look at the *path* on which a problem symptom lies, than to look only at the symptom. This comes from Erickson's case book. A young woman came to him in his capacity as a doctor for help with problems of nausea. Now if he had been symptom-oriented he would have prescribed some drug. But he was path-oriented and tried to find out when and *why* the attacks were occurring. And the picture that emerged was that this young married woman had very loving and caring parents who would invite themselves around to stay without notice. And she and her husband were too nice to ask them to go. She was clearly sick of this situation and her symptom was a graphic expression of the feeling.

You may be interested in Dr. Erickson's prescription. It was a bottle of cold milk straight from the refrigerator. When was she to take it? At soon as she saw her parents coming up the drive. What would this do? It would make her vomit the curdled milk and other stomach contents all over the front step as she opened the door to them. He suggested that she should then apologise weakly but very nicely, go to bed, and let her helpful parents clear up the mess. The happy result of this was that the parents very soon became concerned for her health and would always ring up first to see if she was well before coming. Also, if they were there and saw her holding her stomach with a worried air they were soon rushing for the door. That woman no longer thought that her stomach was a problem. It became one of her more useful allies.

Can you see what would have happened if she had gone to a symptom-oriented doctor? He would have tried this medicine and that drug and put her through one test after another. Though some of these might have had a temporary effect, none would have got at the cause of her sickness. She might have become hooked on one of the tranquilliser class of drugs that were once prescribed with gay abandon for all manner of things. Only in recent years are we discovering how horrendously difficult many people find it to come off them. Or she might have gone into a vicious circle of worry about her health which would have dragged her down more and more, lowered her morale still further and led to any number of further problems. Or it is possible that if her stomach had continued to respond to her parents in that way over long periods of time, then the result would be an ulcer. This would at least set the minds of the medical profession at rest. "It is an ulcer. Previously you were in a

pre-ulcerative condition, which is why we could not diagnose it properly."

I hope you are now seeing what I mean by the difference between a *symptom*-oriented approach and a *path*-oriented approach to problems. The latter does not ignore the symptom, but pays equally close attention to the entire path on which it lies.

I hope that I have also impressed on you the importance of getting onto paths of life where there is a greater sense of well-being. And that this is more important than trying to force yourself blindly to follow some health rule. Of course if following one of the rules does in fact increase your sense of well-being then it is right for you. But if eating less, or going jogging actually makes you feel worse, then, no matter how other people feel about it, I would think that we should look for other ways of increasing your sense of well-being. Once this is achieved, it might be possible to make the other change as well.

This might be a good time to take stock of your own life in this respect. Are there any things that you feel you should be doing to maintain or improve your health? You could list them if you like.

The next question is to ask yourself if it actually makes you feel better to be doing each of these things. Be honest. Recall vividly the experiences you have had with these healthy activities. It is likely that one of two things will happen. You may find a sense of dislike or at least reluctance. In that case you may as well cross that off your list for the time being. On the other hand you may find a sense of anticipation and satisfaction arising. In that case you might be able to start turning the feeling into action again. So you can divide your list into: "These put me off" and "These appeal".

The third thing that you might like to do is to think for a while about *paths that you have followed in the past* which have given you a sense of well-being. I often ask people this. It can be very useful. It is so common for people to overlook quite obvious causes for unhappiness. It might be that a woman has stopped meditating, a man has stopped going out with his friends. The minute they are asked the question above they realise what is missing in their lives. They return to that path, and all goes well again. Of course it does not follow that it is always *easy* to return to such paths, but it is well worth asking the question because of the many times when you can. So spend some time thinking back to find the kinds of things that have given you satisfaction, pleasure or a sense of well-being.

The answers that people give to this question are many and varied. Gardening, fishing, walking, going to discos, making model trains, entertaining and weight training are just some of the more common ones. But I will never force any of these things on someone. What suits one person does not suit another.

Once upon a time, on a cliff top, a rabbit and a seagull got talking. The gull got to admiring the rabbit's safe hole in which it could escape the fury of the storms. In its turn the rabbit envied the gull's ability to fly.

"How do you manage it?" they each asked.

"Oh, it's easy," the gull replied, "I live on a diet exclusively of fish, and ever since I was a chick I have waved my arms until they became strong enough. I then just jumped off the cliff, and flew."

The rabbit's reply to the question about digging holes was, "Oh, it's easy. I live on grass, and from an early age I practised scratching at the ground. When my legs became strong enough I could dig my own burrow, where I am safe from all dangers."

When they left each other the gull tried to eat grass and scratch the earth with its wings. It slowly starved, and the beautiful feathers became muddy and torn. The rabbit could only find a very few dead fish to eat, and they made it sick. When it came to try jumping off the cliff you can imagine what happened.

That little parable is to make the simple point:

THEIR LIFESTYLE MAY BE WRONG FOR YOU

Do any of the following remarks ring a bell with you?

"I have taken up jogging. I feel great. You should too."

"I have become vegetarian. I feel great. You should too."

"I have got a new job. I feel great. You should too."

"I am having an affair. I feel great. You should too."

"I am pregnant. I feel great. You should too."

"I have stopped smoking. I feel great. You should too."

"I have bought a new... It is great. You should too."

"I have joined.... It is great. You should too."

"I have read... It is great. You should too."

"I

"I

You could tick off any you recognise, and add a couple of

your own.

Now many of these things **are** very good for **many** people. The question, though, must always be, "Is it right for **me** at my present stage of my Path in Life?"

I know some people who eat very little, get a lot of exercise, and stay at a comfortable weight. Do you? I know others who eat four or five times as much, and get much less exercise, but who also retain a comfortable weight. Do you know anyone like that? I am forced to accept that happy eating paths for different people can be very different.

I know some people for whom constant contact with others is as necessary as the air they breathe. But there are also people who start to suffocate if they see more than a little of a very few people in a day. You may label these extremes extrovert and introvert if you like. But we still have the fact that one man's meat is another man's poison, and what is heaven for one person is hell for another.

Or take another thing. How often have you found yourself thinking, "What does (s)he see in him/her?" Look at all the married people you know at work or in the neighbourhood. Then think about the fact that some man or woman loved them enough to marry them. Don't just notice the occasional attractive one. Go through the whole lot. Do you find yourself amazed that anyone would wish to marry most of these? Again I expect you to see how widely tastes differ. What suits one person in a spouse will not suit another.

And what about careers? One young man who came to see me had a life long ambition to be a butcher. His idea of a brilliant birthday present was half a pig to cut up. Would this suit you? If you sat down and noticed all the many of what seem to you run-of-the-mill occupations that someone does, I wonder how many you would like?

Yet there few careers that no one wants. I would not like to be a politician, a lawyer, a surgeon, a ballet dancer, a jockey, a chef, a gardener, a golf professional, a butcher, a baker the list is endless. There is no end to the jobs I would *not* like and would not be particularly good at either. You might like to try this as a party game. Get everyone to list their top twenty "Jobs I'd Hate" and top ten "Jobs I'd Love". In a fairly mixed gathering you can expect to find a lot of cases where one person's Love is another's Hate.

I hope that I have now emphasised this point enough.

THEIR LIFESTYLES MAY BE WRONG FOR YOU

The lifestyle which gives them a sense of well-being may drive you mad. By the same rule there is no reason why a lifestyle which suite you perfectly should be shared by anyone else, or be approved of by them.

I wonder if you are one of those people who feel that they should not proceed on a path unless everyone approves of it?

A question that I expect you to ask at this point is, "So how do I know what the right lifestyle is for me?" Well, I don't think that there is *one* right lifestyle for you. I think that for most of us there are many houses that would suit us, many jobs that we could happily do, many people we could be happily married too, many diets we could happily eat, and so on. The human race is adaptable. If we had not been then we would be extinct. There are some species, like the giant panda, which are very unadaptable. They will only eat bamboo, for example, and as a result have moved into an evolutionary cul de sac and risk extinction. But the human race is adaptable, and each individual also has quite a lot of flexibility.

Let me repeat. There are many possible paths on which you can be healthy and happy, not just one. Would you like to comment on this?

I would next say that it is in fact usually pretty clear if we have taken a wrong turning, and are moving off onto roads which are getting us away from where we should be. The early signs are what I have been describing as a loss of a sense of well-being, or a loss of morale. And I am suggesting that it is often worth paying close attention to these early signs that you are leaving the healthful paths. It is usually much easier to get back onto a firm path if you have only wandered a little way off it. If you fail to do so then you can get further and further away and then a more serious set of problems arises. If you are picturing a real path then the problems might be thorn bushes, ravines, bulls, irate farmers, bogs, thickets and the like leading to scratches, bruises, shotgun wounds or broken limbs. In the more everyday paths we follow there will also be problems if we wander too far. These problems then produce more serious signs that something is wrong.

It is these signs which are the things that usually bring people to the point of seeking help in the first place. Pains, anxieties, worries, poor health, depression, poor sleep, irritability, anger, quarrels, frustration, resentments, overweight, excessive drinking. All these can often be nothing but signs that you have wandered quite a long way away from the healthful paths of life for you. I wonder what have been the most noticeable signs in your life when things are going wrong?

If these symptoms are getting worse or more frequent then the chances are that you are wandering further away from your healthful paths. But if you see these things getting better, you are sleeping better, or eating better, or getting fewer colds and so on, then that is a good sign that you are moving onto better paths of life. This is obvious, isn't it?

Don't forget that you should pay attention to the positive signs as well. These are the feelings of well-being, or satisfaction, or happiness or even joy which comes when we are following certain paths. If these are increasing or getting more frequent then you are doing well, but if they are getting fewer then that is a possible warning that you are beginning to drift onto a worse path. I wonder if you can put into words the feelings that you have had at certain times in your life when things have been going well, and you were walking your path of life with a spring in your step?

So I want you to be aware of the fact that you have a lot of messages coming from within you to tell you how well or otherwise you are doing. **AND THESE ARE YOUR MOST TRUTHFUL GUIDES.** As we saw at the beginning of this chapter, there is no shortage of people who will encourage you along their own paths. And they really are happy with those paths. **BUT IF YOUR INNER SENSES DON'T LIKE THEM, THEN THEY ARE PROBABLY WRONG FOR YOU.**

Let us see if this part of the book is relevant to you at present. First of all we can look to see if, in the past week, you have done anything you have not liked doing. Feelings of reluctance, annoyance, resentment, anger or just boredom are signs to look for. You can be useful to stop and write down any you find.

The next step is to try to figure out why you are doing these things. Some of them may be inevitable obstacles on a path that you have chosen. A mountain climber may at times find extreme discomfort and danger on his paths. Picture one in the middle of a blizzard, suffering from frostbite, dangling from a single rope over a cliff edge and a long way from base. Ask, "Are you enjoying climbing?" and the answer is likely to be unprintable. But this does not mean that (s)he will stop being a climber. (S)he has freely chosen to follow those paths in life, and at the deepest level will therefore accept the problems as a part of the Game.

Some of my readers will be at College or University. Some of them have made the choice themselves. They have thought about whether or not to study. They have listened to some advice. They ended up by deciding to go. Others had the decision made for them against their will. They really wanted to be car salesmen, actresses or drop outs or what have you. But someone - a parent or perhaps a friend - persuaded them against their will. The great danger for such students is that they will therefore *never study with a good will*. There will always be a little voice inside which says, "I didn't want to come. I don't see why I should enjoy it, or work hard or anything!" This attitude is fatal to almost any undertaking in life. I hope you can see with me that any student who retains this attitude is going to gain very little indeed from the years at college.

Are you doing anything which is against your will in this way?

Of course there are some students who are initially persuaded against their will, but in a short time discover that it is not as bad as they thought. If they then have a change of heart and throw themselves into it wholeheartedly then they can gain enormously. On the other hand there are people who themselves make the decision to go, but find that a slight upset throws them, and they then become reluctant students. In that case I would feel that they would be better leaving and finding something that they can cope with.

The idea that runs through these examples is this. It is not healthy in any sense to follow your path of life reluctantly, resentfully or against your will *for any length of time*. There are times when it may be necessary to do this for a while: some people will never even try new paths without at least some compulsion but if they do not come fairly soon to want to follow it themselves then it will prove a poor and unrewarding path for them.

Now return to your list of things that you have not liked doing. Because one part of you must have decided to do them, and another part was finding them unpleasant, you must have been to some extent divided in yourself. You cannot have been totally wholehearted about them. But we have seen that there are times when we can be doing something that is unpleasant in itself because it is a necessary obstacle on a path that we freely choose. So the things for you to underline or circle are the other ones. The ones where it is almost impossible for you to find any good reason in yourself for doing it at all. These are the paths which cause most problems. If you have found some of these then you will probably want to explain to me why you *have* to do them even though you don't want to, and hate doing them. You could at least jot down those reasons.

Now I cannot say whether you are right or wrong in what you have just reasoned, but I would suggest at least talking it over with a friend or two to see what *they* think. Together you may be able to think of a way out of these problem paths. (Remember how in the Chapter on Head paths we saw how at times we can get stuck *thinking* that we have to do things that we do not *really* have to.)

Now a lot of people come to me with problems of this kind: of very unsatisfactory paths. And they pay me to help them to sort them out. Although the art of helping is quite a subtle one at times, the objective is usually quite clear. I am questioning or listening, gentle or provocative, but always keeping the person's attention on the problem path until they come to one of two decisions. One can be "Yes, after all, this is one of those things that I have to accept with a good will. I see that I cannot give up this path without leaving others which are far too important to me. I will follow it more wholeheartedly now." The other decision is something like, "Yes, I see now, there really is no good reason to continue on that path. It is preventing me from moving onto many better ones. The reasons I started it are no longer valid. Even if it is difficult to do so, I must now wholeheartedly start to move away from that unpleasant path."

Perhaps you know the famous prayer:

God grant me the Serenity to accept the things I cannot change, Courage to change the things I can, and Wisdom to know the difference.

Now there will be some readers who are suffering from illnesses that are NOT a result of being on the wrong path, and about which little can be done: there are many such things. Old age in itself brings on many of these. In such cases you will find that whether or not people respond to the illness with acceptance or resentment can make an enormous difference to their well-being. You might think of people that you know. Some people with physical disabilities accept, in the words of the prayer, it as something that cannot be changed and then *go on* with life. Others, with perhaps far smaller problems, refuse to accept them and their lives are miseries purely because of that.

A resented bereavement causes more stress, suffering and distress than an accepted one. A resented injury causes more distress than one which is accepted.

A nurse once told me of a good Muslim couple whose baby died in hospital. "It is the will of Allah," they said. They would have suffered grief, of course, but less than a couple who were unable to accept that tragedies DO happen. And once the grief was over they would have another child. A couple who were less accepting and had, perhaps, decided to sue the hospital, will follow a path on which they will find much stress and distress. By the time the legal process would be over they would have, if lucky, a cash settlement, but, if unlucky, have missed the chance to have another baby to love.

The prayer above has a lot of health and freedom from suffering in it. Perhaps I could rephrase what I am saying on the same lines.

God grant me the Good Will to accept the unavoidable

problems on my path wholeheartedly, Determination to avoid

paths which lead only to problems, and Wisdom to know the

difference.

Let us have an example. This young man had, as a result of a number of problems, dropped out of Bar School, where he was training to become a Barrister. His confidence and happiness had disappeared. He did not know what to do. Should he try to return or should he give it up? Now the idea had not initially been his: his father had suggested Law as a profession. As we explored in more detail we found that the thing that frightened him most was the prospect of having to stand up in public to make any kind of address. We also found that he had no other real desires for any other career. The choice was clear. On the one hand he might decide that he had been over-persuaded into a course of life that he was not really suited for because of his stage fright, and then put all his effort into finding another and better one. On the other hand he might decide that above all he would like to overcome that fear, in which case he could put all his effort into doing just that. I wonder what you would advise?

To begin with I was thinking privately that the first course was probably the better one. This is because I have seen many sad cases of men who have suffered for a lot of their lives after being forced, by parental pressure, into careers that they had no heart for. But as he continued to talk about the choice, and as we analysed the reasons for the earlier failure, he became more and more sure in his own mind that he did want to conquer the fear. And so this is now the path he is following, with a whole heart. It is now possible for me to help him to do this: effectively there are many ways of helping someone to overcome a fear once they have decided to do so. You will find some in a later chapter. But I would like you to notice that the choice was his own. It was his own free will. Too many people - including me when younger - think that the way to help someone to make a choice is to look at the situation and then *make it for them*, and then put pressure on them to accept your decision. I believe that this is nearly the worst kind of help. What about you? Is that the kind of help you like? Do you prefer to have the responsibility for choice taken out of your hands?

Another common area where a choice of path has to be made is in courtship and marriage. We can take it that whatever your choice of partner there are going to be some problems. At times the problems are such that you may wonder if they show that it is time to end the relationship. Can you see that as long as you are in doubt it is going to undermine your whole life? It is very difficult to make any plans when you do not know if you will be together in a month's time. The uncertainty will lead to insecurity, and a feeling of being threatened. This commonly leads to quarrels and upsets. Your sense of well-being will drop, and following from this will be the loss of many good habits and the possible onset of minor illnesses. You will tend to lose friends because you are getting edgy or bad tempered. All these things may happen quite easily, and all because you are unable to choose one path or the other wholeheartedly.

It does not seem to me possible to say things like, "Married couples should always stay together," nor on the other hand that big problems should always lead to separation. Each couple is different. I have one friend whose father left home soon after he was born, and returned to his wife only when the son left for university. This is a very unusual arrangement but it does not seem to have done anybody any harm. The one rule that seems to be generally true though is that it is better to *make a choice* and follow one path, accepting the problems on it with a good will. There is then a good chance that many of the problems can be overcome, if not all. This was one of the virtues of the old view of marriage as a lifelong commitment. It meant that there was no choice in the matter. For millions of couples this will have made life better. In the absence of choice they had to put all their effort into making the best of the relationship they had. The drawback to this older view was that for many other people it led to a lifetime of misery or even slavery. For the women more often than the men I fancy. You may like to comment?

One of the special features of relationships is that it demands commitment from two people. It is very difficult to help a marriage in which only one partner has any desire to make it work. I have said that your life becomes far healthier and happier if you are single hearted. It is also true that a relationship is far healthier and happier if the couple are single hearted: both committed wholeheartedly to the relationship. Does this strike you as true? If so you might like to look at your own relationship in this light. Are there areas in which you are withholding commitment? Are there areas in which (s)he is withholding it?

There are times when a close look at these questions is very rewarding. You may find it an interesting thought that reconciling differences between couples is in many ways similar to reconciling differences within the individual: say between the Heart and the Head. In both cases harmony leads to improvements all around. "A house divided against itself cannot stand." You may have ideas of your own here.

Another common area of choice is over careers. Should you stick to the present job with all its problems, or move to another? In earlier generations it was the unspoken assumption that you would remain in the one job or trade all your life. Once a blacksmith always a blacksmith. Even more there was often the assumption that you would follow in your father's footsteps. Nowadays things are changing fast. It is not uncommon to follow at least two different career paths in a life, as I have done myself. Again the important technique is to look at the *whole paths* involved. There was a time when I was working as a Senior Scientific Officer at the Royal Aircraft Establishment, in Farnborough. Like all jobs it had its good and bad points. Now every so often there would be a little ceremony. Someone would be retiring

after a lifetime of service, and there would be a few speeches and the presentation of a commemorative gift. This rather naturally got me to think about how I would feel when *my* time came in thirty odd years. I would then be looking back over my path in life. And I found that I was appalled at the thought. I really could not face that path in life. Almost anything else seemed better. This is not to run down the place or the people. Everyone is different and I would never dissuade anyone who wanted to from working there, nor encourage anyone to leave. It was simply not for me. So I resigned. My father was considerably perturbed at my giving up a good job with almost total security and an inflation-proof pension. But so far I have not regretted the decision for one moment.

I wonder if you would like to try the exercise of looking back over your life from a point near its end. There is no reason to suppose that it will show you on the wrong path, but it might just show you one or two points that would be worth changing a bit. How does it feel?

If you are drawn to another career, look at that clearly too. Take plenty of time over it. If I have a client in the middle of such decisions then we may take hours. You are having to weigh two paths with all their good and bad points. If this is relevant to you, you could ask yourself how you feel about the second path?

The result that you are aiming at is a decision to opt wholeheartedly for one course, being prepared to tackle the problems on it as they come. This will maximise your chance of happiness and success. If you are not in a state of doubt about your career, then you can still use the same idea about any course of action that are in doubt over.

I would next like to look at what I have been saying from a different angle. You will find the word stress used a lot these days. People easily fall into the error of thinking that certain activities and lifestyles are in themselves stressful. This is quite wrong. The stress or otherwise comes mainly from whether or not the thing is done wholeheartedly, from a free choice. It is the *spirit* in which it is done that is important. Is writing a letter stressful? If it is a letter I want to write I find it very stimulating or relaxing, depending on the letter. But entirely free from stress. But suppose that it is a letter I do not want to write, or resent having to write, then it is a different matter. I can feel exhausted and drained by it. Is breaking rocks stressful? A man breaking rocks for his own garden rockery can find it very stress-*releasing*. If he were ordered to do it in prison, and fought against it, then it would be very *stressful*. A small domestic chore, done unwillingly, can cause more stress than any activity you can name, done willingly and wholeheartedly.

I had one client, a man in his thirties, who was suffering from stress. He was not sleeping well. He was getting panic attacks in supermarket queues. He was getting more and more tense and irritable. And all his friends told him he was suffering from stress, and advised him to relax and take things easy. They said he was doing too much. He had been working hard and playing hard. And his doctor agreed. But somehow he just did not seem to be able to relax. This worried him more. So things got worse. Now after carefully analysing the paths of this young man's life the advice I gave him was to start to play hard again. He had always spent every spare moment in some athletic pursuit or other,

and it had kept him well. For his body it was stressful to be *prevented* from taking violent exercise. When he took this advice he felt fine again. His head and his body were no longer pulling in opposite directions. He was wholehearted again in what he did. He was free from stress.

I wonder if you would like to look at your own life in this spirit. We have already had one look for things that cause you stress. Some more might have now come to mind as a result of these remarks.

And you might look for things that *other people* have told you are stressful and should be avoided, but are fine for you because you are doing them in the right spirit. In such cases it would seem better to ignore their well meaning advice, in case it takes you the way it took the young man I mentioned.

Now let us pause to look back over the ground that we have covered in this chapter. The broad theme is the question of HOW we are to achieve a healthier life. The first thing that came to light was that we should pay less attention to illness and more attention to feelings of well-being, the state of morale and so on. When these feelings disappear and you becomes demoralised then this is a sign that you are leaving the healthful paths. If this state continues then there is a good chance that your body will become more and more vulnerable to illness. This led us to think about the much broader question of what are the best paths for us to follow. I have put a lot of emphasis on the fact that you cannot blindly follow in another person's footsteps. There are too many differences between us. I have stated that nevertheless most people have a very good sense of what is right for them. And the more attention they pay to this sense the more useful it becomes. I have also drawn your attention to the fact that one of the key differences between paths is whether you are following them with a good will or not.

I will put this another way. The prescription for a happy and healthy life is, "Do everything wholeheartedly." Try to avoid things which you do halfheartedly, where your heart is divided, only partly wanting to do what you are doing and partly hating it. The more you can do this the less stress you will find. The more you can do this the more satisfaction and well-being you will find. The more well-being you have the better your morale. The better your morale the better every part of your body works. Your mind, your immune system, your digestion, your heart, your breathing: everything. A company with high morale will have every department working well, efficiently and enthusiastically. A person with high morale will tend to find every department of his or her body also working well and efficiently. This is not only common sense, it is common experience. When you are in this state then you will find it either totally natural or very easy to follow a lifestyle which is in the detailed ways healthy also. You are more likely to enjoy some form of exercise, and actively want to pursue it. You are more likely to enjoy a balanced and healthy eating pattern, and actively want to do the things to make sure that you get the right foods for yourself. You are more likely to get the right balance between effort and relaxation. You will have less or no need for nicotine or alcohol. All these things will come easily.

Once upon a time a man, who was no mechanic, found that his car came to a stop. "What is the problem?" he asked himself. "Ah, yes, I see, the wheels have stopped turning." So he got out and tried turning the wheels. They moved just a little. But stopped as soon as he let go. He then thought he would try pushing. This was a bit more successful. It carried on moving for a little even after he stopped. But he

soon got exhausted of having to keep on making all that effort, and gave up. Later a mechanic came along and fixed the engine. The car then moved again.

It is sometimes possible to push yourself or someone else quite a distance. But it is an effort. If you can get the motor fixed, if you can use the power of a wholehearted will, then you can enjoy a long and almost effortless ride.

When I do therapy in this path-oriented way then it can be quite wonderful to see the results. I am not saying that *all* problems come in this category, nor that *all* people respond to this approach. It requires a certain intelligence and a certain kind of openness to change. But when it is working at its best the results are extremely satisfying because they seem to spread in all directions in life. New interests can spring up, new friends seem to come from nowhere, old problems of all kinds seem to disappear, the right kind of clothes appear in shops, the right jobs appear and so on. All these on top of the disappearance of whatever the symptom was that brought the person to me in the first place.

Perhaps this surprises you? Do I seem to be claiming too much? It surprised me at first too, but if you think of the paths involved you will see some of the ways in which these things work. For example, why should seeing me make a new boyfriend appear? Well, suppose that I have helped this young woman to abandon certain mental paths which were demoralising her completely, and have released a few emotional rivers which had been dammed by traumatic experiences. In brief I have got her onto better Head and Heart paths. As a result she becomes more wholehearted about life. Pretty soon she is looking better, with more of a sparkle in her eye and spring in her step. Her morale rises. She dresses better. She gets admiring glances. She is treated better at work. She is prepared to go out and enjoy herself. She can look around and notice other things and not her own misery. There is no wonder that she sees the young man who has noticed the new beauty in her. I think you should be able to see in this case how, on a good path, all sorts of things start to happen for the better. It is the reverse of the way in which, on a bad path, all sorts of things can start to get worse.

So in the broadest sense Preventative Medicine is far more than simply eating or exercising properly. It means looking at the whole of your lifestyle the broad paths of your life. It means keeping on the alert for signs that you are losing heart in some area. And it means deciding whether to tackle that area with fresh heart, or to leave it for pastures new. The Healthful paths of life are also the ones which are best for you in other ways too. Beauty is the bloom on a well-tended garden. Health is the bloom on a well-tended life.

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Your Path in Life

Dylan Morgan

Chapter 8: Heaven Paths

In this day and age this chapter requires some introduction. First of all I want you to understand that I am using the word Heaven in the same way as I am using the word Heart. The word Heart is a convenient, short and familiar word to refer to our emotional life. The word Heaven, beginning with the letter H, as do most of my big categories, is a convenient, short and familiar word to stand for what we might broadly call the spiritual aspirations of mankind.

It may be that you have a deep and strong spiritual faith already? In that case you will be patient while I direct this chapter to the very much greater number of people who have no strong faith, but do have a vague conviction that there is more to life than what shows on the surface. Many have not had the time to go into things more deeply. Others have been put off joining any faith or church by someone or something, though no fault of their own.

It may be on the other hand that you have reached the conclusion that mankind should have grown out of all superstitions, including anything which smacks of religion. In that case you can at least be assured that I know how you feel, because as a student I was for a time the President of the Oxford University Humanist Group, whose stated aim was to fight such superstitions wherever they might arise. So I suspect that you will find this chapter somewhat irritating, especially if you have found that I can be quite sensible in the rest of the book. You can choose to skip the whole chapter or formulate your own objections as you go along.

If you are one of the millions of people between these two extremes it would seem that you are in the majority both today, and over most of the recorded history of mankind. All down the ages individuals and societies have moved between these extremes. There have been nations which, for a time, have had rulers who were extremely religious men, and tried their best to get everyone to toe the line. But most of the people still spent most of their time dealing with their everyday concerns, and took from the official faith the little that they needed and ignored the rest. At other times there have been nations whose leaders had no faith at all in anything more than this material life. But even then there have been millions of the people in the street who retained a sense that there is something more, as well as the much smaller number of strong believers, who go underground in such societies.

So the first fact we have is that throughout recorded history there have been very many people who were convinced that there is another, spiritual, side to life. Would you agree?

And the second fact, equally clear, is that there has been a great deal of variety in the descriptions given of what it is all about. Agreed?

This is not surprising. It is true in all other fields. There have always been healers or doctors. At different times they have described what they are doing in different ways. But they were each getting *something* right, and helping *some* patients to get better. Of course each generation has turned out to be much more ignorant than they thought they were. But this does not mean that Medicine is discredited. It simply means that it is more complicated than men thought.

I feel that the same is true about Heaven. It is a more complicated subject than men have often imagined, and they have made mistakes in thinking about it just as they have in everything else.

Everything else that we have studied has turned out to be enormously complicated. The simplest particle of matter we know is the electron. We still do not know all about it, though we know a lot. You may have heard that it sometimes behaves like a wave? Quite probably you find it impossible to picture a particle which sometimes behaves like a wave? If you have six years to spare, and a very mathematical brain then you could learn enough to find out what we do know about it. And that is strange and complicated. An electron does not sit there quietly like a billiard ball. It is continuously emitting and absorbing virtual photons. What does that mean? Well, only the mathematics makes much sense, but in words it is as if the electron is jiggling about, juggling countless millions of bits of light of all colours, throwing them away but catching them again before they escape. And in some ways it behaves more like a wave than a particle. Strange isn't it? It is not what *I* would have expected. So even this simplest of particles turns out to be amazingly more complicated than you would think. Most of the early ideas that men had about the electron turned out to be wide of the mark. This does not discredit Science, but shows that it is more complicated than men thought. Men nearly always think that they know a great deal more than they do: had you noticed?

This leads to the question, "How complicated would a complete Theology be?" If the words "God" or "Spirit" have any meaning to you, how fully do you think we understand them at present?

"To become wise, know first your own ignorance."

It is my belief that there have been many men who have walked the spiritual paths and returned to tell us what they have found. But what they can tell us is still only the most infinitesimal fraction of what there is to find. I believe that, as in every other area of thought, men have got a lot wrong. But I do not believe that this discredits the whole science of Theology, but is simply a result of it being more complicated than men thought. A creator must surely be more richly complicated than her or his creation. If we still cannot understand the smallest particle of matter it would be farcical to talk about its Creator as if (S)HE were an open book. What do you think?

In the other sections of this book I have touched on other areas of life. In those areas too I believe that we only know a fraction of what there is to be known. But it is still helpful to have a rough map of the areas, however simple it is. A simple map that you can follow is more valuable than a more complicated one that you can make no sense of at all. So I am writing this section in the same spirit that brought you Sarah Belham. There will be some simple pictures and ideas which can be used to help a little on your path of life. They can give some little understanding good enough to make it easier to find your way. I hope that you will find it interesting, and perhaps a new way of looking at things. In any case it may stimulate new ideas of your own which is one of the most important uses of this book.

In earlier chapters I have been able to draw on a lot of modern research, but in this chapter little new has been found out for some generations. The simple reason for this is that comparatively little attention has gone into it. "Seek and ye will find", but equally if you don't look then you are unlikely to find. In earlier generations this was not the case. Did you know that Isaac Newton wrote more on theology than he ever did on science? and he was probably the greatest original thinker in science that the world has seen!

I always presume that our forefathers were as intelligent and capable as we are. There were stupid men then as now. But the practical men were as capable as those today and the clever men as intelligent. When we look at civilisations which followed the paths of construction, like the Romans, then we find buildings, roads and organisations which are up to our best, when you make allowances for the fact that they had fewer resources. How do you think our buildings will stand up to two thousand years' wear and tear? And what of those nations like the ancient Greeks, which followed artistic paths? Do you find their statuary inferior in quality?

Many earlier generations followed the Heavenly paths very enthusiastically. Mankind has built more temples, mosques, churches and synagogues than supermarkets. Those generations certainly got some things wrong, but we do not abandon architecture because a few buildings have fallen down. In this chapter I am simply going to describe, in a more modern way, the simple heart of the religious paths of life which our fore-fathers and -mothers followed. They were not stupid. They devoted much of their lives to these paths. I believe they knew more about them than we do, though they were certainly wrong in many details. What do you feel at this stage?

I would like to begin, in what might seem a strange way, by getting you to think about aeroplane pilots. Their job is a very responsible one, which, like every job, has to be learned. We all make mistakes when we are learning. An artist who makes a mistake can tear up the canvas and start again. In the early days of flying it was possible to crash and walk away. Nowadays this is not true, and anyway it would be a bit expensive to write off a few Boeings for every pilot trained!

So what do we do? One great help is the flight simulator. These are getting more and more realistic. You are seated in a cockpit which is identical to the real thing. There are dials in front of you which register altitude, speed, orientation, fuel, engine speeds, atmospheric pressure and a thousand other things. As you look ahead you see a computer simulation of the landing strip or the sky. As you handle the controls you find yourself in a seat which tilts as you climb or bank. In your earphones is the voice of the air

traffic controller. It is all as real as possible, but in the end, even if you "crash", you can walk out quite untouched. But while you are in there and dealing with the emergency it is almost impossible to remember that it is not for real.

You will probably have heard of flight simulators? But I wonder if you have come across computer-aided role-playing games? [*I first wrote this in 1990 when these were something of a rarity, and have not updated the text to remind us how fast things change in life.*] A number of people take part. Each has a certain role: Hero, Wizard, Princess, Evil Warlord or Goblin and the like. Each character has certain strengths and weaknesses and goals. If you are playing this game you are sat in front of a computer screen which shows the state of the game. You can control what your character is doing by typing in instructions, and read what the others are doing on the screen. There are often animated pictures to make it all more real. These games are usually played by teenage boys, who enjoy them most.

These two products of modern technology: flight simulators and computer-aided role-playing games are with us already. Let us take a leap into the future and see how they will have grown in a hundred years or so.

You have seen how many things are being controlled by computer these days. Already aircraft are nearly automatic. I can see the day when there will no longer be a pilot in the craft. But there will still be a human pilot. The only difference will be that he will be sat in what is effectively a flight simulator on the ground. He will be seeing the view from the actual aircraft on his forward screen. He will be seeing the dials in front of him, but they will be giving the height etc. of the real plane. His seat will be moving as if he were in the real plane. And when he moves his controls, signals will go back to the real plane and change its path. As far as the pilot is concerned there is almost no way in which he can tell that he is not in the real craft, except for the following. There is no noise so he can concentrate better, and hear the flight controller better. He is not suffering from jet lag, nor the exhaustion of rapidly changing climates and countries and time zones. He is probably a specialist. He is trained, for example, to land aircraft at his home airfield. He knows it like the back of his hand. He knows every possible danger. He has taken control of thousands of aircraft as they come in to land, and landed them safely and confidently. It seems to me that I would rather trust my life to him than to a pilot, however skilled, who has just been through hours of boredom on a long flight, is tired, and has just arrived at an airport that is comparatively unfamiliar. How do you feel?

I think that this will come; we already have most of the technology. But whether it actually does or not is not important for our present purposes. I just want you to see this picture of the pilot chatting easily to his colleagues in the common room over a cup of coffee. He then looks at his watch and says, "Only ten landings this morning," and walks in a relaxed way over to the door which leads into the flight simulator. Some hours later, having landed those planes safely, he comes out again for lunch, and chats to other pilots who, minutes earlier when he was sat in his simulator and they in theirs, had seemed to be in other planes taking off as he landed. If there had been the slightest problem they can sit down and discuss it easily. Can you see all this?

For my next leap into the future I would like to take the idea of role-playing into another sphere. Think of your favourite soapopera. (If you hate them please think of your favourite film or play.) What is your favourite? Now suppose that you were offered a chance not just to watch it, but actually to be a character in the story. Is there a particular character that you would like to be?

This is what I see happening within a generation. Suppose that we have a story with perhaps six characters. The setting and broad plot is chosen by the scriptwriter, who also writes a lot of dialogue. Many video shots from the angles of each of the characters are made and stored in a way that makes it easy for a computer to pull out the most suitable one. If you are then watching passively you will see on the screen the story through the eyes of your character. If you are the heroine you will see the hero's eyes looking long and lovingly into yours, and feel as if he is talking to you. But after a while you may feel that you would like to change things a bit. You may want to change the dialogue. You have a microphone in front of you. When you switch it on then the prerecorded speech is cut out and your words are used instead, though for the benefits of the other players the computer changes the sound of your voice to the sound of the voice of the actress or actor who was used in the original.

You may want to change your point of view. To allow for this you have a few sensors attached to your head which register this and the scene on the screen will change just as if you had turned your head in the play.

Now of course there will be limits on what you can do in such a game. There would be no use trying to do something too far outside the script because the computer would not be able to cope with it. But remember that most soap operas rely very heavily on only a few sets, and plain dialogue two or three people talking together. Think of the fact that there will be real people running the other characters. You can play through this drama many times, exploring all sorts of ways of behaving, without danger. Perhaps you can then begin to see what great fun it would be? If not for you, then for millions of others?

But even this kind of game would leave people wanting more. So I am imagining the state of the game in a few more generations. I am seeing a group of friends discussing what game they will go to play, in the way we choose movies or videos today. Once they have decided, they go over to the local Games room, which they have booked. They each go into a separate booth, where they put on a close fitting role-playing suit. This is equipped with tens of thousands of sensors to record the slightest movement of the body. It also has thousands of pressure pads to give you sensations of touching things or being touched. Imagine that you are one of the participants. You are wearing a helmet which provides a slightly different video picture to each eye, to give a three dimensional colour picture. (By the way, I expect these helmets to come along as a natural development of television within a generation.) [*Something like this is already available in 1998.*] Within a short time you find yourself as the character of your choice in the story you have chosen together. You can turn your head down and see how "you" are dressed. Egyptian queen? Cavalry captain? As you look around you will see the setting, and the other characters. Again your voice will be picked up and turned into that of the character. But now you will also be able to feel the pressure of someone's arms around you. If there is a fight, you will feel something of the blows. All these sensations will be transmitted by the pressure pads in the suit.

In the Game you will have all the excitement and drama you want, as if you are really living it. It may well be that there will be battles and deaths in the script, or that you will be taking the part from childhood through to old age. You will undoubtedly become very emotionally involved in the whole thing. But in the end, when the Game is over, you will take off the suit, and walk out of the Games room, and join your friends for a meal. Over it you can discuss all that happened when you were acting together in the Game, and decide whether you would like another go at the same Game, or try another one next time.

I wonder what you think about this picture? Does it appeal? I know enough about people to know that desires for this kind of thing will create many millionaires every step along the way to their development. The first movies made millions. The first talking films made more. The coming of colour made Hollywood supreme and made fabulous fortunes for many. Television. Video. Home computer games. Each step along the way has made millions for somebody because of our desire for such experiences. The three dimensional vision given through a viewing helmet may be the next fortune maker. Something like what I have been saying will come when the flight simulators and the gamesmakers and the computer designers come together.

But my job is not to convince you that this is possible in the exact form that I have described. It is just to give you a picture which would have been impossible to give in earlier generations. It is a picture showing in a rough way how we may seem to be entirely immersed in one life, while really being elsewhere.

I am not sure how all this will be achieved, technologically. It could be that each story will have its own set, in which there will be superrobots performing. They will be like the pilotless aircraft, able to keep themselves going on autopilot if necessary, but transmitting back to the Games room what the video cameras in their eyes are seeing, and what the pressure sensors in their skin are sensing. They will also move in response to the way the player wants them. This will be by means of the sensors in the Games suit which will pick up slight movements of the body and convert them into instructions for the robots. The whole thing is going to need enormously more powerful computers than we have at the moment, but computer technology still seems to be in its infancy. A hundred years should see the necessary advances. It is possible, too, that computers may become so powerful that the whole thing can be handled in the computer, without any need for the robots. I can't tell. *[1998: it seems that it is more likely to be run purely on computers and sooner than I imagined!]*

Now, with these pictures in mind, which it has only been possible to describe because of the scientific advances of the last quarter of a century, we can describe what earlier generations have believed, in a different language from theirs.

The physical world which we see around us, and which scientists study, is the set. The physical bodies of the people we meet, things made of atoms, are the equivalent of super robots. But the real you and the real me cannot be found inside the bodies, though we can control them. The real people are not made of atoms, nor of electrical currents. We exist elsewhere, outside the framework of the physical world. We are

like the Game players who have a life outside the Game and its rules and scripts, though for a period they enter into it.

The Path of Life is then seen as a Game in which we are allowed to live the lifetime of one character. We have some freedom of choice over what happens to us, but the broad story line is outside our control. At the end of the Path we return to what I shall call Outside-the-Game, where we can meet the other players and discuss what has happened.

Skakespeare (1564-1616) expressed precisely the same idea in an analogy that was appropriate for the play-goers in his audiences:

"All the world's a stage,

And all the men and women merely players.

They have their exits and their entrances;"

-*As you Like It*

Though he was not alone in thinking of that analogy. Earlier, Du Bartas (1544-1590) in his *Dialogue between Heraclitus and Democritus*, for example wrote:

"I take the world to be but as a stage,

Where net-maskt men do play their personage."

In a simple way this gives you a picture of one of the biggest differences between a religious view of life and a materialist view. The argument between them has taken place at many levels and in many languages. But in the end the question boils down to: Is this Life All? Or is there life Outside-the-Game or Outside-the-Play. What views do you have on the matter?

Let us next see what difference it makes if we see this life in the light of a Game. Straight away it becomes clear that it is no use thinking that possessions and money are all that important. They are not. They are props. They do not exist Outside-the-Game. On the other hand the people you meet **do** exist Outside-the-Game. They may be playing the part of a King or a cripple, a beggar or a financier, when you meet them in the Game. But Outside-the-Game we will all meet on a different footing which will have little to do with our status in the Game.

You may like to think about this a bit. Suppose that we could get everyone else you know to at least act as if this was true. Would it make a difference to your life?

Do you think that people would be quite so selfish if they remembered that they were acting in a Game?

Do you think that people would be quite so cruel if they remembered that they would be meeting you Outside-the-Game where there would be some explaining to do?

Perhaps you remember being ignored or worse as a child?

Imagine a childhood in which the adults around you had remembered that Outside-the-Game you were on the same level as them. The fact that you were experiencing the life of a child only meant that your super-robot had not yet learned as many skills as theirs or that the software that was learning to run your part had not yet become very sophisticated. In short they had treated you as more of an equal. Would this have made a difference to your childhood?

How?

I wonder whether you will agree with what I am going to say next? This is that, after meeting very many people, it seems to me that those who seem to get most out of life are those who *treat it as if it **were** a Game*. They are not deadly serious about everything all the time.

Here are two business men. One lives only for the business. It is the only important thing in the world for him. The other one also throws himself into it when at work. But afterwards he can be throwing himself into a party or into games with his children with equal enthusiasm. Which man would you like best? Which one do you think is getting the most out of life, is happiest?

Or perhaps you can picture two women. For one it is desperately important that she be admired. She spends fortunes on clothes. She spends most of her time making sure that her appearance is perfect. The other woman also likes to be admired, but she does not take it so seriously. When she dresses up to go out, it with a sense of fun. But at other times she can look a mess gardening or just messing about. She enjoys those times too. Which woman is enjoying life most? Which would you expect to like most?

The student who studies with grim determination, believing that his studies are the only important thing in the world is a joyless creature. Even worse, he is likely to do less well than he could in his xams because of this approach. And his attitude will do him even less good in the world beyond the exams.

The attitude of mind which says, "I am going to enjoy every minute of the Game, and throw myself into it wholeheartedly, while I know that it is not really serious," seems to be the best in practice. You can see it in politicians who fight their hardest for what they think is right, but are also prepared to have a social drink with their opponents after the debate. And you will see it in football players who don't spare themselves in the game, but are the best of pals with their opponents off the pitch.

Or, looking at it from another angle, think of the people that you know who take their lives very seriously. They just know that their life is the most important. They act as if the responsibilities of the

world is on their shoulders, as if the whole world revolves around them. Do you like such people?

I know for a fact that a great deal of the stress and ill-health in many clients could be removed if they could only take life in the spirit I am suggesting.

Of course, many of the people who treat life as if it were a game to be enjoyed, do not believe that there is an Outside-the-Game. But what I am saying is that the natural consequence of a belief in an Outside-the-Game is a behaviour which actually works well in this life.

Perhaps you would like to comment on all this in the light of your own experience?

So far then I have pointed out two things that follow from the simple picture that I painted at the start of this chapter. The first is that if we accepted it we would treat each other a little better. The second is that we would get more out of life.

The next thing that needs to go into the picture is that there is somebody in charge of the Game. There is some disagreement between those of different faiths about the nature of this Somebody which is not, as I have said, surprising. But there is general agreement that we are not alone in the world. And this is the second big difference between the religious and nonreligious view of life.

Now I want us to think for a while of some familiar ways in which somebody can control a "game". If you are familiar with the role-playing games that I mentioned, then you will know that there is usually a Game Master to control the game. If we are thinking of the making of a film then the person in charge is called the Director. If we are thinking of an orchestral performance the person in charge is called the Conductor. If we are thinking of a football game then the man in charge is called a Referee. If we are thinking of a court of law then the controller is a Judge. If we are thinking of a nation then the person in charge would once have been the King or Queen, and is now more often a President or Prime Minister. In business the Managing Director is in control. In the creation of buildings it is the Architect. In the writing of a novel it is the Author. But in the production of the book it is the Publisher. Perhaps you would like to add to this list from your own experience?

In many of these cases there is a lot of delegation of authority to lower levels. You seldom deal directly with the Managing Director of a big business. In other cases there are no intermediaries. Authors do not usually delegate the job of writing in minor characters to someone else, for example.

A lot of the differences between faiths has to do with their pictures of the kind of Director the Game has and whether or not He (the Director is seldom pictured as female) acts on us directly all the time, or through others.

If I were to say that I knew the answer to the question: What kind of Director have we? then I would be a fool. What I can say is that there is pretty general agreement that He feels warmly about us players in the Game. And that the word most often used to describe that feeling is Love. Another is Just or Fair, as you

might expect from someone who is acting in part the role of referee. Not surprisingly it is also said that He sets no great value on the things of this world: the props of the Game. That is to say that He does not feel more warmly about you because you have a good job, or a beautiful face, or are very fit or strong. But there does seem to be some quality about the way in which we play the Game that He does seem to value.

This brings us to a very important idea. In this picture there are two ways of being right and two ways of being wrong. But we only have one word for each. Let me give some examples to the sort of thing I mean. What is a good student? It could be somebody who is technically good turning in excellent projects and having an excellent grasp of the subject. Or it could be somebody who listens attentively, works hard and joins in all class activities. Of course the same person could be good in both ways. But you will know some people who are good in the second sense but never manage to get good grades. And there are students who are good in the first sense but are pains to teachers and other students alike. Can you think of someone like that?

And there are two ways of being a good driver. There are the technical skills the ability to handle the machine well. And then there is the question of attitude to other road users and traffic police and regulations. A man can be an outstanding driver in the first sense and yet be lethal because he regards the entire road as belonging to him, and everyone else as trespassers. Can you think of two people, each of which is a good driver in the one sense and not in the other? Who are they?

In music we can find the player who has excellent command of the instrument (technically good). And there is the player who is very responsive to the conductor and the other players. Again the two qualities might go together, but do not have to. Or on the sporting field football perhaps it is possible to find a man who has excellent technical skills with the ball, but with an attitude to fellow players, coach and referee which make him a liability to the team. Again there are people who are good players in the second sense but not in the first. And of course men who are good players in both ways.

Unfortunately we usually use the one word "good" for both kinds of quality, and they often get confused. Do you remember in the chapter on Head paths that I said that it is often important to be able to distinguish between two things? This is a case in point. I am going to suggest that we use the following two words to distinguish the two ways of being good at the Game of Life. The words are **skill** and **will**. They are not perfect, but they will serve for everyday use. A child may play a game or an instrument with poor **skill**, but a good **will**. An adult may play any of the games

of adult life with high **skill**, but a very bad **will**. There are many parents who have little skill at parenting, especially with the first child, but nevertheless bring a good **will** to it. I wonder if you find this a useful distinction? You will find it in some form or other on many of the Heavenly paths. And it is also generally said that Outside-the-Game it is the **will** with which we play the Game, rather than the **skill** with which we play it that is important.

I wonder how you feel about this? Think of those people that you share life with, at home, or work or

leisure. Which do you regard as the more important quality in them as far as you are concerned? Is it their technical mastery of the skills of life, which includes common courtesy? Or is it their good will towards you and others, which may be combined with a lack of social graces? You could take some time to think about half a dozen people you know and rate them on how good is their will and how good their skill.

Now let me bring together what I have said so far. It is restating in simple language what has been taught in many ages and languages. There is really nothing original in what I am saying. I am only using a description more suited to many modern minds.

Our paths in life are parts of a large scale Game or Drama. The important thing about our paths is that we follow them with a good will. The central features of a good will are: First, to remember that there is a Director of the Game and to enjoy cooperating with him in the Game, and Second, to remember that Outside-the-Game we are all on much the same footing, so that we will treat each other in a fairer way, and with respect.

You may have read the first statement in the Old Testament book of Deuteronomy in the words: *Thou shalt love the LORD thy God with all thine heart, and with all thy soul, and with all thy might.* (Chapter 6, verse 5.) And the second is in Leviticus 19:18: *Thou shalt love thy neighbour as thyself.* You will find these repeated by Jesus in the New Testament in Matthew's Gospel, Chapter 22, where he says that these are the two greatest commandments. If you prefer these stronger versions then I hope that you will at least agree that my weaker words are pointing in the right direction.

This might be a good time for you to pause and define your own thoughts to yourself about these rules of life.

After grasping these simple ideas you should be able to see the following quite easily. First of all, even if there is only one person playing with a very bad will then it can create havoc all around. One player in a band who goes his own way will soon throw everybody else out. Someone who has a poor skill but a good will is less of a problem because he will at least shut up when he is told to. One dictator with a thoroughly bad will can soon create so much injustice, resentment and agony that it will be difficult for others to keep a good will. A ruler with poor skill but a good will may make mistakes, but will be prepared to listen to advice and to correct them.

As a much more common example that comes my way I have many people whose problems are rooted in childhood. They have been treated badly in childhood by parents who had lost sight of the second truth, and treated them like objects and not fellow-players. In short they were not loved, or worse, they were physically or sexually abused. As a result they can grow up trying to control a body which is like a damaged or wrongly programmed superrobot. It requires a much higher degree of skill to keep going. Perhaps you have suffered a little from this yourself? It might be worth thinking about this a bit. How much of your suffering, and that of others that you know, are the result of somebody acting with a bad will, selfishly? And how much is the result of someone making a mistake as a result of a lack of some

skill or knowledge?

Here is another thing to think about. It is usually the case that if you do anything with a good will then you will generally become more skilled as well. I think that this has led to a certain problem in many religious traditions. This is the path that is often followed: We have some people leading life with a good will; as a result they start to manage the skills of life better; they become happier; they have love to spare for others; they are generous with time and money; they act in ways which everybody can appreciate; they are called good.

But then people notice the behaviour and not the spirit behind it; they start making it a rule that you should behave in the way the good people do; you are called bad if you don't follow the rules; and good if you follow them; **you are judged by your skill** in keeping the rules; the entire religious side of life becomes dominated by the rules and the guilt that breaking them involves; the result is both a terrible burden on most people, and a neglect of the primary necessity for a good will. For those who read the Bible we can note that the Pharisees placed enormous value on skill in keeping the rules. Jesus condemned them, and instead placed all the value back on having a good **will** (like the Good Samaritan, for example.)

The next step is a reform, either from within, or by the creation of a fresh start outside; and this step usually involves a return back to the simple Truths that I have mentioned above: that having a good will to God and Man is the beginning and end of the path of life. I have met a lot of people who are suffering from having been brought up on the rules alone. Have you suffered in that way? Perhaps you know someone else who has?

Here is a particular example of this kind of mistake. It follows from my simple picture that a man of good will will often be setting time aside to step out of the Game to talk with the Director. This used to be called prayer. The man might use certain words and a certain posture or a certain place. Those who notice only the outward signs would then try to copy these details and set great store on getting them right. But in doing that it is possible to lose all sight of what it is really about. Prayer can then come to mean some formalised ritual which actually acts as a barrier to any real communication with the Director.

One area of life in which the present picture has a direct effect is death. The materialistic view of death is that it is a massive and irreversible dysfunction of the complex electrical and biochemical organisations of the body. In simpler words, the machine has broken down and cannot be repaired. The end.

In the religious picture death is seen as: the machine, the superrobot, has broken down and cannot be repaired (or alternatively the scripted role does not go any further); attention returns to Outside-the-Game; the real person continues to exist there and can meet others in a real way.

Do you have any personal opinion on which view is closer to the truth?

Is this opinion based on personal experience? If so what?

Or is it based on something you believe because you have been told it or read about it. If so, whose experience are you believing?

Now I am going to tell you some of my experiences. Of course they are nothing like as valuable as your own experiences, because you don't know me well enough to judge if I can be misled. But they may help you to think about your own experiences.

As you know, as a part of my work I am often helping people to enter into trancelike states. One lady with a good ability to visualise things was taking an inner journey one day. It had led her to a large country house. Upstairs there was a lovely fourposter bed. When she lay on it there was a face painted on the ceiling which caught her attention. We took up this path again the following week, by which time the face had become a real person. This person was my client's aunt, also her Godmother, who had died of cancer when my client was a small girl. They had not seen much of each other in this life. The clever therapist in me thought, "This could be a useful image. I will encourage it to provide comfort for my client." But would she? No. For a long time all the aunt did was to sit on the bed and ask questions about her sister, my client's mother. It was exactly as if she had been out of touch and wanted to catch up on all the news. However the relationship was a close and loving one and improved my client's well-being greatly. Even more interestingly, for me, the aunt later took her Godchild on a walk back through the scenes of her childhood. In particular there was one traumatic incident, which I as a therapist recognised as having a strong bearing on her central problem. And the remembering of that incident produced a dramatic improvement. I was very much inclined to think that the Godmother was a better therapist than I was!

Speaking to the skeptics in my audience: I am aware that this experience could be interpreted as a creation of my client's subconscious. And in a gentle way I tested this. But the image and personality did not respond to suggestion in the way things coming from the subconscious usually do. And it is important to remember that the child had fairly little in the way of memories to construct an entire personality from. But I know that my experience will not change your views.

An alternative picture of what was happening was this. The particular trance state that my client entered can be seen as removing her attention enough from the Game of Life, so that she was able to be aware of somebody Outside-the-Game, somebody who has always loved her, and who, when she was in the Game, had acted the role of her Aunt and Godmother.

That incident was the first time that I had any personal experience of this kind of thing. But since then I have come across similar things several times. Here is another example. This was a young man still in his teens who had been suffering panic attacks for a couple of years. He had been having various treatments, but he was getting worse. He had reached the point where he was unable to leave the house by himself. No reason had ever been suggested for this behaviour. He had always been a happy boy, from a happy home. He had enjoyed playing music in bands and also the church organ, in which he took after his

grandfather who had died a few years previously. But now his panics were preventing him from doing much of either of these. And he would certainly not be able to get a job.

Now this is the unconventional way in which he became free from his problem. After finding out some more about the background I said, abruptly, "I am going to put you in touch with your grandfather." He immediately entered a panic state, which confirmed my hunch that this was the focus of the problem. Later, when he had accepted the idea and was calmer I led him down an inner path, by way of first hearing his grandfather playing the organ, to being aware of his presence in other ways. With his eyes closed he could easily see and hear his grandfather. And really that was all that was needed. He started to improve rapidly in all other ways, and not long afterwards got a job. He continues to enjoy his music.

In this case the client had been very close to his grandfather when he was alive, because they had spent most Saturdays together ever since he was a child, so they shared more than the organ together. So you can choose between the two following pictures. The first is that he had in his subconscious an internalised perception of his grandfather; the death of the grandfather led to an insecurity in life; the insecurity bred panic; I merely resurrected the internal image in his memory; but this was enough to make him feel secure; the panic vanished

. The second picture is that his grandfather was attempting to talk to him from Outside-the-Game; this very strange experience frightened him; once he learned that it is OK to talk with his grandfather it became a natural experience and the fear went.

Which picture do you favour, and why?

It would be interesting for you to discuss this kind of thing with friends. I find that very large numbers of people have had some strange experience after the death of someone close. But in many circles today it does not seem very respectable to talk about such things. You would feel very silly talking to your doctor about them. You fear that he would diagnose some mental problem. It has not always been so. For much of the history of mankind it has been easily accepted that not everyone who has just left the Game gives up all interest in those left. And that loved ones may still want to help you from Outside-the-Game if you will let them. So you could have a chat with those in your circle and see what you find. Then see how many of these facts you can fit into the picture which attributes it to some psychological function in the subconscious, and how many into the picture I am suggesting here. You can start here with any experiences of your own.

If you want to throw your net wider you can read some books of other people's experiences. One particularly interesting area is reports of near death experiences. These are accounts from people who in accident, or operating theatre, get very near to death, but return. There is a similar path in most of these: a feeling of moving out of the body; often along a tunnel; a sense of light; of peace; then there are other presences, helping; often there is one overwhelmingly loving presence; then there is the sense of being told that they are to return this time; and the feeling of returning to the body. You can read the books and judge for yourself. In the present picture you would say that they moved to Outside-the-Game, where

they met some of the other players, but for reasons which are only clear Out there, it was best that they return to Within-the-Game for a while.

There is a great deal more that I could write and conjecture about this, but I would rather leave a lot of open ends for you to think about yourself.

There are just a few important things for me add about the ideas themselves. First of all I want to demolish a No Entry sign which prevents many people following any Head path which leads this way. This sign says something like "Science has proved that this is nonsense." Scientists have proved no such thing. We have largely ignored the whole area for a hundred years, but this scarcely proves that it does not exist. The advances of science, which are great, have come from accepting the facts of experience and trying to understand them. I am asking you all the time *to judge what I say in the light of your own experience* because this is the scientific spirit. Over the last few centuries we have made enormous advances in understanding those facts that can be measured with physical instruments. But there are many other facts of life, such as love and beauty, which are real but unmeasurable.

Newton, that giant among scientists, said, "I do not know what I appear to the world; but to myself I seem to have been only like a boy, playing on the seashore, and diverting myself in now or then finding a smoother pebble or a prettier shell than ordinary, while the great ocean of truth lay all undiscovered before me." It is my guess that all the facts that technological science have fitted into theories are just more of the pebbles. Beyond this seashore Game there is a vast Ocean of truth that this chapter just points to. Remember that men always think that they know a great deal more than they really do.

I would also like to remind you that the picture I have given in this chapter is only a picture. It is useful to help you to think, just as Sarah Belham is. It is an analogy, because without analogies at all levels we would scarcely be able to think at all. It is not supposed to be a complete and detailed model. It inevitably leaves an enormous amount out.

I was once giving a Seminar at Dundee University about the transonic flow over the tip of a highspeed helicopter blade. As part of my presentation I had projected a transparency of a rough sketch of a helicopter I had drawn. A Professor in the audience joked, "I know what that is, it is a helicopter." To which I replied, with a smile, "No, it is not. A helicopter is a massive thing of metal, much too big and expensive to bring into this room. This is just a cartoon of a helicopter." In this chapter we just have a cartoon of Heaven. But even a cartoon can be better than nothing.

SUMMARY

Either this life is all, or it is not.

Those who have explored the second possibility come to the conclusion that this life is something like a Game or Play into which we enter for a while from another level or reality to which we return.

They also come with the message that at that other level it is the **will** with which we act or play and not the **skill**, that is valued and certainly not the wealth, looks or other props.

I suggest that following a path in life based on these very simple ideas leads someone to be happier in themselves and and more likeable to others.

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Your Path in Life

Dylan Morgan

Chapter 9: Defensive Paths

This chapter has to do with the way we relate to each other. You should find that it will help you to understand in a new way the strange, difficult or unpleasant behaviour that other people often show. It could also help you to understand yourself better. And it is going to introduce you to what I will call the Defensive Persona.

What do I mean by the phrase **A Defensive Persona**? In the Middle Ages there were in Europe men who, when in their own homes, surrounded by family and servants, were genial and courteous. But in time of war they would put on heavy suits of metal, concealing even their faces. To the outward eye there would be no similarity between this hard, shining, sword-wielding thing, and the laughing man in his bright soft clothes. He put on the armour to defend himself, of course. But what would happen if, when the battle was over, he was unable to get it off again?

Can you picture a cat sitting by the fireside? She is all soft contentment. She is totally relaxed and approachable, ready to be stroked or to purr. But see what happens if a strange dog enters the room. Instantly that soft creature becomes a taut bundle of muscles, with claws extended, teeth snarling, hair on end, eyes glaring, nerves on hair-triggers, snarling and hissing. It is almost impossible to recognise the same creature. She acts in this way to defend herself, of course, but what would happen if, when the dog left, she were unable to relax again?

These two pictures will have given you a good idea of what I mean by a Defensive Persona. When any person or animal feels threatened then he, she or it will start behaving in quite a new way. And this behaviour will often seem to have nothing in common with the behaviour at other times. The whole path of thoughts, feelings, behaviour and appearance which a person follows when they are feeling threatened is what I mean by a Defensive Persona. Normally this behaviour is dropped when the danger has gone. But, as we shall see, if for some reason it stays permanently in place, then it leads to trouble.

There are many different kinds of Defensive Personae. One useful way for you to classify them is in terms of animal stereotypes. For example, consider the **tortoise**. When threatened it withdraws into its shell. And there are people like that, aren't there? When they feel attacked they withdraw inside, and refuse to say anything or do anything. Like the tortoise they will only open up again when the danger has disappeared. You can sometimes find this Persona in a hen-pecked husband. This is a common path: his wife would like some contact; she nags at him, "Stop reading that paper. Talk to me for once."; he puts

down the paper; he feels more exposed and therefore threatened; he withdraws deeper into himself and says nothing; she is even more annoyed by his silence; she needles him, hoping to stir him into response; he feels more attacked; the tortoise withdraws still further into his shell. Only later, when he goes out for a drink with friends, and the threat disappears, does he come out of his shell again and becomes quite a different person. If his wife finds out, this only makes her more annoyed, and she takes it as a personal insult. Do you recognise this pattern? You may also call it the **clam**. Can you name anyone like that?

The **hedgehog** or **porcupine** also withdraws into itself, but in a much more prickly way. You do not get hurt by a tortoise's smooth shell. But if you start to prod a hedgehog you get some nasty pricks. Perhaps you know someone like that?

"(S)he is prickly," people say of them. If you get too close to them you will often find unexpectedly sharp and pointed remarks coming your way. It is surprising because most of the time this person can seem quite inoffensive. And the clue to the change is that you must have just said or done something which has made them feel threatened. The Defensive Persona emerges, all prickly and unapproachable. There is little that you can do except go away until (s)he unrolls again. If you try to unroll such a person forcibly, then you will suffer for it, as many a young fox, with spines in its nose, will testify.

The **bear**'s Defensive Persona is violent rage. (We will say of somebody, "He is like a bear with a sore head.") Notice again that a bear can be a gentle and inoffensive creature when it feels safe and able to get on with life without interference. It is only when it feels threatened in some way that the rage comes out. Do you know anyone whose Defensive Persona can be likened to a bear in a rage?

A similar Persona is the **tigress** particularly when defending her cubs. Her power is formidable and she knows no personal fear. Like the bear she acts on the principle that the best form of defence is attack. If you should be unfortunate enough to know anybody like this and incur her wrath, then you are unlikely to know what hit you. Although in civilised society she may not attack you physically, she will attack with all means in her power. Do you know any tigresses in life or on the screen?

At another extreme we have the **rabbits**. Their defence is to run to earth. And there are people like that. If they feel threatened they will make no defence they just try to run away. Once they are back at home they feel fine again. Notice that the difference between the tortoise and the rabbit, both of whom are quite unaggressive, is that the latter has a strong need to remove itself physically from the danger. Do you know any rabbits?

Here are some other pictures to add to your collection. The **snake**, if it feels under attack, will pour poison into you. And you may know someone who has the power to say really poisonous things, which hurt for a long time afterwards?

And what about the **skunk**? The human equivalent might be someone who will slander you so effectively that people will stay well away from you as if you stank to high heaven. Can you name any skunks?

The **dog**. "His bark is worse than his bite." Usually you will find the dog making a great deal of noise, barking and growling, to give plenty of warning that it is feeling threatened. Only if you continue to approach in an aggressive way will it finally bite. In this way a dog is more civilised than the bear or tigress, who are not concerned to give any warning. Does this remind you of anyone?

I am not saying that this is an exhaustive list. Neither do you have to agree with the way I have described the animal stereotypes. What I have found that is that the use of these animal labels for Defensive Personae can help people to see what is happening in their relationships enormously. I usually ask them to choose the kind of animals themselves, according to their own ideas of their natures.

Problems often arise in marriages in which the partners have different defensive personalities. For an example suppose that a **hedgehog** is married to a **sheep**. (Sheep always like to come together in a close flock if attacked.) If they are under stress then the sheep wants the comfort of physical closeness, but the hedgehog is determinedly turning into a prickly ball. The sheep then feels rejected, because whenever she gets close she finds herself needled. You may wonder how they got together in the first place if they are so different. But remember that their non-defensive personalities were probably very pleasant and compatible.

You can also enjoy playing with these ideas as a party game. Identify the Defensive Persona used most often by the guests. Then, if you have that kind of party, you can act the roles out with more gusto. It is also fun to ask people to act out roles that do not come naturally to them. "Now, Sarah, you are a cat this time, and Bill is going to be a dog. You have just met in a strange house." And you see what happens.

The point of all I have said so far is to make clear one of the important Facts of Life, which is:

A PERSON BEHAVES IN QUITE A DIFFERENT WAY WHEN FEELING THREATENED.

Or to put it another way:

THE DEFENSIVE PERSONA IS QUITE DIFFERENT FROM THE ORDINARY PERSONALITY.

Like many important truths this might seem obvious once it is written down. But if you meet someone who is being nasty, bad-tempered, irascible or sarcastic, how often do you bother to ask the question: "Is this behaviour only the result of feeling attacked?"

Turning to the animal analogy again. There are predatory animals. They enjoy hunting. A cat which is after a mouse is visibly a happy creature, and the behaviour is quite different from its defensive persona. It is because there are predatory animals that their prey have developed various defensive strategies. Now there are also predatory people. They will attack you because they want something from you. And you would be wise to defend yourself against them if possible. But if you think about it you should realise two things. One is that nowadays most of the predators you meet will be quite smooth operators, con-men or gold-diggers of one kind or another. They usually know better than to put you on the defensive.

And the second thing is that you are mainly defending yourself against people who are unpleasant purely as a means of defending themselves. This kind of thing happens frequently in life and causes a lot of unnecessary distress.

For example let us follow the path of a honeymoon couple. It is their first breakfast together as man and wife: He remarks lightly, "This is the best morning-after feeling yet!"; she, feeling compared with other women, is inwardly threatened, and with an edge to her voice replies, "Oh? and who was second best then?"; he, reacting to the tone, and taken aback by the line the conversation is taking, snaps, "Well? And what about you and Bill then?"; this remark arouses her full defensive personality. From that point the path of the quarrel will depend on their respective Defensive Personae. She may run out, or weep, or become coldly sarcastic, or verbally angry or throw the coffee at him. He, in turn, may grow sullen or morose or violent or sarcastic and so on in reply.

You will notice that they both feel fully justified in defending themselves against the other's unjustified attacks. Notice also that there is no need to assume any deep Freudian, psychoanalytical or Transactional Analysis type basis for the problem. It is enough to see that neither recognised the **defensive** nature of the other's response, and

saw it as totally **offensive**.

This might be a good time for you to reflect on your own experience. You might cast your mind back over some recent or vividly recalled quarrels. I wonder if it will fit into the pattern of the present chapter? You could try to write out the path of the quarrel, as I have done above. How did it start? How did you defend yourself? Is it possible that the other person was only defending herself or himself? What could have happened to arouse those feelings?

Much of the problem is caused by the fact that

MOST DEFENSIVE PERSONAE LOOK UNPLEASANT OR FRIGHTENING.

Their function is to drive off an attack, to escape from a danger. These are some of the outward signs that can go with feeling attacked: anger, violence, frowns, grinding teeth, clenched fists, stony looks not to mention the various verbal responses. It is therefore only natural that they are interpreted as hostility. And that they produce a defensive response, which is in turn seen as hostile. And so the conflict escalates.

This path is followed at all levels of society and in all societies. Do you imagine that Al Capone, seen by others as an arch-gangster, saw himself as a villain? Towards the end of his life he is reported to have been very hurt at being attacked for what he saw as a life of "providing some of the lighter pleasures in life" to people.

At another level we can think about armies. How many nations see their armies as being anything but a

Defence Force? But equally how many nations see other armies as anything but aggressive? Next I would like us to take a closer look at defensive paths, to help you to understand and recognise them better. I am going to begin at the level of Habit, which is to say the level of muscles and nerves, because this gives rise to behaviour which is easily seen from the outside. This behaviour varies from person to person.

Now it is easy to spot some of the obvious signs, such as shouting and banging things. But it is much more useful to spot the smaller signs, which give an early warning that a person is going onto the defensive in some way. Here are just some things for you to look out for: crossing of arms or legs, clenched fists, hunched shoulders, moving away, averting of the head, flaring nostrils, a change of colour - redder or whiter, a change of breathing - shallower in some Defensive Personae, and deeper in others; a change in speech - it may be higher pitched or faster, and some people become very voluble while others clam up altogether. There are also changes of activities that you can look out for. For example people often smoke or eat or drink as a way of reducing anxiety. So in some people these too are outward signs that the person is feeling defensive. You can also look out for the displacement activities. A displacement activity is something that an animal or person does which has no real purpose other than to discharge some of the nervous tension that it is finding in a situation. Common ones are nail-biting, pencil tapping, foot tapping and other fidgeting and moving about. But in social situations going to buy another drink or to help to wash up can also be displacement activities.

It is possible to buy books on what is called Body Language which may help you to notice and recognise some of these outward signs of inner feelings. If you do, it is important to realise that one gesture by itself can be very misleading. The same sign can mean quite different things in different people. When I was at the stage of trusting the books I often made mistakes. But if you look for whole sets of signs all pointing in the same direction then you will seldom misinterpret.

Here are very simple descriptions of two Defensive Personae. The first is a sitting posture, thumbs firmly grasped in fists, visible tension in the whole of the body, averted gaze, shallow breathing, sharpness of tone of voice and a desire for chocolate. The second involves an erect posture, legs apart, arms on hips, loud and challenging voice and a direct gaze. These actually come from the same person. You will see that the former is a very beleaguered defensive position, while the latter has the confidence of someone defending their own territory. But neither would be adopted unless there was some sense of being threatened. This illustrates the fact that a person can have more than one Defensive Persona.

For example a schoolboy may defend himself against the criticism of his teacher with sullenness, but if another boy attacks him he may fight furiously, while if a girl taunts him he may respond with a displacement activity: a display of bravado. Or again a woman may defend herself with bitchiness if her appearance is criticised, with fury if her child is threatened or with compulsive cleaning and tidying if she feels that the neighbours are not friendly.

But none of this is of much value to you unless it relates to people that you know. If you have the motivation it would be useful and fun to sit down with a friend at work, or with wife or husband, or in a

small party, and start to collect Defensive Personae of people that you both know. I have given you two snapshots above. (Notice that these were *not paths*, because I was describing characteristics which were all present at the same time, not following one after the other.)

The above descriptions are mainly from the outside. When you come to describing your own Defensive Personae then there will be other symptoms to look out for as well, which you can include in your list. These would include headaches, an increased pulse rate, abdominal sensations of various kinds, such as "butterflies", nausea or pains, aching muscles, cold feet, trembling, sweating hands and so on.

There are a very large number of such responses. Most of them are there because they have been useful in some situation in our evolutionary history. There is nothing wrong with them in themselves. What is a very common problem though, is that the body's defensive response is inappropriate to the present situation. A tax demand is a piece of paper. It will often produce physical behaviour which would be very useful if a tax demand was a marauding Viking which could be met with rage, violence and bloodshed. But since it is only a piece of paper these feelings get no real outlet and lead only bottled up rage and impotence.

When you start to notice your own Defensive Personae, then you can note down any of the inner signs of defensiveness that go along with them. And of course, as well as the things I have mentioned above, there are the feelings. This brings us to the Heart level of defensiveness. Here there is one central feeling, which is: I AM UNDER ATTACK. Any behavioural path which is not accompanied by this feeling, coloured in some way, is not a defensive path.

The basic feeling I AM UNDER ATTACK is surrounded by a cloud a feelings which are generally combinations of a fairly simple number of components. If feelings were colours then we might picture anger as being red (red with rage), fear as being yellow (we call a coward yellow), and blue as frozen numbness (blue with cold). The red feeling of anger leads to aggressive behaviour the bear or tigress, the yellow feeling of fear leads to flight the rabbit, while the blue frozen feeling leads to immobility the clam or tortoise.

Then just as we can make up any of thousands of colours by mixing red, blue and yellow paints, so you can find thousands of different emotional states which are a mixture of the above. For example if you mix red and blue you get purple, and so you could see a state of frozen or bottled up anger as purple. If there is a mixture of red - a desire to fight, and yellow - a desire to run away, you get a state with a lot of tension and often a lot of displacement activity. It would correspond to a shade of orange. Mix yellow and blue and you get green. Mix fear with a frozen feeling and you can get a horrible sick fear. Finally if you mix the whole lot together then you get a dark brown or black. Such a confused state where there is no clear defensive path to follow will often lead to what would be called a black state of mind hopelessness or depression.

Now this classification by colours is a convenient shorthand way of describing the emotional colouring of the basic defensive emotion I AM UNDER ATTACK. Colours are soft-edged and flow into each other

just like feelings, so there is nothing hard and fast about it. So you can say of somebody: He will usually go yellow, but if he is pressed too hard he can move towards the red. Or: When she goes red, she calms down quickly, but sometimes she will go into a blue state which lasts for a long time. To give yourself some practice you could think of some people that you know who are fairly clear examples of the main colours of emotions.

Now there are times when a person gets locked into an extreme Defensive Persona for a long time. (What happens if the knight cannot get his armour off?) In which case there can be trouble. And the troubles that people can get into often have clinical names. For example if the central feeling I AM UNDER ATTACK is felt as if other people are attacking, or are in a conspiracy to attack, then it can be labelled paranoia. I often feel that this is a bit unfair to the sufferer, because it must be said in his defence that in fact most people are, if not attacking him, at least disliking him. The reason for this is simple. It is because most Defensive Personae are unpleasant at least. If anyone is in a state of chronic defensiveness then it is likely that his every word and gesture will put people off him, and they will reply with their own defensive behaviours which he will, naturally, see as a further attack.

If someone is stuck in an extreme yellow state then, if they approach the medical profession, there is a good chance that they will be classified as suffering from an anxiety neurosis or something similar. Someone who is too long in the blue may be diagnosed as a depressive. Someone who is defending himself with a red state of anger is perhaps rather more likely to find himself ending up in court. But these extreme states are not of any everyday interest to most of us, and I mention them only as a warning that getting stuck in any defensive state can lead to problems. Let me repeat that a passing defensiveness can at times be necessary and a good thing. Defensiveness becomes a problem mainly when it is *inappropriate or permanent*.

Now one of the big reasons why a Defensive Persona can become too permanent lies at the Head level, which I want to discuss next. You will remember that when I was discussing Head paths, I mentioned the idea of NO ENTRY signs. Now I want to make a distinction. There are two kinds of NO ENTRY signs. Some are labelled DANGER and some are not. The ones labelled DANGER are the ones where you will feel fear if you were to go past them. For example, you may have an idea in your head, "I am not interested in sport/ballet/Russian." This functions as a NO ENTRY sign. If anyone wants you to think about that subject you will just not go along with them. It is not that you are frightened. It is just that you have decided not to go that way in life. You cannot, after all, follow every path. But there are many ideas we have which can prevent us from doing things because we are frightened. Most of these ideas can be expressed in the form IT IS DANGEROUS TO..... And here is a short list of things that some people feel to be dangerous:

...walk alone in the dark.

...get into debt.

...sleep with the windows closed

...sleep with the windows open.

...fly in an aeroplane.

...get cancer.

...get your head wet.

...not carry life insurance.

...walk under a ladder.

...eat without washing your hands.

...blush in public.

...be alone.

...be in a crowd.

...lose your job.

...go to prison.

...

The list is endless. There is almost nothing that you can think of that someone or other does not think of as being at least potentially dangerous. Now the above list mixes up things that you may think quite trivial with things that may seem to you very serious. But other people could see them quite differently. To help us to distinguish the seriousness of the warnings I would like to suggest a star system. A 5-star danger is the worst kind. A 1-star danger is just enough to make you feel noticeably uneasy. In a rough and ready way we then will be able to get an idea of how threatened a person will be in a day. You might be lucky and only have to cope with one 2-star and a couple of 1-star situations in a day. Or it could be that in your life you are faced with very many 5-star problems, together with a host of lesser ones. In the latter case it is necessary to be on the defensive so much of the time that there is a danger of it getting out of hand.

To get the feel for this you might like to go back and note against the above list of dangers the number of stars they represent in your own life. You could then go on to list the dangers in your life, which you might add to from time to time, as you notice things coming up in life. You don't need to bother to be too precise. This is only a rough and ready guide.

Here is an example of the way things can work. This man has the idea in his head that pains in the chest are a sign of a heart disease and that they are a 5-star danger. Now suppose that he feels threatened for any reason, and that this produces the common defensive posture which involves taking shallow breaths, straining from the top of the lungs. Since the ribcage is rigid at the top, this straining can easily start to cause aches and pains in the muscles and ligaments of the upper chest. This is immediately seen by the Head as a 5-star danger. The result is even greater fear, which makes the defensive response more pronounced, which in turn makes the pains worse, and there is soon a vicious circle set up. To get this man out of this state we require an authoritative doctor to state clearly, "You have NO heart disease. These chest pains have nothing to do with the heart. They are quite harmless and will fade away." In this way he can get rid of the problem on the Head path. If he can also get the patient to go for some energetic but enjoyable exercise which will start him breathing normally, take his mind off the worry, and make him feel life is worth living, then this will take his body and feelings out of their defensive modes as well, and improvement will be rapid. The entire problem was one in which he was locked into a particular Defensive state and did not know how to get out.

In fact a very large number of problems that come to me can be seen in this light, which is why I am devoting a whole chapter to the idea of a Defensive Persona. I have already given you some idea of how relationships can get very badly messed up by incompatible or hair-trigger Defensive Personae. Anxieties and panics are pretty obvious responses to feelings of being threatened. My job there is to find out what is making them either too intense or too frequent, and to bring them down to normal levels. (There will always be situations where it is healthy to be on the defensive.) Feelings of *lack of confidence* are usually associated with feeling threatened in some way in a social situation. And again it is common for a vicious circle to start: "I feel inadequate, others will despise me" (Head); At the Heart level this produces some Defensive feelings; at the Habit level this usually produces behaviour which is at best unobtrusive, but seldom attractive; the result is that people do indeed keep away; the Head is then confirmed in its judgment.

If the presented problem is blushing or stammering it is still clear that these are arising mainly out of a defensive feeling. And so very often the process is kept up by the Head saying, "This is a serious/dangerous problem." Very often, if we can get rid of this idea then the problem will disappear. For example, there was a client, a young man, who forever found himself mumbling whenever he felt nervous, in a social situation. And the more he did it the more he felt that people were noticing him, and so the worse it got. We solved this problem very quickly indeed. He was a bit of a comic in his circle, so it was easy to ask him to build into his comic repertoire a deliberate and exaggerated form of his mumble. This he did, and his problem disappeared. That was because he no longer felt that it was dangerous to mumble, because he knew that should he ever find himself doing it, he could always exaggerate it and get a laugh out of it. This removed the "It is dangerous," warning in his mind, and the defensiveness disappeared.

Some of the simpler sexual problems that come along are also based on a defensive response. It is common for a man to have the idea, "If I don't perform for at least x minutes at least y times a week, then I am a failure." Now there is also a biological rule that on the whole the more successful a man feels, the

better his sexual performance. But conversely a man who feels a failure, *for any reason*, will find his performance waning. So you can see what happens. If he fails to live up to his idea then at once he becomes less capable, and so he starts to feel worse, and so on. Pretty soon he is locked into a very defensive attitude to sex, and this can begin to affect the relationship adversely, which will generally make the whole thing worse. Again my problem is to find the best way of getting him out of this downward spiralling path, onto an upward spiral.

Defensiveness is also involved very often in the very common problem of being overweight. I will mention just one mechanism which can be involved. This is an instinct, more noticeable in women, which is that if you are under attack it is best to put on weight, and to reduce the metabolic rate to make the best use of every calorie. You should be able to see why this was once of great advantage. If you go back a thousand years or so you will find that there were no freezers, and few other ways of storing food either. But at the same time serious famines were common, not to mention attacks from neighbouring tribes who might drive you off your land. Any woman who, when hard times came, was able to carry the maximum amount of food for herself and babies, would be at an enormous advantage, for she and they would be far more likely to survive. In those days the fat woman was likely to be the healthier one, and regarded as the most beautiful.

Now let us see what can happen, with that idea in mind. Take a woman who has inherited that biological instinct. (Not all have, which may seem unfair.) Place her in a difficult situation; she feels defensive; instinct then switches on the food-storing mechanisms; she gets fatter; at some point her Head starts to think, "I am getting dangerously fat."; this is then seen as another threat; this only makes the instinct stronger; so she goes on a diet; to the body this only seems a confirmation that the expected famine has arrived; it becomes even more economical with every calorie; each surplus calorie is turned into fat; because of the Head still saying, "This is bad/dangerous," she will become even more distressed; and the spiral path tightens.

Another mechanism, which may seem more familiar to you, which also involves a Defensive behaviour is the habit of using food for comfort. You then have the simple path, which has often been around since childhood: "I am feeling upset/threatened by life"; eat something sweet; feel comforted. You can see that anyone who follows this path often enough is going to put on weight. One way of tackling this sort of problem is to put a lot of effort into finding something else which is comforting, and then to establish a new path involving the new comfort. It might be a walk with the dog, or dancing or music, or making love. The choice is a very individual one. If you just try to put up a notice "It is dangerous to eat too much," then it may work for a bit. For a while you may feel upset; think about food; see the notice; then back off. But this is going to take you feel worse, more deprived and threatened. So one day an extra pressure will make you just too upset; you will start down the familiar path; see the notice; knock it down; and proceed to eat even more than before. You can see how futile the whole attempt has been. If on the other hand there is a notice that says, "Hungry between meals? You would enjoy a walk/talk etc.", and you get in the habit of following the new path, it can soon get to be automatic. Does this connect with anything in your life?

Smoking is another habit which can be tied in with Defensive paths. It is a very common pattern for

people to need to smoke most when they are feeling under stress, or threatened by some problem or other. The chemical effect of the nicotine is then frequently to calm down the feelings. So if you simply take away the nicotine in such cases, then the ex-smoker has to find another way of coping with the feelings. If (s)he fails, then there is a much greater danger of a return to the old smoker's path.

Alcohol can also sometimes be used in the same way. If there is no other way of coping with the challenges of life, then an alcoholic will drink as his or her only defence. It deadens feelings for a while. And it kills for a while some of those notices at the Head level, "It is very bad/dangerous to ..." In quite a number of alcoholics I have met, the rules are very strict. When they are sober these people seem to be too good to be true. I have sometimes cured comparatively early states of alcoholism by simply softening one or two severe notices at the Head level. This made life seem much safer. It was no longer dangerous not to be a perfect wife, or never to be away from the phone. So the associated Defensive paths were never needed. And there was no need for the alcohol either.

Do you know anyone who is making life seem very dangerous to themselves by having a very strict set of rules in the Head?

Then there are the problems arising out of such events as divorces, bereavements and illnesses. These are very naturally seen as threatening. In divorce there is often a long period of accusation and counteraccusation while it is being settled. This can have a very bad effect on feelings of security and self-esteem, on top of the loss of a partner. A bereavement is less traumatic in that way. But it is final. Something vital has gone. It can lead to terrible feelings of loss. Life itself no longer seems secure. Everything seems threatened. A Defensive response at many levels is common.

Illness, especially in someone who is not used to it, can also be very threatening. Health had been taken for granted. If it goes, then the deep security of a healthy body has gone. This can feel very threatening. An operation, even if successful, can leave the body feeling as deeply shaken as if it had been torn open by a wild animal. It feels threatened. I may have to work to restore a feeling of security after any of these events, if the Defensive reactions persist.

Can you think of anybody whose personality seems to have changed after one of those major events? Do you find that the change could be usefully seen as going into a Defensive state?

Another area is that of childhood trauma, abuse or rape. The child is often helpless to get away from such things. The best it can do is to change the way it thinks, feels or acts. It will do its best to defend itself against the pain. And the Defensive Persona it adopts will become a part of its adult personality, too. If your mother always rejected you it is easy to grow up unwilling to form a relationship with a woman because your defence was never to get close to one. If your father was always violent and your defence was to go into your shell, then you are likely to be stuck with the same Defensive Persona when anybody threatens you, even when you are grown up. One of the jobs of the therapist is to trace back inappropriate Defensive Paths to the time they started. (Do you remember what I said about tunnels buried paths?) Once the client can relive the original situations, recognise that the defence was appropriate then, but see

that the situation is now different, then the problem is well on the way to being resolved.

You know the details of your own early life best. I wonder, if you think back, what situations can you recall that felt threatening in any way. How did you defend yourself at those times?

I have already touched on marital problems, but will mention it again in this list. Marital problems can be about a multitude of things. But always, at some point, one partner is putting pressure on the other to change; the pressure is felt as a threat; a Defensive Persona is adopted; this in turn is seen as threatening; the problem escalates. If you ever get involved in helping someone with a marital problem it is important to be aware of this. Each partner alone can seem totally reasonable, pleasant and justified. It is only when you see them, if possible, in the middle of a quarrel that you get the whole picture. That infuriating whining voice, that arrogant pointing finger, that sneer, that closed look. Little things that are not seen by their owner. But they are whip lashes to the partner. These Defensive Personae may not be the root of the problem, but they certainly get in the way of solving it.

Have you noticed this in your life? Can you think of a way of changing the way you quarrel? Some ways are: quarrel in front of a third person, do it in the bath, do it in the open air, do it in front of a mirror, record it and play it back later. How about you?

Finally on this list it is well worth mentioning that a very large number of illnesses are aggravated if not caused by a chronic state of defensiveness. One natural response that a body can have to attack is to withdraw circulation from the extremities and divert it to the more essential inner organs. This can lead to cold feet or hands. Again there is no problem unless this happens too often. Then it can lead to real circulation problems. And similar things can happen to all parts of the body. One client had had a pain in her collar bone for years. The doctors could find no cause and said that she would have to live with it. In fact it was noticeable to me that she was an extreme case of a person breathing from the top of her chest. This was putting so much strain on the bone that it was hurting. She was breathing in that way because she did not feel safe in this country. (She came from Italy.) Once I had helped her to overcome those deep fears, her breathing improved and the bone stopped hurting. Heart attacks and ulcers are just two of the more commonly recognised problems that can result from an over-frequent Defensive state.

There are many more examples, but there is not much point in simply listing them. Again, the useful thing is for you to ask yourself if any health problems that you have could be connected to feeling under threat in any way. You could also think about those close to you.

So far then I have discussed some of the ways in which Defensive Paths appear at the levels of Head, Heart, Habit and Health. That leaves Heaven. At this level the picture is fairly clear. You will remember that the important thing was to play the Game of Life with a good will. And that meant to play fair with the others, including the Director. Now let us see what happens if I adopt a Defensive Persona. This becomes like the suit of armour. It is all too likely to make me distrust everyone. I will want to go my own way. I will disobey the Director, or try to pretend He is not there. I will ignore or forget the fact that this is only a Game, and try to build security with money or power. I will ignore or forget the fact that in

the end it is the relationships Outside-the-Game that are important. I will treat anybody and everybody as an enemy. My armour will defend me against love. Picture the Knight returned home after the Crusades to lie beside his Lady, in a soft bed. But he can no longer remove his armour!

You may have heard that Jesus said things like, "If a man hits you on the one cheek, turn the other to him also." This seems a strange thing to say, from a worldly point of view. But suppose I put it in other words: "If you always defend yourself against the other person you are in danger of locking yourself into an impenetrable armour." Does this make more sense, after reading this chapter?

Even at a spiritual level it would appear that we do need to defend ourselves at times. Those who are far ahead of me on those paths talk of rejecting evil influences. So how do we manage to walk a path where on the one side we seem to be told not to defend ourselves against people, and on the other hand we are told we must defend ourselves against evil?

You would hardly expect me to give a complete answer to this in a few paragraphs. But here are a few thoughts which might help you. Suppose a small child is having a tantrum and manages to pick up something sharp. And picture the situation in which it is trying to hit you with that object. Should you defend yourself? I would think that the answer is clearly "yes", you should remove the object from the child. But equally clearly you should not adopt a powerful Defensive Persona and act as if the child is a murderer. Would you agree? If so, then, you may agree that a simple common sense precaution is right. The thing to be avoided is a response which throws any goodwill out of the window.

When it comes to resisting real evil, then you might like to think along the following lines. The essence and root of evil is the loss of good will and the Two Recollections (love God; love others). If in my attempt to fight what I think of as evil I lose these things, then I have lost the fight. But if I can resist the spread of evil without loss of these things, then I have won a small victory. Would you like to comment?

One of the world's great religious books is the Bhagavad Gita, which comes from India. In a translation that I have, there are the words, "Be free from vain hopes and selfish thoughts, and with inner peace fight thou thy fight. Those who ever follow my doctrine and who have faith, and have a good will, find through pure work their freedom." The message here and throughout the Gita is that we have a Path to follow. And what matters is how we follow it. With an inner peace. With faith. With a good will. Free from fear. With mind set on the Supreme.

This message is the same as the one you find in the Gospels. Jesus is never recorded as telling a soldier not to fight. He was always concerned with the question of how to lead life. For him the most important thing was that we should be always seeking what He called "the Kingdom of Heaven, which is within you." In the language of this book: pay attention to your real life in the Outside-the-Game, you will find it within yourself. For Jesus, and for most of those who have gone far along the Heavenly Paths the message comes through time and time again, in many different languages and many different words: Do not do things or think things which will build permanent barriers between yourself and others, or between you and God. That is the downward path. If you follow it you will end up in a private world, in

which there is nothing but your own fears. If Love comes and knocks on the door, it will be heard as thunder. The Loving voice, asking you to open the door, will sound like Threat and Anger. The Loving hand on the latch will be resisted with all your strength, as if it is the greatest Evil. This, in the end, is Hell.

I wonder if you know anybody who is in the process of building their own Hell? The walls of Hell are built with fears. Do you know people who are so frightened of being hurt that they are always defending themselves against others? They are unable to accept help of any kind? They may be using cynicism or sarcasm as an armour for the mind? Or they have decided never to trust anybody? Or to listen to anybody? There are so many ways. Can you think of some?

You do not need to accept the picture of Life-as-a-Game to see that chronic defensiveness can lead to all these problems that I have mentioned. What I would like to have done is to have drawn your attention to its potential dangers, and how it can crop up in all sorts of places. I would like you to be able to recognise it in your own life, and those around you.

When Benjamin Franklin was still a young man he suddenly became aware that he had many faults. Now he might have become defensive about them and said things like, "Well, nobody is perfect," "So-and-so is like that and it hasn't stopped him," "It is too late to change now" and so on. But he did not. He made a list of them. Then he devoted a few weeks to overcoming each thing on his list, as far as he was able.

This chapter may have helped you to recognise, as the various levels, Defensiveness in your self. Defensiveness that you had not thought about. It has been controlling you and not you controlling it. And behind every Defensive response there is a Fear. You might think of copying Franklin to the extent of writing down a list of Defensive Characteristics that you have at the end of this chapter. And then spend a few weeks on each one, to try to overcome the Fear, and regain control of the Defensiveness. Be free to remove your armour. Does this sound like a good idea?

In the next chapter I will be discussing in much greater detail the fear which underlies the Defensive Persona, and how to cope with it, which should help you with the task.

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Your Path in Life

Dylan Morgan

Chapter 10: Fear Paths

In the last chapter I gave some idea of the many problems that can result if a Defensive Persona gets fixed. Now each Defensive Persona is only there as a result of some Fear. If there was no Fear, there would be no need to feel Defensive. And so in this chapter we will be taking a closer look at Fear the feeling of being attacked, under threat. The Fear that is at the centre of all Defensive behaviour.

We are going to look closely at Fear, because it turns out that this is one of the most important steps on the path to be free from its power. As you know, there used to be the idea that the ostrich, when threatened, would bury its head in the sand. Because it could not then see any danger, the story went, it felt that it had removed the danger. You can add this to the list of animal stereotypes if you like. Do you know any ostriches?

Now there may be times when this is a useful defence against certain dangers. If I have to walk a narrow plank high above the ground, then it is best to shut out of the mind any sense of the height, for example. But this defence seems to be generally the worst one if you use it against Fear itself. Fear has to be looked in the eye.

FIND FEAR: FACE FEAR

This rule is a very good guide on your path through life. In the last chapter we saw many of the outward signs which show that there is Fear inside somewhere. We also saw the ways in which the fear can be coloured. That chapter will help you to Find Fear, to recognise its presence and nature. Now this chapter is about how to deal with it.

Let me mention a case. A young man came to me because he was starting to have sudden and terrifying panic attacks. They would come right out of the blue, seemingly for no reason at all. Naturally they made him feel extremely frightened in the times in between. Was he going mad? Was there a brain disease? People can start to imagine all sorts of things. He was starting to be frightened of recurrences, which only made things worse, because he had no way of stopping them.

This is a particularly clear case of something which is common to many problems of persistent Defensiveness, which is Fear of Fear itself. We had to stop him becoming frightened of the Fear that overwhelmed him in that sudden way. If we had not, then he could easily have followed a path trodden

by too many millions, of becoming incapacitated by anxiety or addicted to tranquillisers. So how did we do it? Well he did it himself. I only advised. He was brave enough to FACE FEAR. I asked him to go away and determinedly bring on a panic attack so that he could look at it. He did. It took him longer than he expected. It lasted about 5 minutes, and was not quite as bad as he had imagined. I said, "Very good! Now take a day or two off, and then try again." He did so. This time it was much harder work to FIND FEAR. But he managed it, and FACED it. It lasted little more than a minute this time, and was even less troubling. "Very good! You can take a few days off again, to give any anxiety a chance to build up, and then do it again." He did so. That time it took him the best part of a day to FIND FEAR. And when it came it was a miserable little thing that he could look in the face with scorn. He has never had a panic attack since.

What I would like this example to help you to see is the difference between being frightened of something, and being frightened of Fear itself. This is a very important difference, and to help to remind you of it I am using a capital letter when I am talking about Fear itself, but a small letter for a fear, when talking about a fear of public speaking etc. Do you see the difference? This young man was becoming frightened of Fear itself. Can you see that this is bound to lead to a vicious circle? For if you are frightened of Fear, you naturally create more Fear, which in turn makes you more frightened and so on. If I am only frightened of something dogs, or rats, or flying then usually the fear does not feed on itself.

Have you been in a hall with a poorly adjusted loudspeaker system which has started to screech? A slight noise in the microphone is amplified and comes out of the speakers. This sound is in turn picked up by the microphone and amplified again. It is usually the high notes that get picked out. And soon the hall is filled with a high pitched screech. The sound is going around in circles from mike to speakers, and from speakers to mike. Only the limits of the equipment prevent it from getting loud enough to break your ear drums. This screeching will continue forever if nothing is done about it. Can you see the circular path here? This is technically called a positive feedback loop. Being frightened of Fear gives a positive feedback loop of the strongest kind.

Here are some other ways of looking at it. It may start with the Heart being aroused to fear by something. It sends messages to the Head. The Head, instead of attending to the danger, sees the signals themselves as dangerous. It may attempt to block or smash the signals, but in doing so arouses the Heart to greater levels of Fear.

Perhaps you would like to picture the Heart as a Boy and the Head as a Man. Suppose that the Boy is frightened of something. And that the Man, angered by the display of fear, shouts at him or beats him. This will generally make the Boy even more frightened of life. The Man will see him cowering or angry or crying more and more often. He will get more and more angry. The Boy will get more and more afraid. Can you see the positive feedback loop?

Or we can remember the river picture of feelings, and look at a flood of Fear. If we allow this to flow, just watching or facing it, it will go away. But suppose we get frightened of it and try to dam it. The water level rises. When it breaks down the dam we will have an even greater flood of Fear. So we set to

work to build an even higher dam against the next flood. Inevitably, and perhaps at a quiet moment, the dam will break. This gives the unexpected panic attack that the young man had. If we had allowed him to continue as he had been doing, he would soon be using all his internal energies to erect larger and larger dams, which would cause larger and larger floods of fear. What I said in effect was, "Don't bother with building dams. Practice demolishing them. You will find that you will then stop getting dangerous floods of Fear." Does this picture seem right to you?

When you read this book a second time you will notice a number of other examples of positive feedback loops involving Fear in earlier chapters. For example in the chapter on Health we saw how Fear would tend both to delay healing and to intensify pain. But delay and pain both tend to increase Fear, and so we have a vicious circle. The removal of Fear breaks the circle and makes it possible for healing to proceed.

Here is another example: Insomnia. The typical insomniac has a Head path that runs, "It is dangerous for me not to get enough sleep." He does not question that idea. It is an article of faith. Now it is generally a rule that Fear arouses the body and, except in very rare cases, makes you tense and alert, rather than relaxed and sleepy. Agreed? . So we get this path which is a loop: for some reason sleep is delayed; the thought enters the Head, "I must get to sleep"; the increased anxiety arouses the body and brain; sleep is further delayed; the Head starts sending more and more urgent messages, "I really must get to sleep, it is getting dangerously late"; the whole body is aroused to greater and greater levels of anxiety and fear. This positive feedback loop will continue for much of the night. Finally sheer exhaustion will force the mind and body into an uneasy sleep. The next day is dreadful. This is mostly a result of the stress of the night before, rather than loss of sleep. If the sleep had been lost because of a wonderful party there would be little problem. But the result is that the Head becomes even more convinced of the DANGER of not having enough sleep. So the scene is set for another bad night. This gives more positive feedback.

Erickson would generally break the vicious circles of the insomniac in this way. "So you can't get off to sleep? Well, that is fine. It gives you a great opportunity to catch up on the reading / cleaning / letter writing / exercising that you have been telling me that you have no time to do. So if you are not asleep in five minutes just get up and do an hour of that." In nine cases out of ten this is enough to break the circle. Can you see why? It is because the sign in the Head that says, "Not going to sleep is a DANGER," is replaced by one which says, "Not going to sleep is an OPPORTUNITY." This removes much of the Fear from the loop. If, in addition, the suggested activity is rather tedious, then the thought of doing it leads to feelings of reluctance and then to tiredness. And sleep then comes quite easily.

In fact this book that you are reading is a result of my using a reduction in the hours I was sleeping. For no obvious reason I started to wake up an hour earlier. If I had stuck to a Head rule saying "It is dangerous to sleep less than eight hours", then I would by now probably be hooked on sleeping pills, and be in a bad way. Instead I thought I would use the time to do some writing. I have enjoyed it. I hope that you feel that it has benefited you, too.

Here is another case that came my way as I was writing this. This man works in a canteen. His body reacts to Fear with an attack of Diarrhoea. But the feeling of an impending attack fills him with fear. He

is terrified of the embarrassment of everyone noticing and mocking him. This particular reaction goes back to a time when it happened in school. You can see what happens: he is in the canteen; he feels a slight urge to go to the toilet; at once he starts to get uneasy; he is the only one on duty and so he can't keep running away in the middle of cooking bacon and eggs; he starts to worry some more; the diarrhoea starts to increase; he gets more frightened of an uncontrollable mess; the pressure increases some more. Soon he can be spending all his time worrying about the fact that it might happen, which of course makes it more likely that it will happen. This is all very difficult for him, but just another example of the sort of problem that can arise when you start to fear some of the symptoms of fear, so that a positive feedback loop is created.

I would like to say a little about the word positive, in the phrase "Positive feedback loop". The way I have been using it is the original and correct way. But in some circles people would want to use the word negative, because I am talking about negative feelings. The thing to remember is that positive feedback leads to bigger and bigger effects. Negative feedback leads to smaller effects. The effects can be good or bad. For example, here is a case of beneficial positive feedback. Two strangers meet; one gives a slight smile; the other gives a slight smile back; the first is encouraged to make a light remark; the other replies with a friendly tone; the first opens up some more and talks about something deeper; the other replies. Can you see that this is a positive feedback loop, in which the friendliness increases every time? Of course we could equally have had a positive feedback loop in which an initial frown became amplified, though scowls, defensive remarks, angry remarks, shouts, violent gestures, blows to bloodshed.

You are getting positive feedback if the response encourages you to carry on in the same way. You are getting negative feedback if it discourages you from carrying on in the same way. If you have smiled then a returning smile gives positive feedback you smile some more. But a returning frown gives negative feedback it wipes out the smile. If you start with a frown, then another frown gives positive feedback: your frown will deepen. But if your frown is met by a smile then it is getting negative feedback: your frown will be wiped out. Does this make it clear what I mean by the words now?

We have taken time to look at positive feedback paths, because they are very important in life. It might be useful if you were to think of a few in your own experience.

I will now return to those paths involving Fear. A situation in which Fear is being amplified by some positive feedback is serious. It leads to chronic Defensiveness, and all the problems that can arise from it. And I have said the best thing to do it to recognise the presence of Fear, and then to Face it.

What does it mean, to Face it? I have given one example, of the young man who sought it out. In a milder form it can mean thinking something like this: "Now this is Fear that I am feeling. It is only a feeling. If I just watch it, it will flow away. Indeed if I encourage it along, it will flow away all the quicker. I can at least refuse to be frightened of such a natural emotion. There is nothing unnatural about Fear. People are experiencing it all the time. I have experienced it many times. It has always gone away."

It is then very useful to ask questions about it:

"How do I know I am frightened?

"What colour of Fear do I have? (See the last chapter.)

"What physical symptoms are there?

"Can I make them more intense?

"What kind of animal might feel fear in this way?

"What does Fear seem to make my body want to do?

All such questions are, you see, a facing of Fear itself. You have stopped running away from it. You have turned to face it. You have named it. And you have started to question it.

It can sometimes be useful for you to have some picture of Fear itself. Perhaps you could see a cowardly bully, the kind who loves to pick on weak and timid people, but who turns and runs the moment someone calls his bluff. Or as a mischievous imp. Or a spider that loves to lurk in dark corners, but scuttles away if approached. Or a lump of metal in the chest. Everyone seems to have their own best picture of such things. If you are one of those people fortunate enough to have a good Imagination, then it is well worth finding some concrete picture of Fear itself. It makes it easier to Face, if you can see it. What would be your choice?

Now it is a fact of life that directing attention in this positive sort of way to Fear itself will soon get it on the run. It might try to bluff you a little more at first, and grow larger for a short while. But in the end it is only a feeling, and will flow away.

One very useful way of turning your attention to Fear is the following. You need to become aware of how great it is, on a scale of 10. This is very important indeed from my point of view as a therapist, for I have no direct way of knowing how big someone's Fear is, and therefore no direct way of knowing if we are managing to improve things. A scale is therefore invaluable. But it is very important for the sufferer as well. Can you see why?

Here are some pictures which may help. Think of being a blind person trying to learn what it is to steer a car. You have no idea how near a side you are until you hit it. So all you will know is that you have either hit the right hand pavement (US: sidewalk) or the left, or are drifting towards one or the other, helplessly. You are unlikely ever to improve. But suppose you have someone in the car who keeps on telling you, "Four yards from left, two yards, three again,

four, four, three, four, five, five from right now, four, three, four again from right." Can you see that it would in time be possible to learn how to steer?

In the same way, if you become aware of how near total relaxation or total panic you are, the greater your chances of being able to steer a course confidently through life. There are times, don't forget, when some fear is appropriate. There are real dangers in life. Problems arise if Fear gets out of control, because it then feeds on itself, and leads to chronic fear or anxiety with the resulting dangers.

There is a general principle here. It is a thousand times easier to learn to control anything if you can recognise degrees of success or failure. Think of any subject you have done at school. Now imagine a teacher who "marked" every piece of work you did by either tearing it up or handing it back without comment. You would have no idea what you got wrong or right. You have no way of benefiting from what you have done. Agreed? What you need is more detailed information on what you have got right or wrong.

It is worth thinking about this general rule a bit. Is there any area of life which you feel to be out of control?

Is it possible that this could be improved if you had a better way of seeing how well or badly you are doing? This may not mean arranging a scale of ten. It might mean asking someone to comment on how you are doing. It may mean sitting down and asking yourself questions like, "well, how exactly am I going to measure success?" It could be worth pausing to think about this for a bit, to see how it applies to YOUR life in life.

Returning now to Fear, the following rule is very important. If you find yourself behaving Defensively or Fearfully, your first attention should be to the Fear itself. Only afterwards should you start to pay attention to the fear the thing feared. Can you see why this is best? The following path seems to be a common one. Suppose that I am frightened of something. If I start to think of the thing, then the Fear which it arouses creates a cautious, defensive frame of mind. I start to picture all sorts of ways out. And then to picture all sorts of calamities that could then result. Each of them arouses more Fear, and so fears spread and multiply.

Here is an imaginary example of the thing I mean. A man is worried about some large bill. "I can't pay it," he thinks. "What will that mean? A court appearance. Perhaps they will send me to prison. Then I will lose my job. How will my wife cope? Perhaps she will find someone else while I am inside. And what will happen to me in there? There are some pretty tough types in prison. Will they attack me? And I might catch any number of diseases Syphilis, for example. I wonder how I will know if I've got it? None of my friends and family will want to know me. I'll be a down and out. A penniless bum. God, what a wretched life! Why does it always happen to me?" And this man in half an hour can have presented twenty or thirty horrifying pictures, via his Imagination, to the Heart. Each of them is obviously highly frightening. There is no wonder that his level of Fear will rocket.

Contrast that little story with the following. He has just got the bill. He starts to moan to a friend, who says, "You're scared, aren't you?" "Who, Me?" "Yes, you're scared of that bill, I can see it in our eyes." "Like hell I am! Me, scared of a piece of paper? No way. Sure, I'll have to work a lot of overtime, and cut

down some, but I'll beat it. You see if I don't!"

In this version his friend has directed his attention towards the Fear. Because he is man enough to resent the suggestion that he is a coward, he squares up to the Fear. Every word that he says, and everything that he does then acts to reduce the Fear.

But after paying attention to Fear, and recognising that it is the central problem, then it makes sense to face the cause of any fears also. What I mean by this is to start to think on the following sort of lines: This thing - hospital, swimming, debt or whatever - is causing me a lot of trouble. I am not going to stand for it. I am going to find some way to make it less of a nuisance. I am going to sit down and see if there is something I can do about it.

And these are some of the questions that you can ask yourself if you should have a fear to tackle. Thinking about these questions can give you answers which will help you in your situation.

Is there anyone I can talk to about it?

What exactly is it that is arousing Fear in me?

How much Fear, on a scale of 10, does this thing cause me?

What can I do which will reduce the Fear it causes me by one point?

Suppose someone else had this problem. What would I advise them to do?

Suppose I was paid a month's salary to solve this problem, what would I do?

These are just a few questions. There are many more which can be asked about a particular fear. The important thing is that they should help you to look the fear clearly in the face. I do this a lot with people. It is so very, very common for someone to have shied away from a fear for a long time. And I then calmly and patiently lead them towards talking about the fear, usually by asking questions. And the fear always turns out to be less of a problem than had been imagined. This works because my presence, and my attention, keeps any Fear well down on the scale. It is then safe to approach the thing feared, and look at it clearly. In many cases we do not need to do very much more. My clients can often find the solution to the problem which was causing all the anxiety, once it is faced fearlessly.

This principle of facing the fears is used in the common and simple technique known as Desensitisation, or Progressive Desensitisation. Suppose, for example, that someone has a severe fear of deep water, so that they can never even go near a swimming pool. And yet they want to swim. The path of Desensitisation is as follows: look at a picture of a pool; let the Fear arise; and then subside; repeat daily until the picture arouses no Fear; go and look briefly at the pool; let the Fear rise; and then subside; repeat for longer periods until being at the pool arouses no Fear; change into a swimming costume and

walk around the pool; again let any Fear arise and subside until it no longer appears; sit on the pool side and dangle feet in the water, again until any Fear has subsided; continue step by step, with no hurry at all, and each time allowing any Fear to arise and fall before moving on to the next step; stand in shallow water; walk in shallow water; sit in shallow water; move to deeper water and back; float in shallow water; swim in shallow water; float into deeper water; swim into deeper water.

Provided that the person has the determination to beat the Fear, and the patience and lack of selfconsciousness to follow this path, which may take a long time, then (s)he can overcome the fear. It can be greatly helped by having someone at hand to give support and encouragement, of course.

Some fears, such as the fear of flying, cannot be easily broken up into small steps like this. You either take the flight or you don't. You can't get out after take off. In cases like that the Imagination can be used to fill in some of the steps in between. I will commonly take people into a light trance in which they can see and feel themselves vividly in the necessary situations. But the path is basically the same as above. It again means going step by step, taking the Fear out of each step before moving on to the next. The progress can be quicker using a trance, because it is then possible to give suggestions of confidence and freedom from Fear at the same time.

Perhaps you have heard of this method of Desensitisation? But perhaps you have thought of it as only being useful for people with obvious phobias.

Pause for a moment and think if there is any situation that makes you nervous or uneasy. I suppose that most of us have something in this category. If you have something that is best called an outright fear, then you can think of this as well.

The next thing to do is to find five to ten steps of increasing anxiety on the way to the fullblown situation. For example a shy person can be terrified of finding someone of the opposite sex, though they very much want to. We might think of the following steps for a young man: exchange a few words with a plain waitress or shop assistant; pay a compliment to one; exchange a few words with a girl at work; pay her a compliment; find out what she likes doing in her spare time; ask to her to do that once with him. The exact nature of the steps will depend a lot on the man, what he is able to do, and the things that he finds most frightening. But you will see the point. He is to arrange a series of steps, in an increasing order of anxiety: a path for him to progress along.

It is like crossing a river which is too wide to jump by means of a series of stepping stones.

It is like climbing a wall which is too high to clear at one leap by means of a series of steps up a ladder.

How about you? Would you like to take one of the things that you feel uneasy about and see if it can be broken down into a series of steps, which can be tackled one at a time?

Perhaps you will notice the importance of having an underlying idea of life as consisting of a path, a

process, a series of steps. Some people limit themselves enormously by failing to realise this. They will think only of whether a person is rich or poor, they do not see the processes by which a poor person can become rich. If they think of becoming rich at all, it is only through some windfall, a legacy or a great gambling win. But this is not the most common path to wealth. Or they will think that the only way to learn to swim is to jump in the deep end. Or the only way to get married is to suddenly meet the perfect mate, and fall deeply in love and be instantly perfectly compatible. Or that you are either frightened of something or not, with nothing in between. So that the only way of losing a fear is suddenly. These sudden leaps can happen, but they are not common, and can never be relied upon. Does this paragraph make you think of anyone you know? Or of anything that YOU would be able to deal with better one step at a time?

Another important avenue to explore when you are dealing with fears is of early influences. There is an instinctive mechanism by which a child will feel frightened of something if it notices an adult feeling frightened of the same thing. You can probably see that such an instinct would once have had considerable survival value. If a child in stone-age days saw a parent start away from a snake or other danger and paid no attention, there would be a good chance that that child would die from snake bite before it grew up. Can you see how valuable this instinct would have been?

As a result of this we often find that a fear of mice, for example, will run in families. If the mother screams with fear at the sight of a mouse, then her child will be automatically conditioned to feel the same.

Incidentally this should suggest to you a way of teaching your child to be frightened of something that really is dangerous. Nowadays we rely a lot on giving children verbal instructions, often when they are at an age where it is not that effective. But if you can manage to act a convincing panic at the potential danger then it will often be more successful than a thousand words. You will at times find parents saying, "Don't do what I do, do what I say." But sadly the power of the instinct to copy the behaviour of an adult goes back further in time than speech, and is deeper and more potent than the power of speech.

So you could explore the possibility that some of your fears are rooted in your childhood days. It is often easier to get rid of them if you can find their origins. So, have you picked up any fears in this way, do you think?

Now I have told you quite a lot about Fear, and fears, and how to face them and overcome them. It is natural therefore that you will be thinking that they are Bad Things. I want to correct this impression. First of all I want you to reflect on the fact that most things in this world are neither good nor bad in themselves. Fire can be used to warm or to destroy. The invention of gears and pulleys made light of much backbreaking labour, it was also used in the torture chamber to break backs. Electricity has been used to make your life much easier, it also has been used by torturers and executioners. Sexual desire can bind a man and woman into a lifelong and deeply satisfying union, ut it can also lead to rape and prostitution.

So what of Fear? I have shown how it can lead to severe problems in life if it is inappropriate or chronic. But what of the positive side? From your point of view it is fortunate that other people have a natural fear of walking into your house and walking off with your possessions. Would you agree? It is also fortunate that they have a natural fear of accidents and death which makes them take care in driving along the road that they do not bump into you. Agreed? Very occasionally there arises a psychopath who has lost all sense of Fear, and combines it with a hostility which leads him to slaughter others with no restraint. Most of us would agree that it would have been better if he had retained his sense of Fear, even if he had lost his sense of compassion. Agreed?

I invite you to think in more detail of how life would be for you if everyone else were to lose all sense of Fear, while at the same time not being perfect in love and compassion. I think you will find that even if a society of such people existed, it would be inhuman.

Now turn to the other side of the picture. What advantages are there to *you* in having Fear? By what I have said above, it is in the interests of *everyone else* that you have some. But that will probably not influence you much. So I will ask you instead to remember what happens to those rare individuals who have no sense of pain. They die young of multiple injuries which they did not notice. I would suggest to you that since there really are dangerous things and people in life, some Fear is a natural and life-preserving emotion. If you lacked it then you would get into some really nasty situations. What do you feel?

I can go further than this and point out that many people actively *seek out* Fear. You may be one yourself. If not, then I want you to think about the fortunes that are spent buying spine-chilling books or watching horror movies. If a viewer were not frightened by the story, then (s)he would be disappointed. And then there are the white knuckle rides in amusement parks. They are designed to be frightening. My local one, in Lightwater Valley, recently opened a Rat Ride. This features an underground ride through rat-infested sewers. It can only attract people who want to find some Fear. And what of the world of sports? Rock-climbing, pot-holing, bob-sleigh riding and the like typically attract people *because* of the dangers, rather than *in spite* of them.

What is the difference between these Fears that people are actively seeking, and the ones I described in the first half of the Chapter, which were causing such problems?

I don't know how you see it, but here is how I do. I would like us to begin by looking at people on a roller coaster. The game is to try to tell, by looking at them, which of them will want to go on again. Some will be screaming but it is often very hard to tell whether they are screaming with excitement or fear. Most will be holding on very tightly but again this can be caused by excitement as well as fear. Some will be holding their breaths but again this can be as often a result of excitement as of fear. If you could inspect the state of their bodies you would find high levels of adrenaline which are produced by excitement or fear, and you would find sensations in the stomach area but again they could as easily be a result of excitement as of fear. Are you beginning to see that there is quite a narrow line between what we call Fear and what we call Excitement? In terms of the body's reactions they are almost

indistinguishable. And yesterday I had a client who has got into panics about her driving test. When I asked her to feel the panic, she felt it and burst into tears. When I asked her to feel the joy she will have when she passes, she felt it and burst into tears. Her body reacted in exactly the same way. I could not tell the difference.

So what is the difference? In its simplest form I would suggest that if, in your mind, you are facing the experience, leaning into it or willing it, then it can be called Excitement. If, on the other hand, you are turning away from the experience, leaning back from it or wanting to escape, then it will be called Fear.

If the Head is saying, "This is Dangerous. I want to get off." then the feelings will be regarded as panic. If it is saying, "Whee! This is Fantastic. Give me more," then virtually the same sensations in the body will be regarded as Exhilaration.

With these ideas in mind we can begin to see why people look for Fear. They are like surfers looking for a giant wave because of the fantastic ride it can give. They look for a wave of Fear knowing that if they ride it with a good will then it will be extremely exciting. If there were no danger of a wipeout on the wave, then there would be no excitement. If there were no danger of losing control and falling into a sea of Fear, then there would be no exhilaration in facing the fearfilled experiences that I have mentioned. So all over the world there are people taking themselves to that knife edge. The game is to build up the sense of danger as high as it will go, so that the Fear that goes with it will also rise, but all the time to keep balanced and to lean forward into life. The great Fear is then felt as great Excitement and Exhilaration. For many this is one of the greatest rewards that this life has to offer.

Does what I have said harmonise with your own experience of life? You might name some people that you know who seem to court the Knife-Edge of Danger.

These people are *making use of* the feeling of Fear, and so they are not, at the deepest level, afraid of it.

There is a very strange consequence of this, which you may come upon in life. That is that many people are drawn in life towards the things that they fear most, and come to excel in them. Let us look at this path, and see how it goes. We will suppose, as an example, that there is a person who starts with an extra helping of a very natural fear of standing up in front of a crowd. Now suppose that this person also has the courage to face this fear, and begins to try to overcome it. (S)he may start by taking a small part in a school play, or by learning to tell jokes to a small group of friends, or by daring to sing or play an instrument at some occasion. Now before each small performance there will be a lot of "nerves", a lot of Fear. But provided that this is kept just on the right side of panic it generally leads to *an improved performance*. Other things being equal it is the performer or athlete who gets his or her whole body keyed up beforehand who will do the best. And the one who is most terrified of failure who will prepare hardest. There is therefore often the positive feedback of success, on top of the exhilaration of the performance once it has started. This acts as a spur to go further in the same direction, and to try again. The next attempt will be at a higher level, with higher levels of potential Fear. And so the path circles to higher and higher levels of success.

I would like you to bear this thought in mind the next time that you read some biographical details of successful people. There are *other* spurs to success of course, but you may look out for little telltale signs that a person has been using Fear. You will find millionaires who have never lost a terrible fear of poverty. No matter how much money they have, they cannot shake off the fear of the poverty they knew as children. You will find performers of all sorts who never lose the feeling before a performance that they are going to be too terrified to go on. I have found out from experience that the woman who looks like a fashion plate model on the outside, can feel on the inside as if she dare not face the world in the morning until she has spent two hours on her hair and face. And some of the most dominating and authoritative men have become like that because they have a deep fear that no-one will take them seriously, unless they take every opportunity to take control of every situation. I can also recognise the way that Fear has functioned in my own life. Would you like to know how? Well, for much of my early life I was nervous of people; frightened because I did not understand people. And my work is a facing of that fear. Because of it I have to try harder to listen and to understand. Because it tends to key me up I will tend to do better than I otherwise would. I recognise that this is making me increasingly effective in helping people, and so there is some general benefit.

Perhaps you would like to reflect on these ideas for a while. Think of some successful people you know. They may be perfect mothers, or perfect husbands, or be outstanding in some other way. Then start to wonder if they have become like that because of a deep fear which drove them to try harder in that way. It does not have to be the case, of course. But it does sometimes happen. And more often than you would expect.

Then you can reflect on your own life. If you look back over your path, can you see times when you have been driven to higher achievements in some area or other by Fear?

And can you think of some area where you would like to do better? And is there a fear of some kind that can be *used*, provided you are on top of it and not under it, to drive you forward?

All of these things that I have been saying about Fear should help to stop you feeling afraid of Fear, or its symptoms. If you can come to see that you can ride Fear and control it, then it can become like a great wave for the surfer, a mighty stallion for the rider, a high performance engine for the driver or a never-failing river of water to power mighty turbines. The greater the Fear that you feel, the more advantage you could get out of it, should you determine to control it.

Now that we have discussed Fear in some detail I will return to the subject of the Defensive Persona. You will probably notice that the Defensive Persona is usually adopted in response to some fear associated with other people. And it is even more true that chronic Defensiveness has to do with other people.

There are exceptions, of course. The hypochondriac can be locked into a cycle of fear involving the health of his or her own body, for example. But the fear of other people, in one form or another, is the most common of all fears, in my experience. And this is not too surprising when you think how deeply

involved we are with others. I will therefore devote most of the rest of this chapter to aspects of our fear of people.

A very common one is the fear of criticism. "I will be blamed if I do such and such." Here the central fear is of something like guilt. If you have this fear, and are involved at home or at work in a relationship with someone who is generous with his or her advice (as they would see it) or criticism (as you see it) then you have the ready-made materials for a permanent Defensive Persona. Again you can think about this. First see if you know anyone who is suffering from an extreme form of this. Most people dislike criticism. But now look at the Defensive Personae of those around you with an eye to what is setting them off. Try to find someone for whom criticism, however mild, sets them off into their stereotyped Defensive Persona.

Next think about yourself. Notice how you respond the next time you are blamed for something. How do you defend yourself?

Another thing which can arouse fear is anger. Of course if someone is angry with you then they are probably blaming you for something. But it could be that you are only frightened of anger itself, and are able to handle calm criticism constructively. It is useful to know exactly the

triggers for Fear. There are also people who are frightened if they think that someone is blaming them for something, but keeping quiet about it. They would feel better if someone *was* shouting at them!. So, looking at yourself, how do you react to anger? What Persona do you adopt, and, on the scale of 1 to 10, how frightened does anger make you?

To play fair, I will give you my answers to the above questions. As a young man my fear would hit the roof 10 if I was shouted at. My response was what you might call the frightened fawn immobility. I would feel very tired. If I had carried it through I suppose the natural instinct would be to look dead, in the hope that the danger would pass by. My response to most criticism however, was different. It would generally arouse my Head to a very strongly reasoned case in my defence. Fear levels would probably be under 5. As I have grown older these patterns have changed. Anger directed at me is no longer likely to arouse Fear levels as high as 5. My response tends to be one of detachment, "I wonder why (s)he is going over the top like this? (S)he must have a lot of background tension in life. What a very dog-like Defensive Persona." And I will generally wait until the furore has died down before doing anything, and then take a calm line, rather as I would with a yapping dog. I have also moderated my automatic Head defence to criticism. It stopped me from learning a lot. I am now much more inclined to react to it with a "Tell me more" response. Instead of resisting, fighting, defending I will try to encourage. By asking a few questions, and listening carefully to the answer I will find out something important about how I appear to others. I know that I will not be able to please everybody all the time. Some may like my eyes brown, others may prefer them to be blue. I cannot do much about that, but I can learn to adapt my behaviour to make it easier for me to communicate or cooperate with others. (But of course I can still make mistakes!)

Then there is the very common fear of making a fool of yourself in public. This might not seem a terrible thing. But just today I have read a story in my local paper about a youth who has killed himself. And this was because he was being mocked at school for the way he behaved at a party the night before. There is a very strong instinct which makes for social conformity, which is stronger in some than others. Do you have a lot of it, I wonder?

In this day and age, where there are so many life styles and subcultures, I find myself frequently suggesting to people that they look for the people that they feel easy with, rather than try to conform to the standards of the people that they happen to be with. Does this remark have any bearing on your life?

Another fear in people is what they may call the fear of being hurt. If you have had the experience of loving and trusting someone, only to find that they let you down with a crash, then you will know this feeling. "You can't trust anyone." "People always let you down." This deep mistrust of close relationships is often well founded on actual experiences. It is obvious that some people are far luckier than others in this way. But it is also true that there is something about these fears which tends to bring about the very thing feared. This is how it works. Let us imagine a man who has some such distrust of people. As a result he behaves in a cautious, grudging way. This endears him to nobody, and arouses in many a desire to get the better of him. So every day he is getting a lot of little signs which confirm him in his judgment. A few years later he might meet a man who knows how to handle him. This man agrees with him totally, "No, you can't trust anybody. I quite agree. Don't even trust me. This deal is quite open and above board. We both stand to make a fortune from it from it. But you ask so and so about me. I want you to feel quite free to check me out. You are so right about not trusting people. I am the same. I know that you won't mind that I have had you checked out pretty thoroughly? And I found that you could be trusted up to the hilt, not like so many people. Your only fault is that you can be slow about grasping opportunity, so I'm told." Lulled by this spiel our man is taken in hook, line and sinker by the professional conman, who knows how to play on his caution and his greed and his pride. After going through the subsequent bankruptcy his conviction that you cannot trust anybody is of course a hundred times stronger.

This might be a good time to remind you of the general rule:

FEAR OFTEN ACTS TO BRING ABOUT THE THING FEARED.

If you are afraid that your boyfriend will leave you, it is all too likely that you will behave in such a jealous, clinging way, or in such a pathetic, abject way, that he will soon get sick of you. The Defensive Persona you adopt in response to the fear of him leaving is seldom appealing. If you are afraid that people don't like you, then you are almost certain to behave in a Defensive way in company, which will in fact be unappealing, so people will not like you. If you are afraid of losing your job then you are more likely to be sacked in hard times than the man beside you who makes it known that he is looking for a better job. Your defensive behaviour, caused by the fear, is unlikely to look good in your superiors' eyes. Your colleague's confidence will tend to make Management want to hold on to him. If you are frightened of illness then, as we have seen, the very fear prevents the body healing itself as well as it might, and things get worse. If you are walking on a roof top, then the fear of falling is the thing which is most likely

to make you fall. Do you see the pattern? But remember that this rule applies mainly to those cases where the fear is in control of you, and not you in control of the fear. Think of your own fears. Get someone to help you, if possible, and ask the question, "Are my fears controlling me, and getting me to act in ways which actually make it more likely that what I fear will happen?"

To end this chapter you might think about and list what it is in other people, or social situations that you fear. You could list people, or places, or types of people. This would then give you something to work on, and to apply some of the principles of the rest of the chapter to. I would also like to mention the two best selling books by Dale Carnegie, "How to stop worrying and start living", and "How to make friends and influence people." The former is full of useful little ways of disarming Fear, and the second will help with many fears of people. Not everyone likes their style, but their continuing popularity testifies to the real value that is in them.

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Your Path in Life

Dylan Morgan

Chapter 11: Hypnotherapy Paths

This chapter is in some ways different from all the rest. In them I am talking about things that happen to most of us a lot of the time. We are always following one path or another, thinking, feeling, using our imaginations, or doing things. Health and illness, defensive behaviour and fear are themes which are common enough in all our lives. There may be two opinions on the existence of a spiritual life but it has daily meaning to an enormous number of people. On the other hand very few people would say that Hypnosis has any part to play in their lives. Most people know little about it, and many are very sceptical about what they do know. I wonder if you could summarise your own feelings about it in a few phrases?

So why should I be writing about it? Well one answer is that I would be giving an unbalanced idea of my work if I left it out. On the other hand there may be people who, on learning that I do Hypnotherapy, will want to dismiss everything else I say because they have already decided that it is the province of charlatans. Naturally I would like the chance to explain to them a little more about what I am doing to give them a chance to revise their judgment. Then again I have used the light word "trance" in quite a few places earlier in the book, and it could be useful for you to know a bit more about what I mean by this. Finally I think that you will find that those features of the human mind which are involved in hypnosis are much more common in every day life than you may have realised. But if you want to you can regard this chapter as being a bit like an Appendix and skip it.

One of the problems about the word Hypnotism is that it conjures up in people's minds a certain kind of picture of a Hypnotist. He is a man. Would the word conjure up a woman to you? He has a forceful personality. Agreed? He has the power to subject other people's wills to his own. Is this part of your image? His eyes are bright and dominating. Do you picture this? He can bring people into a state where they will do all he says unquestioningly. If he clicks his fingers and says, "Do this," then it is done. That is the picture. Do you recognise it?

Now it seems to me that there *are* men who are rather like that. But I do not see them working either as stage hypnotists or as hypnotherapists. I see them as charismatic politicians, driving businessmen or military officers. Men at the top of whatever it is that they are doing. They can use authority or charm or naked force to get people to do what they say. The Newspaper Proprietor says, "You *will* publish a story on this!" and the Editors say, "Yes, Sir." The Movie Mogul says, "Get me Clark Gable for this movie!" And those around him say, "Great idea!! At once!" A Commanding Officer says, "Charge!" and men will move forward to their deaths. Do you recognise the kind of man I am describing?

I am not saying that such men are necessarily good or bad. Hitler was like that on the one hand, and there are few today who would regard him as an essentially good man, but you can probably name some men that you admire who are or were also like that. If you like the man you may say that he is a charismatic leader. If you don't you may call him despotic or dictatorial.

I would like you to think for a bit about why it is possible for some men to act effectively in this way. Why is it possible for them to get so many of us to do what they want? My ideas about it are as follows. You can see if they make sense to you. It seems that many if not most of us have an innate response which inclines us to obey those who seem to be higher than us in our society. Without this, discipline in schools would be virtually impossible. Without it an organised society would be extremely unlikely to evolve. Dogs have the same instinct and can be trained to work in groups and to obey a leader. Cats lack it. Some individuals are in this respect like cats. They are loners, and can seldom be made to join in or do anything that they do not choose to do. If everyone were like that then there would be no groups of us acting together. On the other hand there are far more who are more like dogs and are ready to respond to authority, to join in the pack or group, and to obey the highest individual in it. Among these there are, not surprisingly, those who are very responsive indeed. These are the people who leap to please the slightest whim of someone in authority. Perhaps you know someone like this?

And you may know someone who, catlike, does not recognise what authority is, and always walks his or her own path?

Now a man who has a desire or need to be in a position of dominance over others can usually find it easy to acquire a following of some of the people in whom the dog-like pattern of following the leader is particularly strong. They are drawn to him as moths to a candle, by the displays of authority he makes. There are various behaviours which will enhance the effect. He may use wealth, power, speed. He will be surrounded by an entourage. He may be unpredictable and free from many of the normal conventions. In anyone else his behaviour would often be called downright rude. He may make strong demands and display strong anger if they are not met. He will never confess to a mistake. He will be forceful and definite in all he says and does. There are a whole set of such behaviours, and naturally different selections are appropriate in different settings. The leader of a Democratic country needs to display different leadership qualities from those needed to head a military dictatorship. The leader of a charismatic church, or a guru, must not behave like a leader of the Mafia. But unless they have some of the characteristics of leadership, unless they can somehow evoke in enough people the feeling that they are to be looked up to and followed or obeyed, then they will simply not be taken seriously. And people will ignore them. (Even a consultant surgeon will have his status underlined by his different clothes, his attendant doctors and nurses as he makes his rounds, his authoritative air, and at times, to his juniors, his arrogance.)

Now the key point here is that in all these cases the authority figure is narrowing the scope of his personality. He will only act or talk in a way which enhances his prestige. This will evoke a similar narrow matching personality in his followers. The narrower the attention the greater is his effect. He does not encourage thoughts which might suggest that he is, after all, just a normal man when he is not in

public. That he has piles; was once a baby in his mother's arms; makes a lot of mistakes of all kinds; is selfish and egotistical; a pain in the neck to his wife: none of these things, which could easily be true, enhances his image of authority. And so they are, wherever possible, kept from the public.

Perhaps the starkest and strongest images we have of men in authority are the kings of earlier days. With no degrees in psychology they instinctively used all the most effective triggers to evoke the obedience response in their subjects. Magnificent displays of pomp and power. High thrones. Courtiers all around to obey their slightest whim. Even the worst king could, in these ways, evoke a slavish devotion in his subjects.

What has this got to do with Hypnotism? Well simply this. There are some Hypnotists who are basically trading on the same response, though in a much smaller way. The Hypnotist that we pictured at the beginning of this chapter will be trying his best to persuade his "subject" (notice the overtones of this word a ruler had subjects) to accept his authority and to do what he says. *Nowadays you are unlikely to come across a Hypnotherapist who is using this effect in a blatant way.* A stage Hypnotist, who needs rapid and dramatic responses, is much more likely to be taking a dominating approach. If you have ever seen one of these performances I would like you to ask yourself whether, even so, he ever achieved very much more than could be achieved by giving a good party in which everyone has had a lot to drink, and then are told to do silly or amusing things.

He will certainly never have the capacity to get someone to go to nearly certain death. Though this, as I have mentioned, can be produced by the intensive conditioning in an army to respond to orders.

Now let us think of some of the other ways in which people can enter a state where they will do anything that another person asks. Let us take a more pleasant one. Love. Here is a young person who has just fallen totally in love. No-one else exists except the loved one. All the lover can think about night or day, the sole focus of attention, is the beloved. Do you recognise this state? Of course it can be more intense in some than in others. There are some people who never seem to feel this, just as there are some people who never respond to authority. But for those who do it is usually accompanied by a desire to do whatever possible for the beloved. It will be done willingly and happily, no matter how far it leads the lover from her or his customary paths. If you love someone totally you will want to do everything they ask. If they love you totally then they will do all you ask. A seducer is one who cynically exploits this, and by acting in such a way as to evoke love in a woman, is then in a position to ask her for all he desires.

One case I came across recently went like this: This man knew how to be very attractive to women; he attracted my client; in the modern age she had no objection to sex indeed his great ability in bed was one of his attractions; she got to love him and her whole life started to revolve around him; that was when he let it out that he was a pimp, and had several women working for him in houses; it dawned on her that he wanted her to do this too; she was absolutely furious; but she ended up working for him; it did not make her happy.

The Hypnotist never has the power of that pimp or the common seducer. One reason I have for mentioning this is that there is in some people's minds the idea that a Hypnotist may use his "power" to seduce his female clients. Now, I am not saying that this is impossible, though it would be extremely difficult for him to prevent an unwilling subject from coming out of a trance the minute he started to make his licentious suggestions. What I am saying is that he would get further by taking the woman out to dinner, confessing himself to be irresistibly drawn to her beauty, and head over heels in love with her. Can you see this?

Another deep motive in many people is filial duty the feeling of obligation to care for and obey your parents. This, also, can be a good thing. But it can also be abused by parents who use it selfishly. Do you know cases where a daughter, or less often a son, has never had a life at all because they have been forced to look after a cantankerous and demanding older person, and obey their every whim?

No Hypnotist has that kind of power, because he is not in a position to elicit filial emotions towards himself.

There are many other desires as well that people can play on to get others to do what they want. The feelings of insecurity, or greed, or guilt, or ambition.... There are so many. And an astute salesman can use any of them to help sell you a product that you really do not want or cannot afford, as if against your will. Have you ever met one of these gentlemen, and come away secretly angry with yourself because he has somehow got you to do something that you would never have done if you were in your right mind? I have. It is not a matter of hypnosis. It is a matter of applied psychology. Salesmanship is the art of getting the customer to realise that your product is the answer to his or her desires. At the good end, it *really is* the answer. At the bad end you have been manipulated into *believing that it is*.

Now let us look at some of the things that can be achieved in the name of Hypnosis which seem to lie further from the realm of things which are normally possible. Let us take anaesthesia, for example. This is a state in which normal sensations of pain are removed. Many dentists are trained nowadays in these techniques, for the benefit of those patients who are frightened of, or perhaps allergic to, anaesthetics. Does it seem strange to you that it should be possible to remove sensations of pain without anaesthetics? Yet, if you think about it, can you not remember a time when, in the middle of some exciting activity you were injured in some way, but did not feel any pain until later? If you have no recollection of your own, then you could read some autobiographies of ex-soldiers, or some of the first person accounts of all manner of accidents in the Readers Digest. Time after time you will find accounts of maiming injuries: of a neck deeply wounded by a chain saw, of an arm being blown off, and the like *but with there being no pain*. I have read one account in which there was even a case of a boy with an iron stake through the heart from which he recovered: and even HE had no pain at the time!

This does not last for ever, but it underlines the fact that there are mechanisms in the brain to prevent consciousness being clouded by pain. Scientists believe they are on the rack of the mechanisms with the discovery of the endorphins and other pain suppressing chemicals in the brain. But what is important to us is simply the fact that the mechanisms are there.

So how does the hypnotist elicit the response? He does it by focussing attention. There are many ways of doing this. In the last century it was often the custom to make "passes" over the body. The hypnotist would run his hands repeatedly down the patient's body, without necessarily touching it. Nowadays it is more common to tap the power of the Imagination and to suggest to the patient pictures of a soft glove over a hand, for example, with the suggestion that it will take away the pain. It is at times even easier: I have done this by calling to mind a picture of an anaesthetic injection in the affected part. The feeling of pain will then go away. Any of these methods keep the attention on the area of interest, and will generally produce the required effect in time.

By and large the greater the motivation of the subject, and the greater the confidence in the initiator, the quicker the effect. But we are still talking about quite a long time compared with the effect of an anaesthetic. In the days before anaesthetics were discovered there was a period when hypnosis was used to induce total anaesthesia before major operations. This might take five hours of a skilled practitioner's time. It is the time and therefore the cost, together with the fact that not everyone responds, which makes chemical anaesthesia the first choice, and by far the most common today.

Let us take another phenomenon: amnesia for what has happened under hypnosis. Now no one can say that we do not have an ability to forget things. Indeed the most common complaint is that we forget things too easily. We forget most dreams within seconds, and vast chunks of our everyday experiences are never recalled. Most of us have sat through lessons or lectures or sermons at the end of which we would be lucky to remember one word. This natural ability to forget can be enhanced by suggestion, which is to say by concentrating the attention on the idea that what has been said will be very easy to forget, very hard to remember.

This is an everyday experience that you may recognise: you want to recall a name; but it does not come to memory; you try harder; it gets more elusive; you may think, "I will never remember it", or "I have a hopeless memory"; and these thoughts just make it worse; the more you try the worse it gets. Someone once said that every time you say to yourself, "I have a memory like a sieve," you punch another hole in it. In other words you can suggest to yourself quite easily that you will forget things. It should not surprise you then that a hypnotist who has your full attention can bring out the same ability.

Another little trick, that I have mentioned earlier in the book is that of "levitating" a finger, hand or arm. If you did the little experiment that I suggested then you will have experienced it in a small way. What is happening is based on the fact that there are two systems of nerves controlling your muscles, one set controls the normal voluntary movements, the ones that you decide to make in the usual quick way. But there is another set which is not normally under voluntary control. These will respond however to various stimuli. It is common, for example, for someone who is frightened to find that certain sets of muscles have tightened up involuntarily. At times this can get so bad that there seems to be no way of releasing them. You will have heard of the saying that a drowning man will clutch at a straw. In a desperate situation the muscles of the hand can indeed automatically clench on anything that seems to offer safety with a grip of incredible strength. Now what you may well have discovered for yourself is that if you present suitable pictures, via the Imagination, to the lower centres of your brain which handle this,

autonomous, nervous system, then it is possible to get it to respond appropriately. If the Hypnotist markets this phenomenon as indicating the power he has over the person, then it can feel quite impressive to the subject. This in turn can lead him or her to be more responsive to further suggestions. But in the end all that is happening is that a certain ability of the human body, which can arise spontaneously in certain circumstances, is being produced more or less deliberately by the concentration of attention on that feature.

I have now perhaps given enough examples for you to understand what I mean when I talk about Hypnosis. It is a broad collection of techniques which, by controlled focussing of attention, can be used to enhance functions or abilities which are naturally present in most of us.

By way of contrast I want you to notice that it is quite easy for many people to imagine themselves flying or floating through the air. But the human body cannot do this unaided. And so no amount of hypnotic suggestion can produce this effect in reality. Or again, there is a very amusing children's book called *Woof* by Alan Ahlberg. In it the boy hero finds himself turning unpredictably into a dog. It turns out in the end that the transformation is a result of the intense desire of his baby sister for a pet dog. It makes a very nice story. But since there are no natural mechanisms for making this sort of change, there is nothing for Hypnosis to activate, and so no amount of Hypnotic suggestion could turn a boy into a dog. If you think otherwise then all you have to do to convince me is to find a hypnotist who can do it.

There are natural mechanisms involved in healing and pain, thinking and feeling, anxiety and its relief, remembering and forgetting, resolving inner conflicts, coming to terms with tragedy, sleeping, eating, digesting, sex, breathing and so on. They are in daily use, or misuse. These are therefore all areas where the techniques which go under the broad heading of Hypnosis can be used.

There are also a number of trance-like states that people enter quite naturally. Have you ever said or been told, "You are miles away"? The person concerned will usually be quite still. The eyes are fixed and unblinking. Breathing will usually be shallow. There will often be a start of surprise when the state is broken into. During the time the person is in the state there is little or no awareness of anything around, or even physical discomfort. Afterwards there may be pins and needles or pains in the limbs if they have been held in an uncomfortable position. It may also be very difficult to recall what was going on in the mind while all that was happening. Do you recognise this state in yourself? If so perhaps you might like to think about what you are doing? Perhaps you have noticed others doing it? Who? When?

This kind of trance will be familiar to many teachers, for whom it is a sign that the pupil is no longer paying attention, and they therefore discourage it. There is another kind of open-eyed trance which can be found in class which is more desirable. In this state the pupil is again airily motionless physically. There are no signs of restlessness. (S)he is again unaware of most of the world around, or of bodily sensations. But now the eyes are fixed on the teacher's face. Every so often there is a slight nod or smile of inner agreement. The attention is totally focussed on the teacher and every word is taken in as a thirsty man may drink water or baby its milk. Indeed it is not uncommon in this state for the lips to be slightly open as if "drinking in his every word."

You may also find a similar kind of open-eyed trance in lovers. "She only has eyes for him." You will have seen this any times, if not experienced it? There is total attention. And most of what is heard in this state is remembered and made a part of oneself.

In these states people are very open and receptive. What is heard in these states, whether it be the "you are beautiful" of the lovers or the "Jane Eyre is a work of genius," of the English class, is accepted unquestioningly. All critical faculties are set on one side.

Now any therapist who knows his job should be able to recognise these receptive states, and, gain if he knows his job, take advantage of them to introduce gently and naturally the new ideas which are necessary to help that person to change. If someone naturally enters this state then why bother to go through an elaborate or formalised Hypnotic Induction Procedure?

So I want you to see again that what I call Hypnosis is the production of states which happen quite commonly in life, but in a purposeful and directed way. Hypnotism cannot elicit any response that is not potentially there.

It is quite easy to allow a lot of people to drift into one of the open-eyed daydreaming trances that I mentioned first. The only difference from the everyday state is that the client is reporting quietly on the things being seen in the Imagination. The attention is all in this inner world. With just a little left over for me, so that I can ask a few gentle questions or make a few small helpful suggestions. This kind of trance is the one in which the exploration of inner landscapes is possible. I have spoken of these at greater length in the chapter on the Imagination. The daydream is the natural working of this faculty: the resolving of problems by forming pictures of them, and then playing with the pictures. The night dream is often doing a similar thing. Many schools of psychotherapy regard such dreaming activity as the world of the subconscious, and place value on knowing the meaning of each symbol in the dream. I find that the elements of dreams have quite different meanings for different people as I have mentioned before. Neither do I see any necessity to know consciously what each thing in the dream represent. The natural faculty has been working for millions of years before Freud lay in his cradle or suckled at his mother's breast. Think about this.

What is required by the person is the resolution of the problem represented by the images. And it is generally clear enough what the problem is in the picture, because of the feelings of distress which are felt about certain things. So my task as therapist is normally to provide the gentle hints, *within the world of the imagery*, which will allow the problem to be resolved more quickly and easily. I am enhancing a natural faculty, not creating a new one.

Here is another example. This young lady was in distress as a result of problems in her personal relationships. In an inner-world type of trance we looked at a house in the country which she conjured up to live in. It was fine. The main problem was that there was no porch and the door was left open. As a result anybody could enter and anything could blow in. You can see that the results will be unpleasant after a while. My gentle suggestions were that she should build a porch, turn away doubtful characters

before they got any further, and not let anyone further than the living room until she knew them well.

This is common sense in the world of the images. It is not really necessary for me also to have realised that her problems with relationships were all caused by her becoming far too deeply involved with the men she met, far too quickly. She had little discrimination. And it naturally led to problems when they turned out not to be what she imagined them to be. Can you see how her behaviour in the outer world is imaged very well in the open-door house?

I would like to put in a little warning here. You will have noticed that I use words like gentle and small when dealing with the changes I introduce into such trances. This means that I will, in a quiet and totally non-compelling voice say things like, "I see, the room you are in is dark. Perhaps you would like there to be a window." Sometimes a window will then appear, sometimes not. But in either case they may remark on their feelings about it. All I have done is to draw attention to the absence of a window. Or I might wonder if there is any sign of life that I have not been told about. Awareness of this possibility might bring to their mind a dog or a person. And this will increase the richness and value of the pictures.

The warning is this. If someone starts to tamper with your inner world on a massive scale then it can lead to trouble, unless they are very skilled. Here is an example to illustrate what I mean. This young woman went to a Hypnotherapist with some emotional problems. He is a good therapist. He followed many textbook procedures. But she was an uncommonly sensitive subject. And she ended up worse than before. He used a standard induction routine in which suggestions of relaxation are accompanied by the repeated phrase "heavier and heavier". She was then of normal weight. She is now five stone heavier! He used an image of her riding up an escalator, and throwing off her problems, symbolised by bags of rubbish. But he failed to check if she was happy about it, or if she had got to the top. In fact she was still on it, and terrified, somewhere in the depths of her mind, years later. I had to help her off. He used forceful suggestions of confidence. They had an effect. They made her behave and feel differently. They made her feel as if she was wearing a great heavy man's coat, and made her behave in a way that was quite unnatural for her. He suggested that she would have a mental shield which would protect her from people. She still had it years later, but it had cut her off from people. She felt imprisoned. She breathed an enormous happy smile of relief when we got a window open in it.

Now I must emphasise that this is a very exceptional case. Very few people are this suggestible. You might compare it with the occasional person who responds violently and adversely to antibiotics. By far the most common problem is the opposite a lack of response. But I want you to see that the basic error in this case was that the therapist imposed his *own* imagery instead of listening to the existing imagery and working with that. With this particular client I always spent 90% of the time listening. She slipped into open-eyed inner worlds very easily and naturally, so we could talk about the escalator or the coat as if they were really there.

I would suggest that the rule you should follow with therapists as with all other relationships is this. By all means walk a little way with the person. But if you start to find yourself getting uncomfortable, then you should call a halt, until you find out why. There may be more suitable companions or guides or

doctors for you, after all. I certainly have no delusions that I am the best therapist for everybody. Though by the same token I will be the *very best* for *some*, and of little use to others. You may have already formed some idea of how you would relate to me? But remember that I can tailor what I say and the way I say it very much more to the individual when we meet face to face.

Do you remember the story of Procrustes? Legend had it that he offered hospitality to travellers who were benighted on their long journey. But the hospitality was of a particularly pressing kind. He only had one bed, but was determined that it should be the right size for each traveller. Consequently if the bed was too small for his guest he would trim his guest to size with a sword. On the other hand if the bed seemed too large, he would stretch his guest on the rack until the fit was exact. Needless to say, few travellers got far beyond his bed.

Now it seems to me that there are many "helpers" who are like this. They have an approach to healing which might be based on a certain range of drugs, or on spiritualism, or on a certain school of psychoanalysis, on acupuncture, or homeopathy or one of many other specialities. The thing about them I am thinking of is not whether they are highly qualified or not, but whether they are determined to fit the patient to the bed of their expertise, or adapt their expertise to the patient. I find in all schools of help dogmatic and unimaginative individuals who say, "Mine is the only way!" Do you recognise the people I mean? Perhaps you could name some? Now I would suggest to you that IF you find that they actually help, then their enormous confidence will help you still further. (Remember the Placebo Effect.) And then you could stick to them until you have a problem that they cannot help. (At that stage look out for the suggestion that somehow the fault is *yours!*: you do not have enough faith, or you cannot be helped until you lose weight or stop smoking or whatever.) Then you may look around for an alternative. This sounds like common sense to me. What do you think about it?

Returning now to Hypnotherapy. You probably know that the Hypno part of the word means sleep. What has sleep got to do with it, you may ask. Well, let us first say that with modern EEG machines, which can be used to monitor brain functions, it has been found conclusively that Hypnotic states are *not* the same as sleep. This was clear to common sense before. If someone is fast asleep then nothing that is said to him or her will have any effect. What the hypnotist says *does* have an effect. Therefore the subject cannot have been asleep, no matter how much it looks like it.

The word sleep is used because the subject will very often look asleep. How does someone look when asleep? If you see someone sitting or lying quite still, with eyes closed and breathing regularly, then you would normally take that to be sufficient evidence of sleep. Would you agree? Now you will find that it is a very common practice among Hypnotherapists to begin by going through some procedure which is aimed at getting the client in a very relaxed state So relaxed in fact that it looks like sleep, and on top of the signs I mentioned above there will also be other less obvious signs such as the cessation of the swallowing reflex. This is the reflex that causes us to swallow frequently when awake. It stops when asleep. Close inspection will also reveal smaller signs of absence of muscle tone in the face and neck muscles. You probably know how, if you are dropping off to sleep in a chair, there comes a point at which your head gives a sudden nod, as the neck muscles relax. The client's head will normally be supported, but it is still often possible to see when this point is passed.

Well there is really nothing very unusual about relaxing like this, for most people. So what is the point of it? Well, remember the chapter on defensiveness. When we want to resist anything; when we feel defensive; then the most common response is to tighten up. We may cross our arms, clench our teeth, tighten our fists, frown or tense one of a thousand muscles. The tightening is automatic. If I am with someone that I feel is trying to influence me against my will then I feel my face tightening into a mask, and my whole body becomes tense. I wonder if you would like to notice what you do in future and see if it is similar.

You may have heard of William James. He is sometimes called the Father of Psychology. I admire him greatly, and if you can cope with the elaborate Victorian syntax he uses I would recommend his book, *The Principles of Psychology*. In it he mentions what he found in himself, when thinking "no" about something. It was a certain tightening of muscles at the back of the throat. It is possible that these muscles first tightened when he was a baby and had had enough milk to drink, and had remained ever since as a part of his response to anything he did not want. (It would then be what I called a tunnel, a buried path at the level of Habit.) But whether or not that was the origin, it was a fact that his body did respond in that way.

Now I am suggesting that if he were in a state where he was so relaxed that his body was unable to make that muscular response, then he would be virtually unable to think "no". Unfortunately he is dead. Otherwise I am sure that he would be pleased to try the experiment. But since his day various "truth" drugs have been discovered. They work on the same principle. They induce a high degree of physical relaxation, and prevent muscles from tensing. As a result the person injected cannot tighten up in the way (s)he normally does when denying things, or when adopting a Defensive Persona. It is therefore harder to deny things or to resist answering questions. And the truth is more likely to come out. Does this make sense to you?

I should add that such truth drugs are not used much these days, as far as I know. The problem is that they are not that reliable in getting at the truth. One reason is that many people in a very relaxed state will simply feel a desire to tell the questioners what they think that they want to hear. And this may not be the truth.

Perhaps you can now begin to see why Hypnotherapists will often be aiming for a very relaxed state. It is a fairly reliable way in the greater number of clients of removing any Defensive Persona. There is likely to be far less resistance to any suggestion. It is therefore a very useful state provided of course that the Therapist has some idea how to use it, which is to say what paths need to be altered, and what suggestions should be made to effect the changes. Can you see this?

But now that I have drawn attention to this fact that a relaxed person is less Defensive and therefore more easily influenced, you should be able to see that this fact is used by many people very day. Take business lunches. Most people feel more relaxed after a good meal. This is a biological fact. So after lunch your business partner is likely to be less Defensive, more prepared to compromise and you are more likely to

get the deal you want. (Of course, you should avoid giving meals to men with ulcers or severe indigestion, as it will have the reverse effect.)

Alcohol will often relax people also. Being relaxed they are often less Defensive. It is therefore often used to break the ice at gatherings; to make people more friendly than they would otherwise be. On the whole I would suggest that it is easier to get someone to agree with you after they have had a couple of drinks to relax them than otherwise. Would you agree? And I suppose that drinks are used for this purpose all over the world millions of times a day.

Laughter also relaxes. Many an expert speaker will start off with a few jokes. It helps the audience to relax. They become less Defensive, more receptive to what will be said. If you want to get your message over to the meeting or conference - and why else are you bothering? - then there is no use addressing a hostile audience whose hearts and minds are set against you. You have to get their Defences down before you will get anywhere. Jokes are one of the tools you use. In all these examples from daily life we have seen that:

A RELAXED PERSON IS A RECEPTIVE PERSON.

And this fact is one which is frequently used by the Hypnotherapist. If he knows his job.

I hope then that I have helped many of my readers to see that in my work I am not dealing with something that is totally outside their experience. I and others are using facts about the way people work to achieve certain ends. Let me summarise some of them.

It is normally true that a relaxed person is more receptive. A very relaxed person is therefore generally very much more receptive.

It is commonly true that someone who believes that they are going to get well has a better chance of recovery than someone who does not. (Remember the scientifically attested Placebo Response.) A person who can be got to believe *strongly* that they will get well has an even better chance.

It is commonly true that a lot of life problems are worked out through the medium of the Imagination, whether in dreams or daydreams. A person given active help in using these mechanisms will generally resolve problems better and faster.

It is commonly true that your morale and confidence will improve after talking with someone who understands and who says things to boost you. If this happens in a state in which your suggestibility is heightened, with someone who is highly skilled in understanding people, then your morale and self-confidence will rise all the more.

I expect you can see the pattern. In each case we are seeing the enhancement of a natural mechanism.

Of course I recognise that I do lose one thing by describing my work in this clear light. I do lose the mumbo-jumbo factor. It is definitely the case that if I could induce a great sense of awe in my clients; if they believed that I had wondrous powers beyond the ken of the ordinary human; if they believed I was an initiate in deep and mysterious wisdoms; then it would make them much more highly suggestible. Early hypnotists, such as Mesmer, whether consciously or not, used elaborate props and suggestions to achieve this effect, and did very well as a result.

But I fear that if you start by pulling the wool over other people's eyes by pretending that things are not as they really are then you end by pulling the wool over your own. The truth is too precious to me. And I prefer to impart a truth which will help a person not only to resolve the present problem, but to avoid future ones. Simply to give a quick external fix to your problem gives relief in the moment, but leaves you no wiser about what to do in the future.

Would you agree or disagree, I wonder?

If I don't have quasi-mystical powers, then, you may well ask, what powers do I bring to this work. The qualities that I am aware of include the following. A cool mind, able to listen to each person afresh, without preconceptions. An inventiveness in finding new ways to help each person to change their paths in ways which come naturally to them. Experience my own and also that of others passed on in books. Some of the many skills involved in establishing rapport, and helping people to see things in a fresh way. But at the centre of all these is, I suppose, the quality of concentrated-attention. I have mentioned the importance of guiding my clients' attention into useful paths of all kinds. It is obviously necessary for me to be paying attention to do this.

And this is one area where things have happened which may perhaps be bordering on the extra-normal. It is most noticeable in certain inner-world trances. The client is sitting with closed eyes, reporting in a conversational way about what (s)he is viewing. There has been no special induction, no attempt to induce a deep trance. I am listening, with just an occasional question or interjection, but paying close attention. Then there might come a time when I feel that we have done enough. I then switch off my attention, without comment. And they have no visual cues. The client will then report, "The pictures are fading." This seemed strange to me, when it happened. Many clients seem so adept at doing this kind of trance that I imagined that they must be able to do them at will, but for some reason it seems that the attention of someone else is necessary to make it possible. Other phenomena which I have been unable to account for satisfactorily are a very strong sense of activity in the front of my brain at certain times with clients. This is quite distinct from anything I have felt when talking socially to people, or thinking about anything. Another is a sense of being enormously drained after some sessions, for no obvious reason. Finally I will add a very curious incident. This client was working silently with some internal pictures. I did not want to interfere for a few minutes, and yet did not want my attention to lapse. So I concentrated on picturing my attention like a beam of light focussing on the centre of her forehead, as if it were something that she could then use. Very much to my surprise, when she was back to normal she described this strange sensation, which she had never known before. It was as if her brain had felt like a plastic bag full of water, in the front of which someone had entirely pressed a finger to make a dent. This result seemed to be too strangely connected to my mental actions to be a coincidence, though I suppose

that it might be.

Experiences like these, including the results of trances in which communication seems to arise between a client and a loved one who has died, which I have mentioned, have led me to believe that there could be an enormous amount yet to be understood. I know that many people go a lot further than me, and accept totally all manner of paranormal phenomena quite uncritically. You probably know me enough by now to see that my thinking is deeply rooted in common sense, in the scientific tradition of accepting things only if they fit experience and in thinking hard about things. I am aware of the enormous aptitude of the human mind to delude itself with wishful and fearful thinking, and therefore approach all anecdotal evidence with caution. I expect you to do the same with my anecdotal evidence.

Another area that you may wish me to comment on is that which goes under the name of past-life regressions. Have you heard of these? If you have not then I will say briefly that books have been written about people who sometimes spontaneously, and sometimes under Hypnosis, seem to recall details from a life lived perhaps decades or centuries previously.

I have certainly had clients who have had trances in which they report things which answer this description. The first case I recall was a man who went back to the time of the English Civil War. On the one hand it could be argued that this was not surprising as he was very interested in history, and knew a great deal about that period. On the other hand, the weapons and articles that he found in a tent surprised him. They were not what he had expected. More recently I have seen a client who has come up with three different death experiences. One was drowning in a storm at sea. One was being killed in a duel over a woman, also at sea. The third was of being an old man dying of thirst in some American desert. So far I have not come across any cases of famous people, or of any where there are details which could be checked independently. I therefore have no hard way of deciding whether what the clients are describing are simple imaginative constructions, or something more. Since I am being paid to help to solve problems, and not to research into such things, however fascinating, I have to be content with such experiences as come by chance. I am at present fairly open-minded.

If I wanted to I could incorporate such experiences readily into the over-simple picture of Heaven I mentioned. It would be easy enough to say that the trance simply involves slipping Outside-the-Game enough to be able to recall other, earlier games that you played. The parallel is this. If you are deeply immersed in a film then you forget everyday life and all other films you have seen. (Can you recall this strong an involvement it is commoner in the young I fancy?) But if you withdraw a little from the world of the film, then you can remember other films as well. And this pattern would fit the recall of previous lives, too. In a trance it could be said that you slip enough out of this role that you are playing to make it possible for you to recall other roles you have played.

But there are other theoretical possibilities that past-lifers seem to overlook. They always assume that they have *personally* lived the past life. But consider the following picture. Suppose that you have opened the door to Outside-the-Game, and there you meet someone who imparts vividly to you details of their roles. There are certainly enough people in this life who love to tell you all about their experiences.

You return to this Game, with all that they have said still fresh in your mind. It is easy enough to see that this could be hard to distinguish from a memory of your own. I have sometimes been half asleep listening to something on the TV or radio. It becomes mixed in with something I am dreaming, as if it were all happening to me. Have you found this? There is nothing to stop the same kind of thing happening with material from Outside-the-Game.

Yet another possibility is this. Mediums claim that their bodies are taken over by a Guide in the spirit world to pass on messages. In earlier civilisations it was believed that great artists of all kinds became possessed by a kind of spirit called a Muse or a Genius, who guided them in the creation of their music or poetry or sculpture. The idea of spirit possession is one which comes easily to many people's minds. So why should these apparent past-life experiences not be a case of temporary possession by the spirit who led the life that is being recalled?

You see the problem? The large amount of anecdotal evidence of certain types of experience does not yet allow us to make any firm judgment about *what exactly* is happening. I have moved from a position of total scepticism, which I held happily when I had no experience to go on, to my present position of thinking that there could be something outside the bounds of contemporary scientific thought happening. But this something is very poorly understood, and probably very complex. Greek chemistry went little further than to say that all matter was made up out of the four elements earth, air, fire and water. They were right about there being elements. And that is about all. Since then we have found the 92 naturally occurring ones, NONE of which are the same as the Greek ones, and made a few extra. Enormous textbooks now exist on the theory of how and why these elements combine. There are still surprises and some small gaps in our understanding, but we know enough to see how little the Greeks knew, though they were feeling their way along the right lines. I suggest that our present knowledge of all those things which might be called paranormal or to do with Outside-the-Game is at least as poor as was the Greek knowledge of chemistry. Perhaps the next two thousand years will see advances which will emulate in the field of spirit the achievements of the past two millennia in our understanding of matter. Perhaps it will take two million years, or even ten?

And it is possible that then a book on Hypnosis will be written which will include large sections on how to lead the attention onto those paths on which all manner of Out-of-the-Game experiences may be utilised. But until then I am content to confess the extent of my ignorance. The recognition of ignorance is the beginning of wisdom. And I tread gently in places that I know that I do not know.

Well I hope that you have found some interest in this chapter, and that it will have made you think a bit. I wonder what comments you have to make?

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Your Path in Life

Dylan Morgan

Chapter 12: Your Path

You are now approaching the end of the path that we began when you first started this book. On the way we have looked down on life from many viewpoints which have given us a broad view of the land. It is as if I have taken you to the tops of a number of high mountains or buildings which you may not have visited before. And then, like a Guide, I have pointed out the main features of life which can be seen from each, spread out down below.

There are great advantages in stepping outside life in this way. You can see connections that you would not have guessed from ground level. You can see a long way along roads and beyond obstacles. When you are down there, in daily life, you can be so jostled that it is as much as you can do to see a few yards ahead. From on high you can see attractive places which you would not have guessed at if you had remained on the streets or familiar valley roads. If you are getting lost, then a high place is a good place to go to take your bearings again. And this is what I hope that you have got from this book a new perspective and sense of direction.

Soon you will be returning to your daily paths. And this is the right thing to do. Only very few people are called to live permanently in high places. Down there, in the fertile plains and valleys, in the rich loam of daily life, that is where most of us live our lives. And prefer it so.

But you can live life with new vigour and a new sense of direction if you return from time to time to the high viewpoints. What form can a journey to a high place take? At times it can be a real walk to a real mountain. From the window of my study here, on the top floor, I can see the Cow and Calf Rocks on Ilkley Moor. At times I can find the combined weight of my own and my client's burdens too great. I will then take the steep and narrow path that leads to the Rocks. When I look down at my room here it is a small speck. And the burdens seem smaller too. I once composed a sonnet as I was climbing which expresses something of my feelings on that occasion. [Click here to read it.](#)

Do you have a place to go where you can leave the deep and heavy paths of daily life and chores? A place to be reborn?

Another form of high place is a person who somehow lifts you out of the humdrum and bustle of life. I

can do this for some people. The person you choose may be a parent or grandparent, priest or psychiatrist, friend or stranger, the Samaritans or Alcoholics Anonymous. You may look in monasteries, retreats or ashrams. Or for God. Or the arms of a lover. The choice is yours in the end. Is there anyone you already know who can lift you out of the heavy paths of life for a while?

It might in any case be a good idea to search your imagination to see if you can find there an image of someone who would be ideal for you in this role. This image could guide you towards a real person. Why not pause and think about who would be ideal for you?

A third form of high place can be found in books. Here you are being led somewhere you have never been by the author. It may be a book like this, which is directly aimed at escorting you to vantage points above the daily paths of your life. Or it may be a work of fiction which takes you outside your present life, so that you return with a new perspective. It may be worth your while to wonder if you are making enough use of books in this way. There will have been books in the past which have opened doors for you. Can you recall any, fiction or otherwise?

Every book is a journey to somewhere more or less new. Where will you find the Travel Agent? There are other ways of stepping outside the daily paths of life. Music is one. Church is another. Sport is another. I am not recommending one above another for you. What I am saying is that you should now, while still looking down on your life, make a list of those things which help you to leave the daily paths and find a new spirit, a new viewpoint, a new feeling. People all too often get bogged down in the same rut, up to the elbows in worry, and churning the mud up still thicker with every laborious trudge along the same path. They lose sight of the high ground. And lose hope. So how do you intend to find high ground?

Soon you will be returning to your daily life. But on each of the vantage points that we have scaled, I hope that you made some notes of personal importance. These will have started you thinking. And it will be useful if you make a point of looking at your notes again on the first day of each month. It should not take long just to read them through and notice if you have changed your views or life at all. Or perhaps you would prefer to make it on that day of the month on which your birthday falls? That would make it the third for me, what would it be for you?

Next let us use the high ground of this last chapter to look back over a little of the path that we have followed. Can you remember the way we have come? We began of course by becoming more fully aware of the fact that life in all its aspects is a process. We are never frozen in a moment like a still picture. We are always moving like in a video. And to underline this fact I have used, throughout the book, the language of paths. In doing this I have been helping you to think more and more automatically in terms of paths or processes. For example, if we simply use the word "marriage", it may call to mind a static and unchanging state. Which it is certainly not. If I have encouraged you to think and talk of "the path of a marriage", then you are much more likely to think about the real thing, which is always changing.

Life is a journey, on a path, or a river. We travel on it daily. The second big thing that you will have

learned from this book is a way of seeing each of us as being composed of a number of different processes at the level of Head, Heart etc. By now these will be familiar to you. But here I want you to realise that there are individuals who seem to spend almost all of their life on one of these levels, and to know nothing of the rest. And I would like you to think if you can find examples of people you know for each category. Ideally I would like you to think of at least one famous person, or an archetype, and then one person that you know personally. The first paths I came to were the Head paths. This is natural because you are reading a book and a book like this moves mainly along such paths. (Just as a Novel is mainly about Heart Paths.) Think of people who personify the Head. Einstein? A Professor? Who?

Then I came to a second important way of thinking. The Imagination. This is all to do with the ability of the mind to work with pictures. Who would you choose to personify this? Van Gogh? A Film Director? A Writer of your choice? There are many individuals whose whole life is lived in the area of the Imagination. Name one or two.

Then we watched the streams and rivers of the Heart. The feelings. Who does this make you think of? An actress or actor? Who do you know whose life seems to be almost entirely a matter of the emotions?

Then we came to the area I have called Habit, but it includes all things to do with skills, and muscular movements. So I don't want you to think only of boring habits. Here we already have an image of Sarah Belham, but I would like you to think of some of your own. Someone who is only alive when they are doing something: a sculptor, a dancer or gardener perhaps.

The area that I called Health is of great importance to many of us, which is why I have given it such attention. It is less often that you find people whose whole life is centred around their health, though this can happen. At one extreme we might have the keep fit enthusiast and at the other the hypochondriac. The idea of a doctor or nurse may also come to mind as an image to stand for this area of life also. Who might you think of?

The final broad area that we came to was Heaven. Is there anyone of whom you have thought that they did not belong to this world, or that they were saints, or that they were very spiritual in some sense? Mother Teresa? Who would you like to picture as representatives of Heaven?

One reason I have asked you to think of examples of people who walk the different kinds of path is that it will help you to remember them. (You will remember that the memory is greatly helped by using pictures.) But it should also help you to remember that there is room for many different kinds of people on this world. This fact is also something that you will have found repeated in different ways throughout the book. Over and over again I have insisted that there are many differences between the paths we tread. And that though many people insist on making these differences moral differences and labelling some paths good and others bad in reality the differences are often just differences, and nothing more.

I would like to give you a picture of this. It is a bit like a picture that I gave in the chapter on Health, but reversed. I would like you to think again of the similarity between that very complex society of cells that

we call a human body, and that very complex society of individuals that we call the human race. All the cells need food and water to be provided and waste to be disposed of. So do all the individuals. All these things have to be provided by other cells. And by other individuals. Some cells are specialised for the task of processing and transporting food. And we have cooks and food manufacturers and transporters. Some cells the nerves are specialised to deal with the communication of important messages from various groups of cells to others. And we have journalists, telecommunications experts, mailmen and so on in their millions to do a similar job. Some cells specialise in preserving the health of the whole. And the human race has doctors and nurses. Some cells are specialised as muscles, to do things and move things. And there are also groups of people who do most of the physical moving of things. I could go on, but it would be more interesting for you to play this game yourself. Skip about between thinking of jobs that somebody does to thinking if there are some cells in the body which do a similar job. Then go the other way. Think of a bodily function and see if you can find a human equivalent. And think also if there are things in either picture which do NOT have counterparts in the other.

Not everything has a counterpart, I think. For example, the reproductive organs of an individual only make sense if there is another individual involved. And there is no sign of there being another race which can be to the human race what one sexually mature adult can be to another. Is there?

The point about this analogy is that it is essential for the well-being of the body that different cells should follow different behavioural paths. We do not expect the behaviour of one of the muscle cells in the heart to conform to that of one of the light sensitive cells in the eye. They have the same basic needs for food, water, warmth etc., but their functions are quite different. A muscle cell is not a deviant eye cell, nor is a brain cell a deviant muscle cell or skin cell. Are you happy with this as a statement of fact?

Now it seems to me that a lot of people are unhappy for no other reason than that, although they could function very well in one area of society, they find themselves in another area where their behaviour is regarded as deviant. Think about this. Have you ever found yourself in the past in a group of people with whom you felt an outsider, a fish out of water, a nerve cell among muscle cells?

I hope that since then you have found a more congenial place in life. If so, then you can see if I am right in saying that the change does marvels for your self-confidence and well-being?

If you want more than your own experience to draw on then you could read some autobiographies. You will find that time after time there is the same pattern of the person having a lot of unhappiness in the first part of life until they find that place in society where their natural abilities find a natural place.

Do you know someone in your circle who does not fit in? Can you think of some other group where that person would fit in naturally and happily?

There are many men who would be heroes in war time who are locked up as psychopaths in peace time. Behaviour which is quite common among actors and actresses would be regarded as madness in a group of bankers. (Just picture one banker rushing up to another, to give a big kiss and a hug and to gush, "You

were simply marvellous, Darling!") There are people who are treated as Saints in one generation who would be in mental institutions in another. Joan of Arc would be on some psychotropic drug to "cure" her inner Voices.

Remember that all deviance is relative. Most inhabitants of present day New York would be regarded as highly deviant by the Pilgrim Fathers, and vice versa. It may be worth remembering that much of the population of the United States is descended from outcasts: people who could not find a place in their own society but had the courage to move.

Perhaps there is a moral there in your own life?

This brings me to another big theme which runs through the book, which can be called the importance of courage. It is found very strongly in the chapter on Fear. In the chapter on Heaven it is found as the importance of tackling life with a Good Will. In the chapters on Health it is seen as the importance of approaching life wholeheartedly. These are but different faces of the same quality, for which courage is yet another name.

Find your path. (It may lead you far away from the paths of those who are close to you at present.)

Follow your path with courage and goodwill and a whole heart.

And you will remember all the problems that we saw arising if we fail to do this, and become Defensive in our attitude to other people and life. We saw how chronic fear of people and life leads to problem after problem. The knight whose armour has rusted up. The perpetual anxiety states. The incipient paranoia. Alcoholism. I will be provocative, to make you think, and say that nowadays 95% of all suffering, emotional and physical, in the developed countries is a direct result of someone following an excessively Defensive path. You could refresh your memory on the many problems that people bring to me which have their roots in Defensiveness and then make your own assessment of the percentage.

And what of the end of the path? Where are we going? And why? We do not normally make any journey without being able to answer these questions, do we? But I wonder when you last asked yourself these questions about your journey on the path of your life? Perhaps you would rather not. Human nature is such that we will usually shy away from asking questions when we feel either that we are unlikely to get answers, or that they may be rather uncomfortable. We often prefer to play the ostrich. Do you know some people like that?

Now one of the facts of life that no-one can do anything about is death. That is a fact. Every doctor dies. Every patient dies sometime. No body lives forever. This fact can make quite a difference to people's lives. To some it casts a gloom over the whole journey. A train ride which you know is taking you to the gas chambers of a concentration camp is unlikely to be as full of fun and frolics as one which is taking you on vacation, after all. The fact of death does not have to have that effect. Once I was firmly convinced that my path would end at the grave. I was quite happy about it. Since then I have changed my

views. I am still quite happy about it. (I have not told you my present religious affiliation. I will let you guess. You know a lot about the way I think by now.)

But the interesting question is how much your journey is being influenced by what you believe about death. Some people have views about a life to come which seem only to make them more selfish, or frightened or filled with pride: in short to make them far less satisfactory as companions on the journey. For others a conviction that this life is all there is has the effect of making them live more fully each day, and to enjoy everything and everybody. They will not waste the precious moments with vain regrets or envy or bitterness.

I have given you a very simple picture of the end of the life on earth in terms of returning to Outside-the-Game. Now it is your chance to make clear what ideas or mental paths you have on the subject of what will happen to you when your body dies.

And next, what effect do those ideas have on the day to day running and quality of your everyday life?

Now on this last high place, I wonder how far into the future of your life on earth you can look. We want to look at where you want to be going and where you are actually going. The notes you make here are important. But remember that it is well worth discussing these things with someone as well.

I have described in an earlier chapter how looking ahead in that way led to drastic changes in my work-paths. At present my path seems to fit my inclinations, and I can jot down the outline path: publish book; more people get to know about my work; more clients come; learn more; write more books; invitations to speak and give courses start to come; learn more of the skills of addressing groups; more books; years later my ideas and name become well-known in certain circles; more demands made on me; start to learn to ration time and attention more effectively; a younger generation takes up the ideas and improves them no end; towards the end of my life retire to a back-seat position, seeing relatively few, selected, clients; look forward to the next step on my path the return to Outside-the-Game.

Now this may not happen, but when I step off my path and compare it with the paths of others who have walked a similar way, it seems quite likely. At present the direction that I seem to be going is one that I am happy to follow to the end. If this were not the case then I would again need to pay attention to either changing my path or my attitude to it.

There are other paths in my life besides work, but I won't take up your time with detailing my personal paths. It is far better for you to be thinking of your own. What do you see *your* path to be like from your present perspective.

Next it could be useful for you to collect together a list of the small paths that you are following at present that you want to leave, and a similar list of paths that you are not following at present ut which you want to follow. (It is a good idea to write them down wherever possible.)

An example of the first kind might be spending time with someone who bores you to death, or some physical ailment, or a bad habit anything that is a problem.

Examples of the second kind might be: make a new friend a month, grow pumpkins, talk to booksellers, be married, go to Church. These are definite paths, which are things that you want to do. What are top of your list at present?

Very occasionally it may be possible to change a lot of these paths in one blow. For example the choice of the positive path of marriage may free a woman to get away from a job and associates that she hates, allow her to move to a new house that she loves, encourage her to take up new career and give her the incentive to drop a couple of bad habits into the bargain. But massive changes like this come rarely in life. We are more often making smaller changes to our paths. So the best ways of dealing with the above lists is the following:

Each first of the month look at your list again. Spend some time daydreaming happily of the vision of yourself no longer following the first set of paths and instead following the second set. Do it as vividly and in as much detail as possible. In this way you are using your Imagination constructively. You then focus on *no more than one item from each list*. These are the only paths that you are going to pay conscious attention to for the next month. These are the only paths that you are going to think about changing. If possible it is useful to choose a matching pair of paths, so that one can be made an alternative to the other. For example, suppose that we have found that you regularly overeat in the evening. And suppose that you also want to learn to swim. Then a bit of planning makes it possible for you to take the path to the pool several evenings a week instead of the path to the food cupboard. Both changes will help with your overall health and weight. Do you see the point? If you just block a path that you do not want to follow, then it leaves you at a loss as to where to go instead. It is much easier if at the same time you decide on another path that you really want to follow.

Do you have a matching pair in your lists at present, I wonder?

So for a month you will from time to time be putting into practice, as far as possible, the changes in these two paths that you have thought of. At the beginning of the next month you can look at your lists again, and see how well you have done. It may well be that the change was not as easy as you thought. But because you have been paying attention to the changes for a month you will have a clearer idea as to why the change was hard. You are more likely to know if the obstacles are at the level of Head, Heart or Habit, for example. Or whether the problem lies outside you, in the attitude of others. You can note down these problems, or talk them over with somebody. You can look back through the book to find ideas that will help. And then think again about what steps on your paths could most easily be changed.

And in this way, month by month, you can find yourself getting better and better in the ways that you have decided. And better still, you will have learned more about how you can take control of your own life and change it.

Another way of looking at things is to ask yourself what value this book has for you.

But first let us ask some easier questions: How valuable is a hammer to you? Clearly it has no value if you do not use it, and the more you use it the greater the value.

Next question: Assuming that you have listed some good and bad paths for you, I wonder what value you would place on each? It is worth spending some time thinking about this. That is why I am repeating this exercise which you may have done a little of earlier in the book. I see many people who have been smoking for twenty years. They have spent about 5% of their income on tobacco. So they have spent one entire year of their lives working just to pay for the tobacco. If they stop they can gain the equivalent of a whole year's wages, over the next twenty years not to mention an extra five years or so of life. But the value that they are prepared to put on this is sometimes only a day's income. There seems a big difference between the value of the change and the price they are prepared to pay for it. I think that a big reason for this is the fact that we do not naturally weigh up the value of an entire path, but only the first few steps. And over a period of a week or two I must agree that paying for help to stop smoking does not always look as attractive or cheap as continuing to carry along the old path.

So now, remembering that one of the themes running through this book is the importance of seeing life as a system of *paths*, not of isolated *incidents*, you might like to write in, beside each of the paths above, the value to you of the change.

Next let us think about the way in which you cope with such things as plumbing problems, alterations to the house, decorating and so on. Broadly speaking you either have to pay the going rate to get someone else to do them, or you can save a lot of money by doing them yourself. I wonder which you prefer?

Is there very much difference between improving your house and improving your life?

Some of the differences that do exist are: it is much easier to sell a house and buy a new one than it is to sell a life and buy a new one. The practical skills you learn in doing things to the house are limited, but the practical skills that you learn in changing your life can be of value every day of your life, and in every part of life.

Even so, you have similar choices. You can leave things as they are. You can try to change things yourself. You can pay an expert who will make the changes for you. You can ask someone you know to do it for nothing. You can call in an expert who will teach you some of the skills involved in making effective changes for yourself. Or you can buy a book which will teach you some of the same things. Which course do you favour, and why?

Now this book contains *some* (I do not pretend that it contains *all*) ideas which will help you to understand and change your path of life. But it is like a hammer or washing machine, in that it is of no value unless it is used. You have already used it a bit by actually reading it. But the more you refer to it the greater the potential value. So now you can jot down a figure to represent the value you have had so

far. Now the value to you if you manage to change, with its help, just one in five of the paths you have chosen above. That gives you a better idea of the value of the book to you.

You are standing on a high place, looking down on the paths and lives below. There are those who say that before we are born, our souls are given a choice as to which life we are to lead: that before we put on our Games-suits and enter the Game, we can choose the character we want to play. Why not look down on life in that spirit now. Look all around you. There is your life down there, with all its problems, but with all the special things that makes it yours and no-one else's. And there are all those other people, in their bodies and their lives. Are there any you would truly want to make a complete exchange with? I do not mean that you can just choose the best bits out of a number of lives, you have to think about exchanging with the whole life of one other person, with the parents, health, spouse, work, body and so on that go with that path. Can you name any you would want to exchange with?

(By the way I do not think that it is quite fair if you have chosen a fictional character.)

If you have chosen someone you want to change with then I think that you will find that you are exceptional. I have rarely found people who want to do that. What most people seem to want is to remain pretty much themselves, but with perhaps a little change here or there. You might like the extra money that she has, but could never stand her husband or friends, or parents, or the job that she has. You might envy him his charisma, but not want to have anything to do with the lifestyle that it has led him into. Even people with what seem to me to be horrendously difficult lives do not seem to wish for much to change.

If you are in the minority and truly want a complete change of life, then you have a goal. I will suggest to you that one of the most precious things in life is a goal, because it gives you a sense of direction, and makes life into a journey with purpose. I want you to remember too that it has been remarked down the ages that travelling hopefully is better than to arrive. So search for your goal in a spirit of adventure. Like Columbus who, searching for one thing, found a whole New World. You are going to leave this life some time, whatever you do, so why not do it on a path that is leading in the right direction? In the Eastern traditions of reincarnation it is said that your desires in this life will carry you forward into the next by the force of Karma. So that even if you do not find your goal in this life, you will have a better chance in the next. In a spirit of adventure then set your sights on that new life and see how far you can go.

Often the worst that can happen to people who travel in that spirit is that after travelling some way, they turn and look back at the life that they have left behind. And find that it looks more attractive than they thought. They can then return to it with renewed enthusiasm. Think of the Prodigal Son, or Dick Whittington "Turn again, Whittington, Lord Mayor of London." Though these may be stories yet they contain much truth about life.

And if, on the other hand, you decide on thinking about it that your life down there IS the one that you choose, for all its faults, then go down to it with all the power that a free choice gives you. It is yours and yours alone. You have the power to change it for the better if you tackle it wholeheartedly, or to make a

complete misery of it if you are scared and reluctant about the whole thing. Your life is yours and no one else's. Your decisions are yours and no one else's. If you look down on the path below you will see that here are many places where the road divides, and you can choose which branch to follow. There are many places where you can wander off the main road into pleasant byways. You can even go back quite a long way to take a turning that you missed. Everything is impossible if you believe it to be so. Every road is blocked if you put up NO ENTRY notices for yourself. There is treasure to be found, pearls of great price, but not if you just plod around the same weary and deeply rutted daily path. There are whole New Worlds to explore, and millions of people to meet, but not if your mind is shut behind walls, and your Heart encased in concrete.

"The Kingdom of Heaven is within you." Under whatever Name you know It, the Spirit within you is known to you by the quickening it gives to life. You know the best times you have had? You have felt It then. And I cannot believe that those were the cautious, doubting, reluctant times.

"Seek and ye will find." You know something of what you seek, and it is not in the objects around, nor even the people, but is something within you, which makes you most truly yourself, though strangely it is usually closest when you are least aware of yourself.

Remember the parable of the Talents. Three men were each given something. Two of them took what they were given and made the best they could of them. They were praised. "Well done, thou good and faithful servant: thou hast been faithful over a few things, I will make thee ruler over many things: enter thou into the joy of thy lord." The third man, from cowardice, did nothing with his life gift, and was therefore not worthy of more, and had taken away from him even that which he had. Look around. Does this parable apply one way or the other to people that you know?

In the Bhagavad Gita, which enjoins a life of devotion to God, there are also the words: "If thou wilt not fight thy battle of life because in selfishness thou art afraid of the battle, thy resolution is in vain: nature will compel thee."

In the parable of this book, we are each playing parts in this Game. If we choose to do the best we can, to put our most into it, to play Wholeheartedly, then we will get far more out of the Game, and also be rewarded in the Outside-the-Game, in Heaven. "For neither this world, nor the world to come, nor joy is ever for the man who doubts." - *The Gita*.

Now I hope that you can re-enter the Game with a new understanding, to put into practice some of what you have thought, with all the strength of your Free Will. Look for Your Path and follow it with enthusiasm. And I wish you all the rewards that come from such a course.

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A Beginners Guide to Psychotherapy

Introduction

As a first introduction to a strange country it is very useful to start with a large-scale map which puts in the major features, and omits all the details. Once this map becomes familiar it is much easier to fill in the details later. And a large-scale map of the strange country of psychotherapy is what the newcomer wants, and often finds hard to come by!

The map that I am going to suggest is pictorial, but cannot be drawn on paper since it is dynamic in nature, like life itself.

I am going to ask you to picture life as if it is a car (USA: automobile) journey. Ideally there would never be a single worry, but suppose that something *does* trouble you then the source of the worry can lie in one of several areas.

First of all there might be a **mechanical** problem with the car. Some part is malfunctioning, or is broken. The expert you would call in would then be a mechanic who would repair or replace parts or just generally fix things up so that they work again. In the world of therapy this corresponds to the medical or **pharmacotherapy** approach. It can be the case that one is feeling in very bad shape because of diabetes, for example. The medical fix is then to introduce insulin. Problem over. And pharmacotherapy is the name often used to describe the practice of seeing mental, emotional and behavioural problems as being due to some chemical imbalance in the brain, and attempting to correct it by means of some drug.

But it could be that the car is working fine, but you are simply not controlling it properly. For some reason or other you have not learned basic things like how to change gear properly, the proper use of the brake and accelerator (USA: gas) pedals and so on. In that case you might go to one of two kinds of instructor. One just says things like "No, do it *this* way", until you have learned the correct habits or muscular behaviours. The other says, "Now I would like to you *understand* a bit more about what you are doing wrong and what you should be doing instead, and why." The first corresponds roughly to a **behavioural** psychotherapist whose specialty is simply focussing on behaviours (this includes emotional habits) and correcting them as directly as possible. The second corresponds to a **cognitive** therapist who places a greater weight on understanding what is going on. In practice these two overlap and you will usually find a mix of these two approaches going together as cognitive-behavioural therapy.

Now suppose that the problem is caused not by a mechanical problem or by your technical skills but by something more disconcerting: from time to time the damn thing goes in quite a different direction from the one you have chosen because there is someone else in the car who tries to take over the controls from time to time! What makes this problem still worse is that this other person is often cunningly hidden and very hard to spot. You may think this is a pretty unlikely, if nasty, cause of problems, but this corresponds roughly to what a **psychoanalyst** would aim to help you with. Psychoanalysts, since Freud, have specialised in uncovering aspects of yourself hidden in the "subconscious". There are various schools of psychoanalysis: Freudian, Jungian and Kleinian are perhaps the best known.

Now, to make the metaphor cover the case in which you are sharing life's journey with family or close friends, suppose that you are driving along in a convoy or group of vehicles. Even if all the things above are fine you may still be very unhappy because your driving style and theirs just does not match and it is leading to collisions or near-collisions all the time, often with resulting damage. To sort out this kind of problem in life you would expect to get help from the **family therapist (or relationship therapist)**. These therapists specialise in finding ways of changing behaviours of close groups so that things are happier for all.

But even if all the above things are fine you might still be very unhappy on your journey because you cannot plan it; you cannot decide what turnings to take; you might not even know what kind of journey you want. Then the expert that you need is likely to be drawn from among what are called **humanistic psychotherapists**. These come in three broad flavours: Existential, Gestalt and Rogerian (person centred).

Now suppose that you have no problem with your car; can control it and understand how you are controlling it; have no interfering passengers; can plan and execute satisfactory routes; but remain worried about such questions as, "What is the meaning or purpose of the journeys we are all taking?" or "What happens at the end of our journey?" You could then turn to a **religious therapist** of some kind. Of course such a "therapist" may be called a priest or rabbi or similar, but there are, especially in the USA, a rapidly increasing number of psychotherapists who work with this level of question from an overtly religious perspective.

So that ends our first look at the map or metaphor to cover the field of psychotherapy. I hope that you feel the logic behind the way I have described the kinds of problem that can arise. There is a general movement from systems in which cause and effect take place on a very short time scale and in which things are close together towards those on a very long time scale and in which distances are also greater. There is also a shift from systems which are most mechanical to those which are least mechanical, most organic and some might say spiritual. This way of classifying things arises naturally from the "morganic", systems-oriented, approach to life and therapies which pervades this entire web site.

(Incidentally this metaphor suggests that since an important cause of problems in motoring is a failure to obey the rules of the road - a failure to recognise the rights of others - then there should be a branch of psychotherapy which mirrors this.

Now if you are interested in searching for an appropriate form of psychotherapy you may already have formed a good idea of roughly what area the problem lies in and therefore can now make a more informed decision as to what kind of therapist to approach. But you might still like to read to the end of this introduction which fills in a little more detail.

Classification of the main areas of psychotherapy

There is in practice a considerable overlap in approaches to therapy and an enormous range of theoretical and practical variations. However in order to make some sort of sense of the field it is generally divided up on the lines indicated above. **But do remember that this division is mostly to give an overview of a complex area. It is common to find practising therapists using elements of many if not all of the areas described. However if your therapist DOES give himself or herself a label then the following will give you an idea of the most likely ways in which therapy will proceed.**

Following the logical principles which run throughout this site the division will, however, be underlined by emphasising three things. The first is typical **subsystems** of the human being which the approach regards as of greatest importance. The second is typical **processes** which those subsystems are seen as undergoing. The third is typical **actions** which the therapist typically takes on those systems in order to improve things. By "typical" I mean that I am not listing *all* the systems, processes and actions involved in an approach, but some of the *central* ones. This should help to give a feeling for the way in which the therapeutic approaches differ from one another.

The links take you to more detail in each case.

Pharmacotherapy - or drug therapy.

Systems: large collections of neurons - nerve cells - and their chemical environment..

Processes: these neurons are observed to vary their level of activity and to increasing or inhibiting neuron activity and affecting the interactions between neurons.

Action: altering the behaviour of the cells by means of altering their chemical environment.

As we increasingly understand the way in which the nerve cells of the brain function it has become clear that unlike electrical circuits the way they function depends fundamentally on chemical reactions. As a result of this basic research, the pharmaceutical industry is in a position to produce a variety of drugs which mimic, stimulate or inhibit those chemicals which are involved in many of the functions of the nerve cells.

This approach results in a tendency to say of any emotional or mental disorder, "it is caused by a chemical

imbalance" and then to decide which of the drugs available should be prescribed, in what quantities and for how long, in an attempt to correct the imbalance.

Consequently the only purpose of diagnosis is to determine which of the available drugs is the most likely to be useful and little time is spent on any attempt to discover any non-chemical causes of the problem or problems.

Pharmacotherapists have normally received a full medical training first and only later move on to do psychotherapy. Psychotherapists who are not medical doctors are not allowed by law to prescribe psychoactive drugs in most countries. The term *psychiatrist* should be reserved for such practitioners since the word is formed from the Greek word *iatros*, meaning "doctor". (Compare the word *iatrophobia* - a fear of doctors!)

[Link to MORE on pharmacotherapy](#)

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Behaviour therapy

Systems: simple bodily systems which operate at the level of habits; muscular or emotional.

Processes: stimulus leading to response; simple and conditioned learning.

Actions: creating new patterns of stimulus-response; eliminating old ones.

Some subsystems of our bodies behave in a comparatively mechanical way. The knee jerk reaction is an automatic response to an appropriate blow to a point below the knee, for example. Pavlov's experiments with dogs showed how learning could proceed in simple, repeatable and again almost mechanical ways. If someone has had a car crash they may well develop a phobic reaction to the spot where it happened. The sight of the spot is a stimulus which leads to the response of a panic in a simple and almost mechanical way.

In theory a "pure" behaviour therapist would therefore see any problem in terms of a) an inappropriately learned pattern of stimulus and response or b) the failure to learn an appropriate one and would design experiences for you which would remedy this.

He might overcome your fear of the site of a car crash by first have you look at a photograph of it until you felt calm, then one day look at the place from a great distance until you felt calm there, and then another day you would go a bit closer until you felt calm there, and so on until you had unlearned the reaction of fear to the spot. Equally he might attempt to cure you of biting your nails by painting them with a foul tasting coating, so that it would become unpleasant and you would stop.

In practice it is very hard to find "pure" practitioners in any field - we mostly use parts of any that are appropriate - and a very common mix is "cognitive-behavioural" therapy, which is a close mix of ideas which can be labeled behavioural and those which can be labeled cognitive

[Link to MORE on behavioural therapy](#)

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Cognitive Therapy

Systems: cognitive systems - which is to say our conscious ideas about things; various lower systems

Processes: interaction of conscious ideas with the actions of lower systems; generally to control them.

Actions: monitoring behaviour; consciously modifying behaviour.

The trouble with a purely behavioural perspective is that it is pretty obvious to most of us that what we think or believe has a very substantial effect on how we feel and behave. The cognitive approach takes this for granted, and at its heart is the unspoken idea that to understand all is to be able to control all.

In practice if you were to see a therapist adopting a "pure" cognitive approach he would tend to give you tasks such as monitoring the behaviour you are having trouble with, and writing down what you found on a daily or even an hourly basis. You might be asked to note what you were doing, what you were thinking and what you were feeling, for example. You would then be supposed gradually to understand *how* you were functioning - the therapist acting as a teacher by explaining where necessary the nature of the subsystems you are monitoring. Finally it would be expected that this knowledge would start to modify your life appropriately.

It should be clear why this approach is commonly linked in with the behavioural approach. It is because you are learning consciously to understand and then control your behaviours.

[Link to MORE on cognitive therapy](#)

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Psychoanalysis

Systems: subconscious; id - which is to say subconscious drives; ego - the more conscious self.

Processes: repression whereby the ego or self represses feelings or awareness of subconscious desire; resistance which is the phenomenon by which the patient will often act to prevent subconscious material surfacing.

Actions: allowing free association; encouraging projection; dream analysis; encouraging abreaction.

The term psychoanalysis is used broadly to cover those approaches which have evolved from Freud's work. At around his time at the end of the nineteenth century it was becoming apparent that the mind or brain was not one transparent whole, but could contain memories, ideas and desires which were hidden from consciousness. These hidden parts can often be seen as the root of problems. Psychoanalysis employs various means to discover what those hidden parts contain and then to deal with them.

Freud at first used hypnotic techniques to deal with these hidden parts but then went on to develop others. Archetypal methods used are the analysis of dreams in order to discover unconscious fears, desires, etc..; free association - essentially letting the patient talk freely about whatever comes into the head with an eye to seeing what comes up and perhaps even more important what is avoided; and projection - encouraging the patient to project hidden desires, feelings etc.. onto what is supposed to be the neutral or "opaque" person of the therapist. The process of bringing a repressed or buried emotion or memory to the surface is encouraged as it is supposed to be cathartic (purging, cleansing), and is called abreaction.

In practice these analytic methods seem to be slow, with the patient being encouraged to come for two or three sessions a week for several years.

Names of particular therapies: Freudian, Jungian, Kleinian.

[Link to MORE on psychoanalysis](#)

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Family and Relationship Therapy

Systems: the family or more generally any small group of closely interacting people

Processes: interactions between members of the family or group; communication between them; homeostasis - a tendency of the group as a whole to resist change.

Action: intervening in the group dynamics to shift the interactions from being harmful to at least some to being beneficial to all.

Most of us realise that many of the problems we or our friends have are a direct result of the behaviour of those close to us. When this is the case then the scope of the other therapies mentioned above can be limited. As an example, it can happen that a child in a family is acting as a psychological scapegoat for *everything* that goes wrong and this results in severe psychological disturbance in that child. To attempt therapy **ONLY** on the child is going to be uphill work. It should be obvious to anyone that long-term improvement in the child only has much chance if the whole pattern of the family changes to prevent the

blaming of the child for everything.

Family and relationship therapists work in a variety of ways, which to some extent reflect the differences we have seen in individual therapies. Some will place importance on the existence of hidden forces which need to be brought to the surface. Others will focus simply on behaviour and work to change patterns of stimulus and response between the members of the family. Others again will enable an understanding of what is going on; since understanding can lead to change.

But if you go to any family or relationship therapist you should expect that at least some of the time you will be seen together with the other person or persons involved and that the therapist will be neutral - not take sides.

Link to MORE on family or relationship therapy

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Humanistic therapies

Systems: conscious self-perception; will

Processes: self-actualisation or growth; conscious reflection; conscious choice.

Actions: Accepting each person's experience non-judgementally; establishing a warm relationship between therapist and client; enabling growth; increasing awareness; empowering choice.

Where the earlier psychotherapies in our list are rather reductionist in the sense that they tend to explain human functioning in terms of the often rather mechanical or chemical behaviour of smaller subsystems, the humanistic therapies are aimed more at the highest unifying system within the person: such things as the perception of self, the will, choice, purpose and meaning. *In terms of our metaphor we may say that the earlier therapies look valuably at improving the effectiveness of day to day driving, the humanistic therapies tend to focus on the quality of the journey.*

This tends to encourage a more personal relationship between therapist and client, because whereas you can perhaps remain detached and superior relative to a nerve cell or a repressed memory or a habit it is really very hard to do that with a real, whole, human being.

If you go to a humanistic psychotherapist you can broadly expect to find the following.

You will be regarded as the world expert on yourself. You will NOT be told what to think. You will seldom be offered interpretations or rules. (*After all it is ultimately your choice what kind of journey through life you want: and this is not something that can be decided by rules.*) But you will be given opportunities to explore, often with practical exercises, your own view of life. This will be expected to

lead to a greater awareness both of what you have been and of allowing you the chance to grow into what you wish to be. (*Past journeys are reviewed and possible future ones explored.*) The therapist will be working to create a favourable environment in which you can achieve this growth by becoming aware of the reality of choice and by learning to respond to your own inner needs and hence to choose well for yourself.

Names of particular therapies: Gestalt (based on Fritz Perls' work), Existential, Rogerian (client-centred)

Link to MORE on humanistic psychotherapy.

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Religious Therapies

Systems: God and subordinate spirits (including human)

Processes: interactions between God and the other spirits involving love and obedience.

Action: improving spiritual relationships between the client and others and God; facilitating forgiveness; enhancing love.

This class of psychotherapies does not appear in most contemporary serious books on psychotherapy, but has always been present in libraries filed under, or linked to, subjects like *Pastoral Theology*, *Christian Counselling* etc.. There are signs, however, especially in the United States, that many psychotherapists are finding it vital to include many ideas drawn from religion into their treatment of certain problems. The metaphor of the journey of life should make it clear that it is natural that questions about the meaning and end of the journey should arise, and any individual therapist has a choice. One choice is to say, "That is not my expertise - please try elsewhere"; another is to say, "There is nothing beyond the end of the journey, but I will try to help you make the most of it while you are living." - which takes us back to the humanistic therapies; or, finally, there is the religious therapist who should help you with the development of your own religious view of life.

Of course this sort of work overlaps with that of the minister, vicar, priest, etc. - something that works both ways, since they also do something of the work of the psychotherapist.

Although the religious therapist or pastoral counsellor may come from any of the world's religions he or she is likely to take it for granted that consciousness, love, feelings, reason and so on are gifts from On High rather than a pure epiphenomenon of complex masses of atoms. You will be assumed to have meaning as an important part of the Whole spiritual world, and a part that is not limited by the life of the body. It will generally also be supposed that this spiritual world contains consciousnesses of a very much higher order than your own, but that this is combined with a love of the Higher for the Lower - which is

you.

It will also be taken for granted that there are spiritual connections between yourself and other people and the importance of getting these spiritual connections right is one of the most important tasks of life.

Link to MORE on religious psychotherapy.

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Other Therapies

There are quite a number of other approaches to psychotherapy which you may well have heard of but represent too small a fraction of the whole to be usefully included in the above list. Brief details will be given of these in the appropriate chapter:

Link to MORE on Other therapies.

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So that ends this brief introduction to the field of psychotherapy, which should have let you get a feel for the field as a whole. :

If you are simply looking for a psychotherapist then I hope that you will feel a little less lost. Above all I hope that it will have cleared your mind a little as to what area your problem lies in.

But when it comes to actually finding a therapist this is, unfortunately, not as helpful as you might imagine! Therapists, being people, do NOT fit into neat categories. It is increasingly common that whatever discipline we start from we borrow useful bits from other approaches where appropriate. This is inevitable. Clients' problems do not always fit into neat categories either! In practice a given problem may have aspects which involve several of the levels I have mentioned, and an intelligent therapist will recognise this and deal with each part with the appropriate technique.

The term used for such approaches is **eclectic** or, sometimes, **integrative**. This can be translated as, **using whatever approach seems best for the given case**.

The argument in favour of first approaching an eclectic therapist is that there is more chance that he or she will be able to help you to clarify which of the levels I have outlined is most relevant to your problem, and then to help you in the appropriate way.

Finally a note on **hypnotherapy**. As the name suggests, this form of therapy centres on the use of hypnotic techniques (for an introduction to the practical side students may read the Internet book [Hypnosis for Beginners](#) and for a complete theory of hypnosis the book [The Principles of Hypnotherapy](#)).

However, as with so many other psychotherapies, practitioners are becoming increasingly eclectic and no longer rely on just following up a simple induction procedure with a directive suggestion that the problem (whatever it is) will go. Although there are some problems that will respond to this approach - often dramatically - in far more cases results are far better if the problem is diagnosed in detail (again see [The Principles of Hypnotherapy](#) for how) and hypnotic techniques are used selectively and intelligently, in tandem with. Some indication will be given in the detailed chapters of how this can work.

These chapters are largely independent, and can be read in any order:

[Introduction](#) | [Pharmacotherapy](#) | [Behavioural therapy](#) | [Cognitive therapy](#) | [Psychoanalysis](#) | [Family therapy](#) | [Humanistic therapy](#) | [Religious therapy](#) | [Other therapies](#)

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A Beginners Guide to Psychotherapy

Chapter 1. Pharmacotherapy

Organic systems of interest: nerve cells or neurons.

Processes of interest: communication between neurons mediated by neurotransmitters.

This chapter is divided into the following sections:

#1. How nerve cells work.

#2. How nerve cells communicate with others.

#3. Those neurotransmitters which are in the pharmacopaea, and are prescribed to alter the behaviour of nerve cell communication.

#4. Those symptoms of the much larger system of the brain and nervous system which are treated by these substances, and their likely side effects.

#1. How nerve cells work.

Thanks to the wonderful advances of experimental science we now know a great deal about the way in which nerve cells work, and there are extensive volumes of information available on all such aspects.

Processes undergone by such cells that we are NOT interested in for present purposes include such things as cell division, cell metabolism, the cell nucleus and its complex DNA, nor the way in which this DNA generates RNA. We are not even going to look at that fascinating process whereby a cell can extend its dendrites like fingers towards other cells or retreat from them - in response to chemical signals - and especially during early growth of the baby. **We are going to focus entirely on the way in which nerve cells directly affect each other in such a way as to form a basis of communication between parts of the body.** There are indeed many people who think that communication is the *entire* basis of human psychology.

Students: *the one lesson to learn from the history of science is that books always read as though the*

author knows, without undue modesty, about 98% of all that could be known about his subject, while a hundred years or so later the proportion looks more like 2%! So there is an excellent chance that in a hundred years' time we will know enormously more about nerves than we do now, and many of today's truths will have been modified extensively. It is the glory of science to progress!

But with this in mind we can nevertheless form an idea of the way in which (some) nerves work well enough to also gain an idea of how current drugs act. For the drugs have been designed on the basis of our current knowledge.

What do nerve cells look like?

I suppose that most people have a sort of picture of a nerve cell in their minds. It is like a blob of jelly with many branching roots and branches (called **dendrites** and **axons**) spreading out. The shapes of these blobs vary considerably in different parts of the brain and nervous system, so *one* picture is somewhat misleading. As far as the picture goes, the main difference between nerve cells and other cells is precisely the roots and branches. Most other cells are comparatively compact and rounded without sticking-out bits. We may take a typical cell diameter to be about 20 millionths of a metre (you get some 500 in a mm!) But the roots and branches of nerve cells very commonly stretch for a distances of centimetres, and can be as long as a metre. That is **enormous**. If a giant squid was built in this proportion with a head of about a metre its arms would stretch some 50,000 Km, able to reach easily around the earth!

Where do we find nerve cells?

The prime place to find nerve cells is in the brain and the spinal cord. This collection is called the Central Nervous System. But out from the spinal cord come many branches which in turn branch and spread out to all the muscles and all the senses and most of the internal organs. This collection is called the peripheral nervous system.

How do they function as communicators?

Of more importance than those still pictures however is the fact that nerve cells (like most other cells in the body) are *actively* working, all the time, to *keep themselves electrically negative* relative to the fluid surrounding them, while simultaneously keeping sodium and chlorine ions *out* and potassium ions *in*.

As a visual *analogy* you might imagine the cell as being rather like a less-than-watertight boat in which therefore a lot of work goes into pumping out the water that keeps seeping in. Except, of course, that it is not water seeping in, but positive charge. And in place of bilge pumps we have a process mediated by a chemical in the membrane of the cell that uses energy derived from the body's universal energy currency, molecules of ATP (adenosine trisulphate), to pump *out* positively charged sodium ions and pump *in* rather fewer positive potassium ions.

A typical cell at rest is using about one third of its energy expenditure on this simple pumping. Since the cells devote a lot of energy to doing this pumping we can conclude that it is vital to the well-being of the cell. If it were to stop the cell would die.

It is a tribute to the ingenuity of nature that it turns the potentially fatal phenomenon of a breakdown of chemical and electrical imbalance across the cell wall into something as amazing as the creation of a brain! And it does it by means of some very clever chemistry.

Here is the problem from a cell's point of view. There is a continual tendency for the cell membrane to depolarise: for the sodium ions to creep in and for potassium ions to creep out. Sometimes external influences make this more pronounced. It is expensive of energy to keep pumping it out. Is there any other way of dealing with the problem?

And the nerve cells have dealt with the problem rather in the way we deal with effluent; we drain it as far away as possible!

The nerve cell has one special extension - the one main "branch" called the **axon** - that acts like a channel to flush out a patch of depolarisation, if it gets too bad. For a given cell there is a **threshold**, a level of depolarisation at which, instead of the patch of depolarisation spreading uniformly over the surface of the cell, it is concentrated in a pulse which moves rapidly along the axon to the end (or, if it branches, the ends). At the end of the nerve fibre the problem is "exported": either by being passed on directly to another cell or by the emission of a chemical which "carries away" the problem.

You might like to think of this as the use of the "hot potato" technique! If there is a problem - a "hot potato" shared by a small group of people then if it is not "too hot to handle" it can be shared out and together they will deal with it. But if the problem is "too hot to handle" - above the threshold - then they can be seen passing it rapidly from one to another until someone is in a position to get rid of it altogether, somehow - possibly by giving it to someone outside the group.

This view will probably be fresh to you, as it is not a way of looking at the process which I have seen elsewhere. Yet it is a fair representation of the detailed science, and one that gives in some ways more insight than the equally fascinating mathematics of the FitzHugh-Nagumo equation which models the process in far better *detail* but less intuitive impact. The point is that one normally looks at the phenomenon of nerve activity from the point of view of the whole organism. From the point of view of this large system the pulses have a purpose which is communication. But if you look at the phenomenon from the point of view of the enormously smaller system of an individual neuron, then it can be seen as based on a mechanism designed for self-preservation.

There are analogies in other systems. If the smaller system is a person, then earning money is seen as being necessary for self-preservation. But from the perspective of a higher system of a society the meaning of the activity is seen in different ways. If the individuals are teachers then the purpose is education, for example.

Whether or not you find these thought illuminating, it remains a fact that in a nerve cell when depolarisation reaches a certain threshold it starts to send pulses down the axon. Each pulse in a given nerve is effectively identical in size and shape. Another name for the pulse is an **action potential**.

The junction between two nerve cells is called a **synapse**. The two main classes of synapses are electrical and chemical. In a **chemical synapse** there is a **gap** between the two cells and the action of the pulse is to produce a flow of a **transmitter** - a chemical that flows across the gap to the surface of the next cell, which it affects in specific ways. In an **electrical synapse** there is **direct** contact between the two cells and current passes directly from one to the other. Did you know that? I find that only the more advanced texts mention this class of synapses - mainly, I suspect, because as yet they have received less attention from researchers who do not even seem to have drawn maps of exactly where they can be expected!

The two kinds of junctions have their own advantages and disadvantages. The ones where there are direct electrical contact are *faster*. For places in the nervous system where speed is of the essence, these obviously have advantages. On the other hand these junctions are *two way*. And this can presumably cause problems both from the point of view of the body - as messages can go both ways which can complicate things - and from the point of view of the cells themselves in that they can find that after exporting a pulse of depolarisation they are quite likely to find some coming back.

The chemical synapses are slower, because it takes time for the transmitter to pass across the junction. This time is typically about half a thousandth of second, or to put it another way, in the time it takes a transmitter to diffuse across the gap between two nerve cells the car in which you are travelling at 60 mph (100 kph) has moved about 6 inches (15 cm).

On the other hand the chemical synapses are strictly one-way. There is no confusion or problems caused by stuff coming back. Even better it becomes possible, when appropriate, for the effect of the transmitted chemical to *hyperpolarise* the next cell, rather than *depolarise* it. This has the effect of *reducing* rather than increasing the rate of firing of the next neuron. From the point of view of communication this considerably increases your flexibility.

It means that activity in one cell can tend to lead to an increase of activity in the next or to a decrease, depending on the transmitter and on the nature of the cell on the far side of the synapse. If the activity in one neuron leads to an increase in the activity of the next it is called **excitatory**, while if it leads to a reduction in activity it is called **inhibitory**. Remember that we can think of the activity as being essentially that of self-preservation from the point of view of a cell - it is always trying to defend itself against excessive depolarisation.

(And you may reflect perhaps that for that other organic system called a human being the motive of self-preservation is very often a very powerful activator!)

So the overall picture *for chemically interacting nerve cells* now becomes something like the following. A given cell passes a large number of identical pulses of polarisation down its main trunk or axon.

Towards the end this axon can branch. At the end of the branches a small amount of a **transmitter** substance is emitted - each pulse being able to release the same amount of transmitter. The transmitter passes across the gap to the root of another nerve cell, where it either tends to depolarise (activate) or hyperpolarise (deactivate) the cell.

This second cell has many other roots which are being influenced by many other neurons: some tending to activate it and others to deactivate it. If the balance is such as to make its depolarisation reach a threshold level then it will start up the mechanism which sends pulses down *its* trunk onwards to further cells. These also will integrate the effect of all incoming influences and will fire off further pulses if the net effect is to depolarise to above the threshold level.

Pharmacotherapy is based on science's discovery of some of the transmitter substances that pass from one nerve to the next. The drugs that have been produced as a result of these discoveries affect purely the synaptic area: the small area where one nerve cell affects another chemically.

Many transmitter substances have now been found or suggested, and doubtless many more will be found. But comparatively few of these have led to the development of drugs as yet. The relevant ones are described briefly below.

GABA - gamma-aminobutyric acid. GABA is the most common transmitter in the brain and acts to *inhibit* activity. It opens up channels in the cell membrane which allow negatively charged chlorine ions to pass in to the cell. (Two types of channels have been discovered so far.) The effect of this is to hyperpolarise the cell - to make it more negative than before. Because this takes the net polarisation of the cell further away from the "danger" level at which an action potential will form, it will result in far fewer impulses being emitted. Thus the overall effect of GABA is to calm down any cells to which it binds.

Thus anything that increases the effect of GABA will have an inhibiting or calming effect, while anything that blocks the effect of GABA will tend to have the opposite effect - and increase cell activity.

Dopamine by contrast is a transmitter that tends to increase activity in the cell which it affects. It is a chemical relative to adrenaline and noradrenaline (USA: epinephrine and norepinephrine). It tends to occur in high concentrations in parts of the midbrain area. Parkinsonism is associated with loss of synapses rich in dopamine.

Noradrenaline

How exactly does it act? I don't know.

Serotonin

Subjective states.

Let us start by attempting a simple overview of the sort of problems that present day drugs are supposed to work on.

We may start with the obvious classification of conditions where there seems to be far *more* nervous activity than is normal, and those for which there is far *less* than normal.

Overactivity: panic attacks, anxiety, insomnia, excitement, falling in love.

Underactivity: depression, lethargy, boredom, sleepiness, restfulness, calmness.

Now of course you will not find the second half of these lists in the medical books as *problems*. But I am putting them in to emphasise a point that is obvious to many classes of psychotherapists, but not necessarily to pharmacotherapists, and that is that very often there is almost NO physiological difference between states that are perceived as very good and those that are perceived as very bad. You would be VERY hard put to distinguish between the body chemistry of two people on a roller coaster one of whom is extremely excited and the other equally frightened. And as far as I know experimentalists do not consider this aspect.

Consequently a tranquiliser that calms down panic attacks is very likely also to calm you down so that life becomes flat, your mind will work more slowly, you cannot feel excited or fall in love, and memory (which is always better for experiences which arouse you strongly) can become poorer.

ON the other hand an antidepressant which aims to increase neuronal activity

ANXIETY

There are two main classes of drugs used to combat anxiety:

Benzodiazepines and Beta blockers.

Benzodiazepines

E.g. Diazepam, Lorazepam, Oxazepam, Alprazolam Chlordiazepoxide

These names are the brand names, given by manufacturers. The bold "az" in each are there just to help you to remember that these are related drugs.

When the system of interest is a cell, then the effect of the benzodiazepines is to enhance the inhibiting effect of the transmitter substance GABA - gamma-aminobutyric acid. Barbiturates are similar.

GABA is the most common transmitter in the brain and acts to inhibit activity. It opens up channels in the cell membrane which allow negatively charged calcium ions to pass in to the cell. The effect of this is to hyperpolarise the cell - to make it more negative than before. Because this takes the net polarisation of the cell further away from the "danger" level at which an action potential will form, it will result in far fewer impulses being emitted. Thus the overall effect of GABA is to calm down any cells to which it binds.

Now benzodiazepines and barbiturates have the ability also to bind to those sites on nerve cells which are designed to be used by GABA molecules, and by doing so enhance the calming or hyperpolarising qualities of the GABA molecules which will be binding nearby.

The net effect of these classes of drugs is therefore to reduce the activity of nerve cells distributed widely over the brain and nervous system. It reduces the activity of all those cells with GABA, not just those whose overactivity it involved in a supposed problem.

Let us examine some consequences of this. In the brain, as in society, the action of some subsystems is to inactivate or inhibit others. For example, the police reduce the activity of criminals. If you were to tranquilise the whole of a population with something in the water then the question of whether you would reduce crime is problematic. On the one hand criminals would be calmed by the drug. But on the other hand the police would also be less active in controlling them. It is far from obvious which way things would pan out.

In the brain some individual cells and also large groups of cells act as regulators, reducing rather than increasing the activity of other cells or groups of cells. In the notation I have used elsewhere on this site, for some systems A and B $A > B$, but there are other systems C and D for which $C > D$. I.e. an increase in the activity of system A (A) leads to an increase in the activity of B, but there are some systems C such that an increase (C) in their activity leads to a decrease in the activity of another system D.

Thus in the upper spinal cord there are groups of cells (nuclei of Raphe) which are particularly involved in the general level of arousal of the brain. Some of these directly arouse it. Some directly inhibit it. Suppose you use a drug to reduce the activity of *all* cells in the brain stem. Then you will inactivate the nuclei which arouse the brain, and have a tranquilising effect. On the other hand you will also inactivate those cells which act to inhibit brain activity, so that if there is some other source of arousal - for example a powerful fear - then this arousal will not suffer any inhibiting effect from the tranquilised nuclei.

THIS IS ONE REASON WHY DRUGS MAY HAVE DIFFERENT , EVEN REVERSED , EFFECTS FROM THOSE PREDICTED.

Thus for example we find that amitriptylene which is marketed as an antidepressant - and is generally expected to increase physical activity can, in some people, lead to drowsiness.

Thus the barbiturates (which are now less used because of the risks of abuse, dependence and dangers of over dose) which create an overall reduction of activity can be used to induce sleep.

But notice that because, like so many drugs which are available at present, because they dampen down activity indiscriminatively, they would inhibit dreaming activity and other necessary mental activity that happens in our natural sleep. It is also a strange characteristic of drug induced sleep that not only is there less dreaming but there is also less deep sleep. Most of the night being spent in a relatively light sleep state.

Depression

It is thought that depression is accompanied by a reduction in neurotransmitters that have an excitatory effect. That is to say that the two go hand in hand. If you are depressed then

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Chapter 4. Psychoanalysis.

The word psychoanalysis indicates, of course, that it involves an *analysis* of the *psyche*. The word *psyche* effectively translates as mind, and analysis means the investigation of the structure or constituent parts of something. So psychoanalysis may be broadly taken to be an attempt to understand the nature of the mind by exploring its constituent parts and their relationships.

We may contrast this with approaches to psychotherapy that prefer to emphasise the *unity* of the mind on the one hand or those that emphasise its dependence on the whole world of other minds in which it exists.

Note that all these approaches can be integrated in the morganic, systems-oriented approach to psychotherapy, with its emphasis on organic systems of all sizes, in which we simultaneously see the mind as on the one hand composed of organic subsystems which are composed of smaller organic systems and so on, while on the other hand seeing the mind as part of a larger organic system (such as a family) which is part of a still larger one (such as a community) and so on.

Although in practice we may analyse the mind down to the level of individual neurons, when we use the word *psychoanalysis* we will follow common usage and use it to refer only to a first order analysis: into quite large-scale subsystems.

Freud's is the name most commonly associated with the foundations of psychoanalysis. He gradually developed a picture of the mind involving three large subsystems: Id, Ego and Superego. The Id is seen as something like a system of primitive instincts, primarily sexual and pleasure-seeking, which is unconscious; the Ego - roughly the conscious idea of self incorporating will, memory and speech; the Superego is that system which encompasses such things as the conscience, guilt and shame which are rooted in the demands of the higher systems of family and society. We will look in more detail at the way in which these systems are supposed to interact later. Another well-known name in classical psychoanalysis, rooted in the Freudian tradition, was Melanie Klein: her analysis was based very substantially on the mother-child relationship: essentially a two system analysis.

However I am going to note that other approaches to psychotherapy, which are not Freudian in other ways, also use a simple analysis of the human mind into large subsystems. A good example is found in Eric Berne's Transactional Analysis (TA). He, like Freud, supposes that in each of us there are three

subsystems. But he chooses a different three. The first subsystem he labels "child" which typically acts out rather childlike behaviour patterns in a unthinking and emotional way; the second is labelled "parent" which has parental patterns of behaviour, which are again acted out in typically emotional and unthinking ways and the third he labels "adult" which is comparatively rational, flexible and adaptive.

Another common contemporary variation involves distinguishing the adult person from "the Child within" - an aspect of the self which is usually more emotional and insecure, and is possibly associated with certain early traumatic experiences. The most common everyday "analysis" is based on regarding the mind as having two subsystems: the conscious and the subconscious.

In this broadening of the scope of the word *psychoanalysis* to mean *any* approach which involves analysing a mind into large scale components, there is a risk of confusion with its use to mean the theory and methods which have evolved from and are related to the Freudian tradition. These last, although they have developed and changed a lot since Freud's days, I will call *classical psychoanalysis*. It is usually only *classical* psychoanalysis that typically involves many years and hundreds of sessions.

A question that might be asked at this point is, "Which form of analysis is *right*?" Before giving my answer I would like to ask you to think about a nation. If you were to analyse a nation you might choose to do it in terms of the balance between the government and the people; or between capital and labour; or between the sexes; or between upper, middle and lower classes; or in terms of the media - those who produce the communications and those who receive them; or between adults and children: is anyone of these right and the other wrong?

I hope that you will agree with me that it is very clear that a large society necessarily has an enormous number of large subsystems which overlap. For *specific purposes* we may focus on a small number - **mainly because that is all our very limited minds can grasp at once** - but that does **not** mean that a *different* analysis is not useful for *other* purposes. If, for example, the problem in society is that an industry has ground to a halt because of conflict between employees and employed then to resolve the problem it is likely to be useful to look at and understand those two subsystems. But if the problem is centred on the conflict between two political parties then it is unlikely to be helpful to analyse it as if the only kind of problem in society is that between capital and labour.

It is fundamental to the morganic approach to psychotherapy to assume that *all* analyses that intelligent psychotherapists have evolved are likely to be useful *in some people at some times*. There are people in whom there **is** a problem in balancing the demands of social conventions against those of instinctive desires. In that case a Freudian analysis could be useful. There may be others in which the problem is that they are repeatedly getting involved in relationships in which they play out the same destructive role. In that case a Transactional Analysis approach is likely to be helpful. And there may be others in which problems are rooted in the process a child goes through of separating its identity from that of its mother can be important, in which case some Kleinian insights can be of value.

But in a given person at a given time I suggest that the actual internal systems which are relevant should

be looked at afresh on their own merits. If, for example, the real tension in a man is that he is in love with two women then there is a simple analysis of his mind into that part which is activated by thoughts of one woman and loves her and another which is activated by thoughts of the other and loves *her*. In order to help him we need to resolve the conflict between those two subsystems. And there is no *a priori* reason to suppose that any of the other approaches mentioned above will be particularly relevant or valuable.

And it is my belief that this case by case analysis is what characterises the modern eclectic psychotherapist; rather than the rather procrustean (see [glossary](#)) approach of many of the older forms of analysis which emphasise just the *one* set of subsystems.

This is not to condemn the specific analyses out of hand. As I have said, they each have something to contribute to our understanding of *one particular kind* of problem. The only problem is the human tendency to claim that an idea has a wider range of applicability than it does in fact have.

Students: *You might note this principle when you read. Nearly everybody at all times, including minds of the highest calibre, are subject to this systematic error. What we know is something which inevitably looms large in our minds. What we don't know just as inevitably takes up little room in our minds. Without bothering to take this into account we inevitably tend to judge the relative magnitude of the two classes of information by their size in our minds rather than their size in reality. And as a result we inevitably suppose that our knowledge stretches far further than it does.*

After this preliminary observation that I will take the field of psychoanalysis to be that which involves the examination of large scale subsystems of the mind I now define my central goal in this chapter as follows. **I will be looking at various approaches to psychoanalysis to indicate some of the valuable ideas and methods that each has added to our common pool of understanding.**

If you were to regard me as drawing for you a map of this area of human endeavour then the following would apply. Suppose that each form of analysis is like a country. Then I am only going to put in some of the main distinguishing features of the main countries. There will be some small countries that will not feature at all. There will be quite large features of the countries described which will be omitted. Furthermore the features described will be simplified and for that reason not entirely accurate, as happens in large-scale maps. I let you know that I am not an inhabitant of the countries: I have not received the extensive training characteristic of those who are practitioners of a specific form of psychoanalysis. You will correctly suppose that this will mean that there are some things that I do not fully understand about each country. But also you may consider whether or not the effect of world travel - of experiencing a bit of what happens in each country - will give me a broader and less parochial and dogmatic story to tell about each.

I am going to start with the simplest of analyses, which is one that has by today entered everyday language in English speaking countries.

Systems: conscious, subconscious.

Processes: conflict.

It is a commonplace of human experience to find that inner conflicts can occur. We find that we seem to be led to do things that we do not want to do. Or that something internal seems to be preventing us from doing that which we do want to do. I want to stay sober but I seem helpless to prevent myself drinking. I know that having an affair will lead to disastrous consequences but carry on regardless. I know that I should be studying but am unable to concentrate my mind which persists in thinking about anything *but* study. I presume that all my readers are familiar with this phenomenon in some form or other.

In our modern simple language we may say that the urge is coming "from the subconscious". When it does so we may say that there is *a conflict* between the conscious and subconscious minds. It is also a part of our common perception that such urges can be *supressed*, meaning that we do not allow them to take effect. (Note that this is different from *repression* which is rather more drastic in that the conscious mind goes so far as to refuse to recognise that they are there.)

Quite a lot of this this usage is in fact rooted in the collection of ideas that Freud made famous in the world.

I suppose that people have differing ideas about exactly what and where "the subconscious" is. Phrases such as "I pushed it to the back of my mind" suggest that some people will visualise "the subconscious" as being located towards the rear of the brain. Phrases such as "in the depths of the subconscious" suggest that it may at times be viewed as being physically in the bottom part of the brain.

In either case the average person would not seem to have any picture of structure or form to "the subconscious" - it is more of a black bag into which all manner of things are thrown. It seems to have become not just a repository for traumatic memories and repressed desires, but many other things as well. Some people impute to it an almost supernatural wisdom - "ask your subconscious to solve your problems". Others place in it automatic skills such as driving. Desires are often placed there - "she had a subconscious desire for a child". And perceptions of things that are not fully conscious are put in as well - "he was subconsciously aware of her presence".

To some extent the reason for this is simply that the woman in the street is quite aware of the fact that there is a lot going on in the mind that is not apparent to the conscious mind, but she has not been given a rich enough language with which to describe this multitude of things. That is why a systems approach is in the long term far more useful: it invites us always to bear in mind the fact that there are many such systems and to choose for them such names as seem appropriate in the individual.

In fact the notion of "the subconscious" is not one that appears in the more learned modern articles on psychology or psychotherapy because specialists are well aware that there is nothing in the brain that can usefully be described by that word.

So we will now pass on to consider the rather more complicated picture produced by Freud to account for such things as the obvious inner conflicts that were mentioned above, among other things.

Freudian Psychoanalysis

Systems: Id, Ego, Superego

Processes Ego formation, conflict, repression.

The above lists give in a shorthand way one of the key analyses introduced by Freud. As has been outlined in the introduction, the Id is seen as a part of the brain which contains primary desires. It is present in the small child. These desires lead to the activation of basic self-preserving processes such as eating and drinking, but also aggression and sexuality.

The Ego starts to develop, according to this picture, as the impulses of the Id meet and are modified by the world and people around. It is conscious, but not completely so. Rational thought and self-control are part of the ego.

The Superego is not a bigger ego but something that monitors and controls the ego "from above", though paradoxically it is also deemed to be unconscious.

Because it is a commonplace of human experience we can look at how it was regarded by people in the vastly greater time before Freud. My non-expert view is that most earlier societies were inclined to view any disruptive inner urges as being due to an "evil spirit". And correspondingly other urges, seen as virtuous, could be put down to a "good spirit".

Phrenology was a name coined by Franz Joseph Gall (1758 - 1828) around 1815. Trained as a doctor, Gall examined the heads of a large number of people and attempted to correlate features of their skulls with certain mental and emotional characteristics. He was therefore making an assumption that different parts of the brain act as subsystems dealing with certain functions; that these areas were on the surface of the brain and that thirdly their prominence or otherwise would relate to a greater or lesser presence of the function in the person's personality. Modern techniques have verified that it is indeed true that areas of the brain are specialised for certain functions. But the areas ascribed by Gall to certain characteristics are now seen to have been almost universally faulty. (The only exception I have heard of is that of a girl who indeed started to laugh when a certain area in the brain behind the forehead were electrically stimulated in a recent operation. That area was in the area which Gall had decided was the organ of mirthfulness Carter (1998))

Students: *This episode in the history of thought is of educative value in showing how readily intelligent men can find evidence to confirm a pet hypothesis. In this context it is well worth reading [Chapter VI](#) of Braid's book Neurohypnology to see how convincing is the evidence he produced to confirm phrenological hypotheses. It is to be presumed that the hypnotised subjects were picking up subtle cues*

as to what emotions they were expected to produce, and that they duly did so.

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Chapter 5. Family & Relationship therapy

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Chapter 6. Humanistic therapies.

Religious Psychotherapy

There are of course many different religious views of life. I am not an expert on the details of most of them. But we can see certain common themes that run through most that enable us to compare and contrast them with non-religious views.

One way of approaching this task is as follows. You and I are conscious. We may not be able to understand it but it is one of the most basic aspects of our existence. Without consciousness then we would feel ourselves to be nothing.

In earlier centuries this was not a word that would be used but instead the word "spirit" would be used to describe something similar. Where we would say "I am conscious of feeling happy" they would say "I am filled with a spirit of happiness". Where we would say "He is a wise man", they would say "He is filled with a spirit of wisdom". Where we are aware of many different feelings, thoughts and habits in ourselves and others they would think in terms of there being many kinds of spirits whose nature would be manifest in terms of such feelings, thoughts and habits.

Now if you start with that point of view it is almost inevitable that you will extend it to try to cover everything. You would be tempted to explain the motion of matter towards the earth by supposing a basic spirit in matter which simply desires to get back from whence it came Or you would like to understand the way in which fire rises by suggesting that it has a desire or spirit within it which, of its own nature, makes it rise. And various chemicals would have their own spirit which would cause them to act as they do.

The great success of material science is a result of seeing that this is NOT a useful way of thinking about the behaviour of inanimate matter. And although there are quite a few people who will swear at or "punish" a piece of machinery if it fails to function, and others may give it a hug to encourage it, for the most part we no longer assume that inanimate objects have a spirit in any sense of the word.

Of course, such is the nature of human thought, many who decry the habit of earlier generations who over-generalised their experience of consciousness and attributed it to too many things, now go the other way and suppose that everything can be understood by generalising the mechanistic world-view to explain everything.

However there is some sign of convergence in some areas which makes the differences less than they might seem at first. This can be seen in people who are seeking to understand organic systems. There is a book just about to be published as I write this, by Susan Blackmore, an academic psychologist called *The Meme Machine*. In it she develops an idea which is linked to the word "meme" coined by Richard Dawkins in his famous book *The Selfish Gene*.

What is a meme? A meme can be an idea that spreads from mind to mind. It often displays some of the characteristics of a living thing. For example it can reproduce itself: when an idea passes from one mind

to another. It can die out. It can be killed off by other ideas in a mind. It can evolve over the years. It can grow and develop. It can cross-breed: two different ideas can at stems come together and give rise to a new one. Ideas then can be very organic in their nature even though they seem rather abstract.

They can be likend to things like viruses, most of which can also only exist in a host, can multiply and be passed on from host to host, can evolve and so on. Indeed Dawkins has likened religions to "viruses of the mind". (This rather suggests that we have some reason for supposing that those sets of ideas are harmful while his own ideas which also spread from mind to mind are not harmful.)

Now the point I want to make is that there is little point in arguing about mere words. If we have a particular person who has the idea that "He is to be killed" then to a very large extent it is quite unimportant whether we *say*, "His mind is infected by a murderous meme" or "He is filled with the spirit of murder". Both are saying that the phenomenon is an organic or biological one. Most people will agree that this is a harmful condition and it should be dealt with. Whatever words you use it remains pretty true that if murder is not to be committed then either the meme/spirit has to be removed from that person's mind or the meme/spirit has to be held in check/ kept in bondage by some other thought or feeling or meme or spirit within the man concerned or some external action has to be taken to restrain the man himself.

A Beginners Guide to Psychotherapy

Chapter 8. Other therapies.

JAMES BRAID

Dylan Morgan

This year we celebrate the one hundred and fiftieth anniversary of the publication of James Braid's seminal work, "Neurypnology: Or the rationale of nervous sleep considered in relation with animal magnetism." (London:Churchill, 1843.[Bib](#)) In this book he gave the world the word Hypnotism and its derivatives, and dismissed, by means of acute experiments, the claims of the Mesmerists that some "magnetic" force passes from the operator to the subject.

This book is well worth reading, but here we will just look at his induction method.

TAKE ANY bright object (I generally use my lancet case) between the thumb and fore and middle finger of the left hand; hold it from about eight to fifteen inches from the eyes, at such a position above the forehead as may be necessary to produce the greatest possible strain upon the eyes and eyelids, and enable the patient to maintain a steady fixed stare at the object. The patient must be made to understand that he is to keep the eyes steadily fixed on the object, and the mind riveted on the idea of the object. It will be observed, that owing to the consensual adjustment of the eyes, the pupils will be at first contracted: they will shortly begin to dilate, and after they have done so to a considerable extent, and have assumed a wavy motion, if the fore and middle fingers of the right hand, extended a little separated, are carried from the object towards the eyes, most probably the eyes will close involuntarily, with a vibratory motion. If this is not the case, or the patient allows the *eyeballs to move*, desire him to begin anew, giving him to understand that he is to allow the eyelids to close when the fingers are again carried towards the eyes, but that the *eyeballs must be kept fixed in the same position*, and the *mind riveted to the one idea of the object held above the eyes*. It will generally be found, that the eyelids close with a *vibratory* motion, or become spasmodically closed. After ten or fifteen seconds have elapsed, by gently elevating the arms and legs, it will be found that the patient has a disposition to retain them in the situation in which they have been placed, if *he is intensely affected*. If this is not the case, in a soft tone of voice desire him to retain the limbs in the extended position, and thus the pulse will speedily become greatly accelerated, and the limbs, in process of time, will become quite rigid and involuntarily fixed. It will also be found, that all the organs of special sense, excepting sight, including heat and cold, and muscular motion, or resistance, and certain mental faculties, are at *first* prodigiously *exalted*, such as happens with regard to the primary effects of opium, wine, and spirits. After a certain point, however, this exaltation of function is followed by a state of depression, far greater than the torpor of *natural* sleep.

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The Defensive Persona

[Dylan Morgan](#)

This article is based on a chapter of an unpublished book - "Your Path in Life" - which I wrote many years ago.

THE LARGE THEME of this article is defensive behaviour. This is an extensive topic, and a very important one. In this article I propose only to touch on various aspects of defensiveness with an eye on how it impacts on so many of clients' problems. I hope in this way to illuminate such problems by looking at them from a particular perspective.

What do I mean by the phrase *Defensive Persona*?

In the Middle Ages there were in Europe men who, when in their own homes, surrounded by family and servants, were genial and courteous. But in time of war they would put on heavy suits of metal, concealing even their faces. To the outward eye there would be no similarity between this hard, shining, sword-wielding thing, and the laughing man in his bright soft clothes. He put on the armour to defend himself, of course.

Can you picture a cat sitting by the fireside? She is all soft contentment. She is totally relaxed and approachable, ready to be stroked or to purr. But see what happens if a strange dog enters the room. Instantly that soft creature becomes a taut bundle of muscles, with claws extended, teeth snarling, hair on end, eyes glaring, nerves on a hair-trigger, snarling and hissing. It is almost impossible to recognise the same creature. She acts in this way to defend herself, of course.

These two pictures will have given you some idea of what I mean by a Defensive Persona. When any person or animal feels threatened then he, she or it will start behaving in quite a new way. And this behaviour will often seem to have nothing in common with the behaviour at other times. The whole pattern of thoughts, feelings, behaviour and appearance which a person follows when they are feeling threatened is what I mean by a Defensive Persona. Normally this behaviour is dropped when the danger has gone.

Animal Stereotypes

There are many different kinds of Defensive Personae. One useful way to classify them is in terms of animal stereotypes. For example, consider the tortoise. When threatened it withdraws into its shell. And there are people like that. When they feel attacked they withdraw inside, and refuse to say anything or do anything. Like the tortoise they will only open up again when the danger has disappeared. You can sometimes find this Persona in a hen-pecked husband. A typical scene might run as follows.

His wife would like some contact. She nags at him, "Stop reading that paper. Talk to me for once." He puts down the paper; he feels more exposed and therefore threatened; he withdraws deeper into himself and says nothing. She is even more annoyed by his silence; she needles him, hoping to stir him into response. He feels more attacked: the tortoise withdraws still further into his shell. Only later, when he goes out for a drink with friends, and the threat disappears, does he come out of his shell again and becomes quite a different person. If his wife finds out, this only makes her more annoyed, and she takes it as a personal insult. Such a Defensive Persona could also be likened to a clam.

The hedgehog or porcupine also withdraws into itself, but in a much more prickly way. You do not get hurt by a tortoise's smooth shell. But if you start to prod a hedgehog you get some nasty pricks. "(S)he is prickly," we say of people like that. If you get too close to them you will often find unexpectedly sharp and pointed remarks coming your way. It is surprising because most of the time this person can seem quite inoffensive. And the clue to the change is that you must have just said or done something which has made them feel threatened. The Defensive Persona emerges, all prickly and unapproachable. There is little that you can do except go away until (s)he unrolls again. If you try to unroll such a person forcibly, then you will suffer for it, as many a young fox, with spines in its nose, will testify. The bear's Defensive Persona is violent rage. (We will say of somebody, "He is like a bear with a sore head.") Notice again that a bear can be a gentle and inoffensive creature when it feels safe and able to get on with life without interference. It is only when it feels threatened in some way that the rage comes out.

A similar Persona is the tigress, particularly when defending her cubs. Her power is formidable and she knows no personal fear. Like the bear she acts on the principle that the best form of defence is attack. If you should be unfortunate enough to know anybody like this and incur her wrath, then you are unlikely to know what hit you. Although in civilised society she may not attack you physically, she will attack with all means in her power.

I believe that it is the case that the tigress will normally simply retreat into the jungle if there is a threat to *herself*, provided she is free to do so. But if her *cubs* are in danger then she is ferocity personified. And many mothers are like that; and women who feel that they are defending someone or something that they may subconsciously equate to a child. If you attack such a person you would be foolish to expect her to back down quietly. Notice again, though, that if she does *not* feel a threat then she may well be as pleasant and amiable a person as you would care to meet. You may well have met a tigress in your time, or seen one on the screen.

At another extreme we have the rabbits. Their defence is to run to earth. And there are people like that. If they feel threatened they will make no defence - they just try to run away. Once they are back at home they feel fine again. Note the difference between the tortoise and the rabbit, both of whom are quite unaggressive: the latter has a strong need to remove itself physically from the danger.

Here are some other brief pictures to add to the collection. The snake, if it feels under attack, will pour poison into you. And you may know someone who has the power to say really poisonous things, which hurt for a long time afterwards.

And what about the skunk? The human equivalent might be someone who will slander you so effectively that people will stay well away from you as if you stank to high heaven.

The common phrase, "His bark is worse than his bite," reminds us of the way in which a certain kind of dog behaves. Usually you will find such a dog making a great deal of noise, barking and growling, to give plenty of warning that it is feeling threatened. Only if you continue to approach in an aggressive way will it finally bite. In this way a dog is more civilised than the bear or tigress, who are not concerned to give any warning. Does this remind you of anyone?

I am not saying that this is an exhaustive list. Neither do you have to agree with the way I have described the animal stereotypes. What I have found that is that the use of these animal labels for Defensive Personae can help people to see what is happening in their relationships enormously. I usually ask them to choose the kind of animals themselves, according to their own ideas of their natures.

Problems often arise in marriages in which the partners have different, and clashing, defensive personalities. As an example suppose that a hedgehog is married to a sheep. (Sheep always like to come together in a close flock if attacked.) If they are under stress then the sheep wants the comfort of physical closeness, but the hedgehog is determinedly turning into a prickly ball. The sheep then feels rejected, because whenever she gets close she is needled, while the hedgehog is threatened by her approach. You may wonder how they got together in the first place if they are so different. But remember that their non-defensive personalities were probably very pleasant and compatible. But married life is much easier if a sheep is married to a sheep, and both like to get close together when they feel attacked.

Marital Therapy

It is well worth looking at Defensive Personae in marital therapy. Marital problems can be about a multitude of things. But always, at some point, one partner is putting pressure on the other to change; the pressure is felt as a threat; a Defensive Persona is adopted; this is in turn seen as threatening; a reciprocating Defensive Persona is adopted; the problem escalates. If you ever get involved in helping someone with a marital problem it is important to be aware of this. Each partner alone can seem totally reasonable, pleasant and justified. It is only when you see them, if possible, in the middle of a quarrel that you get the whole picture. That infuriating whining voice, that arrogant pointing finger, that sneer, that closed look. Little things that are not seen by their owner. But they are whip lashes to the partner. These Defensive Personae may not be the root of the problem, but they certainly get in the way of solving it.

The primary point of all the above is to emphasise one of the important Facts of Life, which is:

A person behaves in quite a different way when feeling threatened.

Or to put it another way:

A Defensive Personality is quite different from the ordinary one.

Like many important truths this might seem obvious once it is written down. But if we meet someone who is being nasty, bad-tempered, irascible or sarcastic, how often do we bother to ask the question: "Is this behaviour *only* the result of feeling attacked?" We are all too likely to put it down to simple, unprovoked aggression or nastiness. *We*, on the other hand, are never guilty of this, are we? *We*, if we are being unpleasant and aggressive, are always acting in pure defence! With us it is totally justifiable!

Do you imagine that Al Capone, seen by others as an arch-gangster, saw himself as a villain? Towards the end of his life he is reported to have been very hurt at being attacked for what he saw as a life of "giving people the lighter pleasures". As far as he was concerned he had only ever defended himself.

The Colours of Defence

There is another way which can be used to classify defensive responses. It has less richness and vitality than the animal analogies but it is a nice way of plotting personalities on one sheet of paper, and appeals to some people a lot. It is also better as a *subjective* measure of the *feeling* of defensiveness, rather than a way of classifying the response which is visible *externally*.

Central to all Defensive Personae is the feeling "I AM UNDER ATTACK". Any behaviour which is not accompanied by this feeling, coloured in some way, is not, I maintain, to be classified as defensive. The basic feeling "I AM UNDER ATTACK" is surrounded by a cloud of feelings which are generally combinations of a fairly simple number of components.

If feelings were colours then we might picture anger as being red (red with rage), fear as being yellow (we call a coward yellow), and blue as frozen numbness (blue with cold). The red feeling of anger leads to aggressive behaviour - the bear or tigress; the yellow feeling of fear leads to flight - the rabbit; while the blue frozen feeling leads to immobility - the clam or tortoise. And these correspond to the three main courses of action relative to any danger: go forward, backwards or stay where you are.

Then just as we can make up any of thousands of colours by mixing red, blue and yellow paints, so you can find thousands of different emotional states which are a mixture of the above. For example if you mix red and blue you get purple, and so you could see a state of frozen or bottled up anger as purple. If there is a mixture of red - a desire to fight, and yellow - a desire to run away, you get a state with a lot of tension and often a lot of displacement activity. It would correspond to a shade of orange. Mix yellow and blue and you get green: mix fear with a frozen feeling and you can get a horrible sick fear. Finally if you mix the whole lot together then you get a dark brown or black. Such a confused state where there is no clear defensive path to follow will often lead to what would be called a black state of mind - hopelessness or depression.

This classification by colours is a convenient shorthand way of describing the emotional colouring of the basic defensive emotion - I AM UNDER ATTACK. Colours are soft-edged and flow into each other just

like feelings, so there is nothing hard and fast about it. So you can say of somebody, "He will usually go yellow, but if he is pressed too hard he can move towards the red", or, "When she goes red, she calms down quickly, but sometimes she will go into a blue state which lasts for a long time."

Clients will often enjoy looking at their own emotional response to defence, as well as that of those they are involved with, in these ways. And by doing so they clarify for themselves what is happening in a very important part of their lives.

Predatory versus Defensive

The next distinction I want to make is between two broad classes of behaviour in others that can provoke a defensive response. The confusion between these two classes leads to much unnecessary conflict. It can again be approached via an animal analogy. There are predatory animals. They enjoy hunting. A cat which is after a mouse is visibly a happy creature, and the behaviour is quite different from its Defensive Persona. It is because there are predatory animals that their prey have developed various defensive strategies.

Now there are also predatory people. They will attack you because they want something from you. And you would be wise to defend yourself against them if possible. But if you think about it you should realise that nowadays *most* of the out-and-out predators one meets will be quite smooth operators, con-men or gold-diggers of one kind or another. They usually know better than to put others on the defensive. (There are a few muggers and the like, of course, but they form an very, very small proportion of the people we meet.)

It follows then that if someone is unpleasant it is very **unlikely** that they are predatory and so we are mainly defending ourselves against people who are unpleasant *purely* as a means of defending themselves. This kind of thing happens frequently in life and causes a lot of unnecessary distress. It can happen in society at large, more often in groups and organisations such as at work, and most often of all within families and couples.

As an example, let us follow the path of a honeymoon couple. It is their first breakfast together as man and wife. He remarks lightly, "This is the best morning-after feeling yet!" She, feeling compared with other women, is inwardly threatened, and with an edge to her voice replies, "Oh? And who was second best then?" He, reacting to the tone, and taken aback by the line the conversation is taking, snaps, "Well? And what about you and Jim then?" This remark arouses her full defensive personality. From that point the path of the quarrel will depend on their respective Defensive Personae. She may run out, or weep, or become coldly sarcastic, or verbally angry or throw the coffee at him. He, in turn, may grow sullen or morose or violent or sarcastic and so on in reply.

You will notice that they both feel fully justified in defending themselves against what they regard as the other's unjustified attacks. Notice also that there is no need to assume any deep Freudian, psychoanalytical or Transactional Analysis type basis for the problem. It is enough to see that neither

recognised the *defensive* nature of the other's response, and saw it as totally *offensive*.

Doubtless readers who have done any marital counselling will recognise the pattern, even if they have never got trapped, as I have, within the pattern themselves.

Vicious Circle

In terms of the systems analysis that I have described in earlier articles in the Journal, and now more completely in the book [The Principles of Hypnotherapy](#), we get a real problem when the pattern of behaviour of *any* two organic systems A and B (people, animals, groups or nations) has the following structure:

↑{Defensive response by A} →

↑{Defensive response by B} →

↑{Defensive response by A}.

[Meaning of arrows](#)

This has the form of an increasing positive feedback loop, or vicious circle. Once the loop is started by some chance event it will continue to spiral into dangerous regions which may lead to great damage. We have seen an example between a couple. I suggest that the arms race between the two great powers in our lifetime, now mercifully on the wane, was a further example in which both sides saw the situation primarily in terms of *defence* against a perceived threat.

Many conflicts between neighbouring countries have the same dynamics. Each sees the other as a threat to their interests and safety. There are times when factions will arise in political parties which start to defend themselves each against the attacks of the other by counterattacking and mud-slinging: a common result is a split.

Complementary Defensive Personae

Of course not all pairs of Defensive Personae lead to the above vicious circle. At times they can be complementary and can lead to a rapid resolution of the situation. Let us look at some examples.

I will take the first from the animal kingdom. In a pack of wolves we can recognise several clearly separate Defensive Personae. One is an attacking one - teeth bared, muscles tense etc. Another is simply to run away. A third is puppy-like - a rolling over on the back to expose the vulnerable abdomen. Now the adult wolf is provided with instincts which will fairly quickly switch off an aggressive persona if the response is one of the other two, more submissive ones. Consequently quarrels will usually end without

bloodshed, the moment the wolf who is getting the worse of an aggression-aggression conflict turns it into an aggression-submission one, something that happens quite suddenly.

Sometimes human quarrels follow the same pattern. In some cases aggression in the male is turned off by tears in the female, for example. In that case a quarrel may start with mutual criticisms in which both feel more and more defensive, until the woman reaches the point of tears: the switch of Defensive Persona from an aggressive adult to what looks a little like a helpless child is again typically quite abrupt. This then inactivates the man's aggressive defences and, with luck, switches on a more compassionate and mature persona, and harmony can be restored.

Symbolically we have in such cases:

↑{Anger in male} →

↑{Defensive crying} →

↓{Anger in male},

and so there is no longer a vicious circle. However, just to make life difficult, some men respond to tears with yet *more* anger, in which case tears will lead to a worse problem.

In a nutshell, the problem is that there is no guarantee that a couple will have complementary defensive patterns - and it is when they do not that we are most likely to find problems, in our own lives or that of our clients.

Territorial Defensiveness

Another very useful consideration in the analysis of defensive behaviour is that of territory. A very large number of animals need territory for various reasons and will defend it against other members of the same species. Robins, for example, are territorial creatures at nesting time. The commitment to a nesting site leads to the need for sufficient space around it to be able to collect food for the brood that is to come. If there was another robin nesting very near, then the chance of there being enough food within easy reach would be diminished considerably. It consequently pays the robin to fight off any intruder who looks likely to enter the same territory. From the point of view of the incumbent it presumably looks like a justified defence of his territory; to the intruder it looks like pure aggression. Interestingly it is the intruder who, although usually acting in a more low-key way, is actually the more predatory creature: he has a need which he is happy to fulfil at the cost of another.

But the concept of territory can be, and has been, generalised to more than simply land. Deer graze so extensively that they have no defined physical territory, but on the other hand the stag acts towards his females as if they are his territory: he will defend them against another male. The sight of another male arouses in him a Defensive Persona.

Let us look at some related phenomena in mankind. When jobs are not easy to come by, then anyone who has one is likely to feel a strong need to defend that job against others. We may thus find in a company which is "downsizing" that a great deal of internal nastiness arises, as each employee starts to think of the others as potential competitors and, therefore, starts to switch on a Defensive Persona more and more often. This can lead to a great deal of stress.

If a family lives in a small house then there can often arise a lot of conflict because there is not enough room for each individual to have free space to do what they want to. In this case there can be a lot of conflict over real territory; each defending desperately the space that they perceive as their own.

But there can be fights over more abstract territory also. One person may regard the playing of music as a part of their "territory", while another regards "peace and quiet" as a part of theirs. No matter how hostile the quarrels become, each acts from a righteous attitude of justifiable self-defence.

Intellectuals can fight with equal bitterness over intellectual territory: "That was *my* idea: *I* deserve the credit for that."

There can be conflicts of interest over land, possessions, power, money, reputation, lovers, friends and so on endlessly.

Our perspective

What I would add is that even when we are, in truth, moving in on someone else's territory we very seldom manage to recognise the fact! From our point of view we are in our territory and that other person seems to be either already, or potentially, trespassing on it. This tendency is aggravated by the fact that we tend to judge our own territory by our needs, hopes and expectations, as much as by objective current fact. The junior who had his eye on that promotion for years already feels that in some sense it "belongs" to him, and will feel that another candidate is trying to take away what is already his.

Or we may have a situation in which one group in a company is building it up rapidly, and soon comes to take that growth for granted. If there are members of the company who feel more comfortable with things as they were, they will naturally interpret this behaviour as a threat, and will act in a spirit of defence. But equally the first group will not see their own behaviour as a trespass at all, and will feel most offended by the reaction, and in turn react as if attacked for no reason.

Our blindness to the other person's perspective and our overwhelming need, as we see it, to defend ourselves, contributes enormously to conflict and tension.

In helping clients who are caught up in that sort of situation my usual practice is as follows. I first of all listen with an encouraging and supportive silence while they get the whole thing off their chest first. During this period they are probably unable to listen to anything new in any case.

The second step is for me to summarise the key aspects of the situation *from their own point of view*, with an emphasis on all the wrongs that have been done to them. There may well be some further points which arise out of this, and so the process of talk and summary is repeated a few times.

By that stage hurt feelings have been assuaged to a considerable extent, and I am seen to be able to take their side fully.

I will then say something on the following lines.

"Clearly this is a terrible situation, and something will have to be done about it. I am not sure what is the best thing to do, as it depends so much on knowing what he/she/they are like. The more we know about things from their perspective the easier it will be to decide how to handle the situation. I wonder if you can help me now to get an idea of what things must be looking like to him/her/them?"

I then gradually enable the client to piece together an idea of how things look from the other person's point of view. This can only be done slowly, though it is easier in some than in others. It will usually end with at least some insight into the ways in which the other person most feels threatened by the situation, and therefore induces in the client a reduced sense of being viciously attacked for no reason, and also increases their sense of power: "Well, if they have to react *that* strongly to little me, I must have affected them more than I thought!" The advantage of these changes is that they very much decrease the sense of defensiveness, and enhance confidence a lot. And the more confident a person is, the more they are able to alter their own behaviour in the situation to a more constructive one.

On the basis of this increased understanding of the other viewpoint, and the increased confidence, it is then usually possible to formulate changes which can lead to improvement in the situation, even if it has been going on for a long time.

Chronic defensiveness

This brings us to another aspect of the subject which is the effect on an individual of having a Defensive Persona which is, for one reason or another, more or less continuously active. Typically we would call such a person stressed. In fact one might look at all stress from this perspective and say that any organic system is stressed if it is reacting defensively for the greater part of the time.

We are all familiar with the interpretation of panics and anxieties in terms of the activity of a "fight or flight" response. But what is that response other than a defensive one? The organism is put in a state where it is going to run away defensively, or fight defensively. The reality or otherwise of the threat is unimportant, of course, compared with whether or not a threat is *perceived*.

Now, although it is far from being the *whole* of the way in which such problems are resolved, I find that it is valuable in very many cases of stress to dwell with the client on this matter of the Defensive

Persona. The more they become *aware* of their own responses the more they are likely to be able to control them, rather than be controlled by them.

It is often valuable in such cases to enable the client to develop a conscious awareness of the wide variety of defences that are available, and the situations in which they can most appropriately be used. This will usually dovetail with any assertiveness training techniques that you use.

A Defensive Persona which is maintained for very long periods of time can lead to all manner of problems, some of which have labels.

If someone gets increasingly into a state where they feel that *everyone* is threatening them then they are liable to be labelled *paranoid*. I often feel that this is a bit unfair to the sufferer, because it must be said in his defence that in fact most people *are*, if not attacking him, at least disliking him. The reason for this is simple. It is because most Defensive Personae are unpleasant at least. If anyone is in a state of chronic defensiveness then it is likely that his every word and gesture will put people off him, and they will reply with their own defensive behaviours which he will, naturally, see as a further attack.

If someone is stuck in an extreme "yellow" defensive condition then, if they approach the medical profession, there is a good chance that they will be classified as suffering from an anxiety neurosis or something similar. Someone who is too long in the "blue" may be diagnosed as a depressive. Someone who is defending himself consistently with a red state of anger is perhaps rather more likely to find himself being labelled a "psychopath" and ending up in court.

There can of course also be physical consequences of a persistent defensiveness. The person who is constantly in a "red" state of anger is likely to run the risk of damagingly high blood pressure, for example. Someone with a defence which is more in the "orange" - a rather cowardly repression of anger which is therefore internalised may well end up with ulcers. In some a characteristic response to feeling under attack is the tensing of muscles - in the neck or back for example. Chronic defensiveness can then give rise to chronic pain in these areas.

If a client reports of any symptom that it seems to go away when on holiday, then it is well worth looking at the ways in which that person reacts - mentally, emotionally and physically - to a feeling of being under threat, and also where the perceived danger is coming from. If the threat is perceived to be there a lot of the time then the distortion of the natural personality involved can lead, as we have seen, to stress in whatever area of the person is most active in the defensive personality.

With some clients it is appropriate to refer to the knight in armour that I mentioned at the start of this article. As long as he *only* wears the armour in battle, it must be regarded as a good thing. But imagine what happens if it rusts up and he is then unable to get it off, even when he is home from the wars, and in bed with his loving wife again. It is going to do very little for his marriage! But there is many a man who dons a metaphorical defensive armour in his daily work, and who also fails to take it off when he comes home, and so his wife is unable to come close to the real man. In both cases is it so surprising if the wife

finds herself eventually drawn to a man who does NOT wear a defensive barrier all the time she is with him?

Of course it is not only men who can get stuck in defensive mode. There are all sorts of reasons - upbringing, abuse, other relationships, etc. - why a woman may well anticipate attacks within a close relationship and get locked into a defensive mode.

Trauma-Induced Defensive Personae

As an important example of how a Defensive Persona can form and last for a lifetime we may consider childhood trauma, abuse or rape. The child is often helpless to get away from such things. The best it can do is to change the way it thinks, feels or acts. It will do its best to defend itself against the pain. And the Defensive Persona it adopts will become a part of its adult personality, too. If the mother always rejected the child then it can easily grow up unwilling to form a relationship with a woman - if the defence was never to get close to one. If the father was always violent and the defence was to go into a shell, then the person is likely to be stuck with the same Defensive Persona when threatened, even when grown up. One of the jobs of the therapist is to trace back inappropriate Defensive Personae to the time they started.

Habits and Defensive Personae

We may note that many habits are also linked into a Defensive Person. Many people smoke, for example, the moment they feel threatened. It may well not be the *only* reason that they smoke, but it is *one* reason, and when it is there it is often necessary to deal with the perceived threat as part of the help in giving up smoking.

The same *can* apply to eating. There are quite a few people - women perhaps more than men - who will eat when threatened. There is biological sense behind this. Imagine life thousands of years ago, before there was any way to store food, and there was little way of carrying more than a few days' supply. Then imagine that a tribe was under threat - perhaps from famine, or a rival tribe. What makes more sense than for the women - who have the overwhelming priority of providing food for their babies - immediately to eat whatever was available, and storing it in the most convenient and secure form: body fat. This is not appropriate nowadays, of course, but old instincts do not die away in a hundred years or so. Consequently, helping some women to lose weight is the same as helping them to feel no longer under threat.

The retreat into drunkenness is yet another form of defensive behaviour that some people can adopt. They may find a situation too difficult and a drunken stupor gives some relief. If this becomes a response that is indulged in to excess, then we have a diagnosis of alcoholism. And I have found in my experience, which is not extensive, that tackling the problem at the root - identifying the perceived threat and the poor defensive response - can give very good results in such cases.

In all of the above problems, I suggest, the problem is better, and more permanently, tackled at the level

of the Defensive Persona as a whole, than at the level of a surface symptom.

Therapy

I do not suppose that there is just *one* way of changing a Defensive Persona which is giving trouble, but will mention some approaches which will be familiar to readers, and help them to integrate the current perspective into their favourite approach.

We may perhaps start with Cognitive Therapy: a method which might incorporate much of the material in this article, because of its reliance on the conscious understanding of the processes involved. From that understanding will commonly flow a more conscious control over defensive processes, both within the client, and in their awareness of and response to, the Defensive Personae of others.

Another approach is via Behaviour Therapy. Here we would focus on the behavioural part of the persona alone and work to eradicate counter-productive behaviour and to institute new behaviour patterns following standard procedures.

If you find yourself using a Transactional Analysis framework frequently, then you could focus particularly on scripts which have a recognisably defensive function, and in particular on conflicts between the Child and Parent which involve, typically, some form of Defensive Persona in each. This conflict may at times be worked out within the individual, or in his or her interactions with others.

Within Gestalt therapy you would naturally be focusing on defences, perhaps getting a client explicitly to act out or externalise the Defensive Persona and expressing the defensive feelings in other ways.

Assertiveness training has already been mentioned, and contains valuable methods for replacing a negative or hostile defence of territory with a calmer approach which avoids making the other person threatened in turn. This avoids the typical vicious circle we have noted, and makes a reasoned negotiation possible.

Regression can be a valuable tool whenever it is the case that the Defensive Persona evolved to cope with a particular difficult situation in the past. It can be useful to resolve the tensions of that time, and also to contrast *that* situation with present-day ones, to minimise the likelihood of the old defensive patterns emerging inappropriately. Such regression can naturally be enhanced by the use of hypnotic techniques.

Hypnosis can, of course, be used to address some of the other areas involved in defensiveness. Any suggestions of confidence will typically be helpful, for example, because a feeling of confidence reduces the likelihood of feeling defensive. Positive suggestions that other people are *not* as hostile as is supposed can also help.

Laughter

"Laughter therapy", which was featured on a recent QED programme on TV, could also be seen as a powerful tool, for there is nothing like laughter to dissolve a sense of defensiveness. (Cf. my article, "[Mr. Bean the Therapist](#)", Journal, Spring 1995.)

As an example from my own casebook of the use of laughter in family therapy I will give the following.

The husband can enter dark moods. This frightens the wife who gets angry with him. But this only makes him worse, and so we have a classic positive feedback loop: a vicious circle.

To break this with laughter I simply asked the wife to get out her lipstick on such occasions and paint an enormous smiling clown's face on her husband. (Ericksonian's among you will love this.)

The act of doing this, and seeing his morose face transformed into a laughing clown makes her crease up with laughter. He then catches the amusement and finds it impossible to maintain his mood. And so the vicious circle is simply eliminated.

Laughter is so important, and so uniquely human, a way of defusing defensiveness that teaching clients to be able to laugh at problem situations must be very high on our list of priorities.

Finally I might mention Christian Therapy. Such an approach would draw attention to some of the basic and wholesome teachings as, "For if ye forgive men their trespasses, your heavenly Father will also forgive you." (Matthew 5.14), which will act to reduce the intensity with which we react to others' trespass on our territory. "Love your enemies, bless them that curse you, do good to them that hate you, and pray for them which despitefully use you, and persecute you," (Matthew 5.44) and "Perfect love casteth out fear," (1 John 4.18) will remind us of the truth that the most effective antidote to fear of our fellow-man or -woman is love.

Or we might quote from other faiths or people. Here is one from Martin Luther King:

Non violence is the answer to the crucial political and moral questions of our time, the need for the human being to overcome oppression and violence without resorting to oppression and violence. People must evolve for all human conflict a method which rejects revenge, aggression and retaliation. The foundation of such a method is love.

Whatever the approach, the overcoming of the use of an inappropriate Defensive Persona is central to very many of the problems to which flesh is heir.

Further Reading

The student and anyone else who might like to read more about some of the matters in this article might find the following suggestions interesting. Full references in [Bib](#).

It is useful to have a grounding in defensive animal behaviour in this context, and a excellent starting point there could be ethologist Konrad Lorenz' *On Aggression*. Robert Ardrey's *The Territorial Imperative*, 1969, combines insights from the animal kingdom to analogous behaviour in man.

A very nice over-view of theories of international conflict, which can lead on via other references, is to be found in John L. Casti's *Searching for Certainty*, 1991.

Cognitive therapy was founded by Aaron Beck originally in the context of the treatment of depression. His *Cognitive Therapy and the Emotional Disorders*, International Universities Press, 1976 and *Cognitive Therapy of Depression*, 1979 are classic works.

Behaviour therapy emerged in the late 50s, evolving from earlier behaviourist theories of psychology. The seminal book was *Behaviour Therapy Techniques* by Joseph Wolpe in 1966. Typical techniques are desensitization and aversion.

Transactional Analysis can be approached via the classic best-seller, *Games People Play*, 1976.

Gestalt therapy is associated with the work of Fritz Perls, and has evolved a variety of techniques for dealing with internal personality conflicts. A starting point could be his 1969 book *Gestalt Therapy Verbatim*.

An idea of how Christian teachings can be incorporated into therapy is provided by Frans Brandt's book *Victory over Depression*.

I cannot give any references to the concept of the Defensive Persona, which I do not associate with a particular school of therapy. Neither can I cite a reference to its classification via animal stereotypes or colours, because I believe they are original with me.

Acknowledgement

I am indebted to *Atheline Kelly*, who not only helps enormously with the typing and proof-reading of the Journal, but also pointed out a serious omission in my first version of this article. I had forgotten to mention laughter!

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When the PROBLEM IS SMOKING

[Dylan Morgan](#)

This article is a response to a letter in the NCHP&HR Journal from Edward John McClurg. The parenthetic remarks in the article have specific relevance to Mr. McClurg, a tutor in Quality Management Systems, though others may find them illuminating.

I AM NOT GOING to describe a *technique* for dealing with smokers so much as a *methodology*: the broad lines of my approach. It should be clear as you read on why this is so.

In dealing with a smoker my first assumption is that I am dealing with at least two systems. One, which is usually the greater, is the part which has determined to stop smoking. The other is the system which is controlling the smoking.

(A business parallel is to take the former as an enlightened Management who has determined to implement a new BSI standard, and the latter as a department which is stubbornly sticking to the old "tried and trusted" ways.)

My first job is to ASK THE RIGHT QUESTIONS - a task I emphasised in my article on [Diagnosis](#). I cannot make intelligent changes until I know the answers to the following questions. (The equivalent managerial questions are in brackets.) The order is not significant.

* **How does it feel when you want to smoke, and how does it take place? (Could you introduce me to the department that is giving the trouble?)** These stand for a whole string of questions directed at getting a firm idea of the smoking subsystem (the problem department) that has somehow to be changed.

* A further question on these lines is: **Is the subsystem based on ideas, feeling or habits?** I.e. Is it more like a voice saying, "You need a cigarette", or a feeling of needing one, or simply an habitual action. **(Is the subdepartment acting according to rules, or on gut feeling or on sheer force of habit?)**

* **How have you tried to stop? (How have you tried to implement the change?)** It is obviously helpful to try to discover what has been tried and WHY is failed.

* **What are the advantages of stopping? (What are the advantages of implementing the standards?)** This question must be asked of the non-smoking will and also the smoking subsystem (Management and the recalcitrant workforce.)

* **What are the advantages of continuing? (What are the advantages of not implementing the change?)** Again ask both parties.

It is possible that you will only get honest answers from the smoking subsystem in a trance. (You may only get an honest answer from the workforce when you have their trust and the Manager is not breathing down your neck.)

*** How and why did you start smoking? (How and why did the current work practice originate?)**

*** What do your family/friends feel about the smoking? (How is the key department affected by outside pressures from other businesses etc?)**

The above are simply a selection of the more central questions. I also devote time to getting to know other things about the person. Of particular importance are their interests, professions etc, because you can put things over much better if they are related to things they know about. (Just as I am trying to put the ideas in this article over in a way which I hope will mean a lot to Mr. McClurg, as a tutor in Quality Management Systems.)

Broadly speaking, you know the most important things about a person if you know the things to which they will respond, and how they respond. It does not matter if the response is favourable or unfavourable. Things they do not respond to are irrelevant in any brief therapy. (The important thing about a company or department is the things they respond to and how.)

There is a world of difference between a pregnant woman stopping smoking for her baby and an aggressive businessman stopping for his own health. Their minds are very differently organised; their motivations are very different; the similarity of goal conceals an enormous difference in the tasks.

(There is a world of difference between changing things in a company like The Body Shop and changing things in Saachi and Saachi. Their managerial structures and styles are very different; their motivations are very different: the similar goal of applying a certain standard conceals an enormous difference in the tasks.)

Only when I have spent at least half an hour on this preliminary task do I begin work. As I have been going along I have, of course, been noting down promising lines of approach. And many of my questions will have been devoted to checking out whether these will work or not.

(Only after a detailed study of the organisation and the problems involved in the company will a consultant begin to make recommendations. But he has been noting promising lines as he goes on, and many of his questions have been devoted to clarifying or eliminating these options.)

Discussion

I will then discuss what steps the client is able to take without needing much help. (Find out what the Management might be able to implement easily without much help.) Often there are obvious things which have been overlooked: for example suppose that a person smokes by habit in the toilet only since

an ashtray has been installed. The removal of the tray will stop that part of the habit easily.

In many cases the bulk of the task lies in this area of things that can rather easily be changed by conscious effort, if you know how. (In many cases most of your changes are to management style rather than to the actual functioning of a particular department.)

Notice that there is no ONE piece of advice. Each person may have failed to notice a different specific point that could easily be changed. Erickson once noticed that a retired policeman always bought his cigarettes from a store next door. By getting him to agree that it would be better to walk across town to buy them he reduced the habit enormously. But it is unlikely that this specific technique would work for many clients.

Induction

I seldom waste time on inductions which focus on some irrelevant subsystem such as hand levitation, eye closure, formal relaxation etc etc.

(As a consultant I seldom bother to make changes to any systems other than those centrally involved.)

I will begin with a theme of great interest. This may well be smoking itself.

Just lie back comfortably, close your eyes, and start to think as vividly as possible about wanting a cigarette.

I will then *ask detailed questions* as the client goes through the whole process of smoking a cigarette, to hold his or her attention on the process.

On the one hand this gives great insight into the attractions of smoking - the only pleasure for one woman was the sight of the smoke in front of her eyes. On the other hand you will find it acts like any other attention focussing induction. All other subsystem close down; relaxation ensues; there is total absorption in the functioning of the internal system of smoking and the hypnotists voice; that subsystem opens up in the face of my non-judgemental questions.

(Just let the rest of the company have some time off, and let me just watch the way in which this particular department functions at present. The consultant then watches and asks questions. On the one hand he finds out in great detail what is happening at present. On the other hand he is at the same time getting the company functioning in a way which makes it easy to change. The subdepartment is listening to him; it is not distracted by messages from all other departments; it begins to open up and trust him.)

This stage may go on for five or ten minutes (five or ten hours) or longer.

I next start to make suggestions. (The consultant then starts to make recommendations.) My preferred style is not to use the bludgeon, but to put things in a way which seem perfectly natural to the particular systems I am working with. It is for this reason that there is no one way. For example, with a pregnant woman it is often very easy to get her to visualise the face of the unborn baby: this activates a very powerful system of protection for her child. When she thinks of smoking, the baby's face cries. When she stops, it laughs. You may repeat this several times. This "technique" obviously is quite unusable in a businessman.

(It is generally better, wherever possible, to get a consensus rather than to use brute force. There is no one recommendation that applies in all cases. In one subdepartment money is a powerful motive, in another it is job security, in another it may just be that intangible, morale.)

In practice, then, I never make the same suggestions twice in the same language: everything is subordinated to the overwhelming importance of the unique personality structure of the present client. (If I were a consultant I would never trot out standard recommendations: everything has to be tailored to the overwhelmingly important fact that each company is distinct.) I may use metaphors and images, evoke physical sensations such as nausea; represent true facts graphically: watching two drops of pure nicotine killing a labrador in five minutes makes a vivid picture, as does the fact that tobacco leaves make a good substitute for toilet paper in countries where it is grown; regress the client back to the time of starting to smoke; evoke feelings of love - for members of the family harmed by the smoke; arouse feelings of pride or ambition; use a desire for a clean house which may be linked to the idea that the body is a house for the soul; intensify a desire for a holiday or other good that can be saved for with the £700 or more that is going up in smoke each year and so on. To list all these "techniques" in detail would take up many volumes, even if I were simply to present a single script for the main line, let alone go through all the variations which are involved in modifying such a script to fit a wide range of subjects.

Tying it up

Towards the end I will normally incorporate a suggestion on the following lines.

You will be healthier, wealthier and wiser as a non-smoker. But it will not necessarily make you perfect. No-one is perfect. Anyone can make a slip. Neither of us can be certain that at some time in the future, near or far, perhaps at a party or time of uncommon stress or illness you will not find yourself tempted to smoke another. And it might well be that it would be the best thing to do at the time. All I want you to remember at that time is the thought: "YES, I CAN HAVE THIS IF I CHOOSE, BUT IT WILL COST ME AT LEAST £30!" (My standard fee in 1994)

I will generally talk a bit more about the above, pointing out that most people, if they start again, rapidly return to previous levels of smoking which will cost far more than the £30 another session will cost (£20 if on reduced income).

The purpose of this section is two-fold. The first is that the thought itself is a great deterrent. Few people

would ever pay £30 for a cigarette. The second is to motivate a quick return to me, which will make stopping again much easier. There is commonly a feeling of guilt at failing, or a feeling of letting the therapist down, or a feeling that he could have been expected to give life-time cover: these are counteracted by the above.

Furthermore I very much want to know about anything that does go wrong, so that I can perhaps get it better next time. Failures are far more important than successes. Anyone, with any technique, can get some successes but you only improve by minimising the failures, which means making it as easy as possible for them to come back to you if they start again.

SUMMARY

1. Find out as much as possible about the two primary systems of interest, and all other systems, internal and external which are involved. (Study the business and its economic environment in detail.)
2. Decide on a strategy of changing these systems, based on their real nature in the individual, not on some abstract idea. (Plan realistic changes.)
3. Discuss and arrange changes which can be made at the level of conscious will. (See what can be done with the Management.)
4. Induce a trance which is tightly related to the smoking subsystem. (Get to talk to the problematic department.)
5. Implement the planned changes at that level also. (Change working practices there.)
6. Tie it up with suggestions of return if there are problems. (Arrange for further contacts if there are problems.)

* Throughout look for as much feedback as possible. (Ditto.)

Ecologically sound

Finally I would like to highlight my overall philosophy in hypnotherapy, which may throw light on the overall approach I have used above.

We all know of ecological disasters resulting from introducing, perhaps for good reasons, a new species into an ecosystem.

We may all know of instances where a new work practice or rule or law, introduced for a good reason, has had dismal consequences.

We all know how a person's personality may suffer from the undue influence of parental or other ideas which do not suit the person concerned.

HYPNOSIS PROVIDES POWERFUL TOOLS FOR INTRODUCING NEW SYSTEMS OF THOUGHT, FEELING OR BEHAVIOUR INTO THE COMPLEX SYSTEM OF THE HUMAN MIND. IT MUST BE USED WITH THE UTMOST RESPECT FOR THE EXISTING SYSTEM.

I am dismayed by hearing of hypnotists who forcibly slam into a mind powerful suggestions with no regard for their compatibility or otherwise with existing thoughts or patterns. I am as dismayed by the thought of removing a smoking habit by means of a forceful repression as I would be by the thought of dealing with a difficult workforce by simply locking them up in a room. Each may seem to work brilliantly in the short-term, but could have dire long term consequences.

Ideally I am striving to attain a sufficiently complete knowledge of all relevant workings of that system which is the client in front of me AND the even more complex social system of which she or he is a part, so that any changes that I make are in harmony with those systems while also being viable and able to flourish there. (I am striving to attain a sufficiently complete knowledge of all relevant departments of the business I am helping AND the even more complex network of business connections and the economy as a whole, so that any changes I make will harmonise with what is there while also being viable long term.)

That is what I mean by holistic, or ecologically sound, or simply doing a good job.

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Hypnotherapy as De-Hypnosis

[Dylan Morgan](#)

I FIND IT FASCINATING to watch Paul McKenna on TV on those rare occasions when I do not have an evening client and he is on.

He is clearly good at his work, and it is clear from his book that he is aware also of much of the material - such as Erickson's work and NLP - that is part of the background of the typical therapist. Yet I have found a reluctance to use the type of inductions and approach of the stage hypnotist in my own work. (And the one time I have seen McKenna work on TV as a therapist I was interested to notice that *his* approach was pure therapist and no stagecraft.)

In pondering on this matter I have come up with the following thoughts, which might be of interest to others.

The characteristic produced by a stage Hypnotist in his clients is a **limitation** of the personality. When they are acting out the suggestions made they will typically have no access to much of their common-sense background knowledge. It is interesting and amusing to watch the subjects acting on the suggestion that to put on a pair of trousers is impossibly difficult, but for this to be happen, their normal knowledge must be rendered inaccessible.

Another perspective on this is provided by the word **dissociation**. Extreme cases of dissociation are provided by people who demonstrate multiple personalities. In such people there seem to be distinct and non-cooperating personalities which can take it in turn to be 'in control'. Each personality may have its own memories, or one may have access to those of another but not vice versa.

Some theories of Hypnosis are based on this phenomenon (Cf. Hilgard *Neodissociation theory of multiple cognitive controls*). From this perspective a lot of what happens on stage can be seen as the creation of a secondary (and limited) personality in the client. The bounds of this personality are determined by the particular suggestion made, and, as noted above, it typically has very limited access to information available to the normal full conscious.

It is in the interest of the stage hypnotist to *create* such sub-personalities and to ensure that they are cut off and or dissociated.

Now the Hypnotherapist is also familiar with the phenomenon of dissociated mental systems. The whole theory of repression can be seen in this light as the severing (for defensive purposes) of all information about some traumatic event or events from full consciousness. Concepts such as "the child within" similarly testify to the existence of internal sub-systems which are at variance (often) with the conscious will.

But notice that in these cases what we, as Hypnotherapists, are striving for is NOT to enhance the separation, NOT to make the dissociation more extreme, but rather to reduce or eliminate it.

We are finding ways to allow the inner child and the inner adult to be closer and to love each other not hate each other behind barriers.

We are finding ways to bring repressed traumatic material safely back into consciousness by showing how it may be dealt with.

Or again, think of the many times in which you have heard a client say, "I do not feel that *I* am in control of ... Instead *it* is in control of me." In other words, we are dealing with a situation in which some mental subsystem has become independent of the system of conscious control - has become slightly dissociated.

As Hypnotherapists, what are we trying to do in such cases? Are we trying to *increase* the separation between the systems? Are we trying to let the conscious mind have *less* control? No, it is quite the reverse: we are trying to *reduce* the separation: to bring the subsystem back into contact and control again.

Yet again, have you not met clients for whom a problem has been started by some comment made by another to them? The words: "It is *your* fault!", "You are *stupid!*", "Sex is *dirty!*", etc, have stuck somewhere in the mind and been acted on ever since with all the characteristics of a post-hypnotic suggestion. And what do we do then but *remove* the power of those words, *eliminate* their quasi-hypnotic autonomous control of the person. We are effectively de-hypnotising.

All the above examples should make it clear why I say that in Therapy I find myself striving to *unite* subsystems, to create an *integrated and harmonious whole*. By contrast most of the typical phenomena of hypnosis, particularly of the stage variety, are working in quite the opposite direction: they are implanting suggestions *cut off from* the normal conscious personality. They *want* effective amnesia for normal associations when acting out a suggestion.

It is for these reasons, I think, that I do not find myself using a typical stage-hypnotist's techniques. My goals are so very different.

The great value of knowing about such techniques and the results thereof is that it gives one a great awareness of the way in which we work. If you know how to *do* something it is a great help if your main task is to *undo* such things.

It is partly for those reasons also that I am strongly against a narrow definition of Hypnotherapy as I have written elsewhere in this Journal. To my mind the Hypnotherapist is far more often using a *knowledge* of hypnotic phenomena to eliminate them rather than 'hypnotising': creating new barriers, dissociations etc.

Of course I am aware that my ideas may be biased by my own world view, which is one in which:

harmony is preferred to discord, cooperation is preferred to strife, integration is preferred to segregation, democracy is preferred to dictatorship, conciliation is preferred to confrontation and so on.

Finally the thing that makes me most uneasy about the dissociated hypnotic personalities on stage is that they *have no sense of humour*. To be fully human is to be able to laugh, especially at oneself.

This article first appeared in the Journal of the National Council of Psychotherapists and Hypnotherapy Journal, winter 94.

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PRACTICAL PSYCHOTHERAPY: INTERVIEW AND DIAGNOSIS.

[Dylan Morgan](#)

The Disciple came into the presence of the Master and said, "Oh wise one, I am tired of my ignorance. Tell me all the right answers, so that I may also become wise."

And the Master replied, "You are right in calling yourself ignorant. Only the ignorant think that wisdom lies in right answers. The wise merely know the right questions."

ANY DECENT medical course will place a lot of emphasis on diagnosis. But I have yet to read a book on Hypnotherapy which devotes any time to this essential process, while books on Psychotherapy which do devote time to diagnosis are concerned almost exclusively with clinical problems: schizophrenia, clinical depression, obsessive-compulsive disorder etc.

We are not generally faced with such severe problems, but we ARE faced with a variety of problems and it is our job to define clearly in our minds what the problems are, so that we may find the most effective method of solving them.

In this article we will be looking at some ways of tackling this aspect of our work.

Net or line?

There are two traditional ways of catching fish: a net or a line. The two traditional ways of finding out what is in someone's mind are either the trawling technique of letting him or her talk and talk without interruption, at the end of which you hope to have caught all information of value, or the line and hook technique of asking questions. (And if you look at a question mark in a certain way it does look a bit like a hook, does it not (try up-side-down)?)

In practice we may use a combination, with due sensitivity to the inclination of the client. At one extreme I remember one client who gave me the story of her life for six hours, spread over four sessions, as smoothly as if it were a written autobiography. It would have been quite wrong to interrupt during the telling: we must always remember that there is for many a definite need to be listened to and understood, quite apart from any other help offered. At the other extreme there are individuals whose minds are so confused that it is necessary to ask some specific questions in order to tease out any semblance of order.

As a matter of technique I am going to propose a number of questions. They can be thought of as hooks with which to catch the essential information, or as hooks on which to place the information gathered by a trawling technique. As a first example of this we have:

HOOK 1. As an opening question, use "How would you like to start? Some people prefer to talk about the problem in their own words. In other cases it is easier if I ask questions. Which would you prefer?"

The nature of the problem

The only reason clients come is because there is something bothering them. But it is very important to avoid jumping to conclusions. I have lost count of the number of times I have talked with a prospective client on the phone, and after five minutes been quite confident that I understood what the problem was, only to find at the first session that I had got it quite wrong. One reason why this happens is that clients will not open up about very personal matters until they have achieved confidence in the therapist. Thus they may start by talking vaguely of stress and needing to relax, when what really worries them is a sexual problem. At times this can be reversed. One client presented her problem as being extreme masochistic tendencies in her sexual relationships, but it slowly became obvious that the real worry had to do with avoiding facing certain deep fears and insecurities. For her the latter showed weakness, and weakness she despised far more than a mere sexual deviance.

Another reason for initial problems is the different meanings that people give to words. "Paranoid", for example, means to some people something like "mad", to others "emotionally disturbed", to others it means "thinking others are scheming against me". None of these is what is meant by the word in its technical sense as, "The name given to one type of functional psychosis, viz. that in which the patient holds a coherent, internally consistent, delusional system of beliefs, centring round the conviction that he (or, more rarely, she) is a person of great importance and is on that account being persecuted, despised, and rejected." Gregory (1987)[Bib.](#)

Here are some questions which can help to clarify the exact nature of the problem, and to avoid any misunderstandings about it.

"Tell me in your own words about the most recent time when you had this problem."

HOOK 2. "What *feelings* did you have at the time?"

HOOK 3. "What *physical sensations* did you notice at the time?"

HOOK 4. "What were you *thinking* at the time?"

The purpose of these specific questions is to build up a clear idea on your mind of the complex processes which are going on in the client. Let us take for example a person who comes stating that the problem is "blushing". This one label can stand for a variety of different problems. We might find that a particular female client blushes only in the presence of a male in authority and that it is accompanied by feelings of fear, physical sensations of trembling and thoughts that she hopes he will not approach any nearer. (We may then suspect that the problem is primarily sexual.) Another client might report that it only arises

when he is about to address a large group of people, at which point he feels very self-conscious, there is a sensation of shaking in the voice and the thoughts in his head are, "I am going to make a fool of myself." (We may then suppose that the central problem is self-confidence, or similar.) It will be clear that the psychodynamics of these two cases are totally different, and consequently any help given is also likely to be on quite different lines.

Although I have indicated one-line answers to the questions above, in practice the questions will stimulate quite a lot of information which will throw more and more light on the problem, and often show it to be fundamentally different from what it first appeared.

Origins

Problems do not generally arise for no reason. Extreme phobias of water do not arise without cause, for example. It is usually very important therefore to use

HOOK 5. "When did the problem start? Tell me about the earliest occasions you can remember."

If we find that the first time the client approached a swimming pool she nearly drowned, as happens not infrequently in the case of such a phobia, we have found out something of great importance when it comes to solving the problem.

But this question may also show up any changing patterns in the problem over the years. It is a common phenomenon for an initial problem to become confused in many ways as time passes because the worry about the initial problem can generate further symptoms which can in turn create further anxiety or depressions.

There are times, however, when the connection between the origin of the perceived problem and the real cause is not so obvious. A classic instance of this is the delayed onset of extreme distress, anxiety or panic attacks which can arise six months or more after a bereavement. Typically the bereaved person has repressed the grief for that time. More extreme cases involve the repression of traumatic material from as far back as early childhood.

In order to discover such origins the following questions (6 and 7) are very useful.

HOOK 6. "Can you think of any big changes or upsets or bereavements in the year before it started?"

It is a fact that most people find most big changes rather traumatic, but the current ethos is that we should be able to adjust to them with the ease of well-oiled machines. As a result quite a few problems arise that we, as therapists, can help comparatively easily, because they involve short-term transitions. The client merely needs some help and support while going through a change in life.

In order to find out about the possibility of earlier traumatic material being responsible the following is a

very useful question.

HOOK 7. "When you are in that state, how old do you feel?"

I have a client at present who, when entering into certain distressed states, begins to behave and talk like a three year old. This is a clear indicator of what is currently being revealed as a problem rooted in extensive homosexual abuse at that age.

If it is possible to talk to another member of the client's family then material to hang on Hook 7 is usually very easy to obtain, as child-like behaviour is more easily noticed from the outside.

Why is it still a problem?

By the time we have obtained by one means or the other the answer to all the above questions we should have a very clear idea of the precise way in which the problem affects the client, and how it arose. The next really important thing is to find out *why it has not disappeared*.

It is always worth remembering that problems of all sorts have arisen through the ages. Psychotherapists are inclined to forget that people survived the most appalling traumas through all the history of mankind before the science of psychotherapy arose in the last century. At another level it is worth remembering that everyone on the face of the world has had the "problem" of bed-wetting. The only differences between us lies in the age at which we grow out of it. Most people are nervous in front of an audience at some age, but most who have to address an audience frequently usually overcome the fear naturally. Most people experience grief at a bereavement. But most people get over it in what we may call a natural way: i.e. without professional help.

I am suggesting that the norm is that people do overcome problems one way or other. So it is really important to find out why, in a particular client, the problem continues to be a problem. I will formalise this as a tool for thought.

HOOK 8. Why has the client still got this problem?

To remind yourself of this important point the following is a very important question to ask, for that reason and others as well.

HOOK 9. "What have you tried before, in dealing with this problem?"

This will very rapidly fish out the history of any medical interventions; whether the client has been to see other therapists and any practical ways they have tried themselves.

The most common reasons for a problem to continue are the following.

- a) There may be repressed emotional material, which the client has no conscious access to, and it is the driving force behind the problem.
- b) The way in which the client is thinking about or treating the problem is actually making the problem worse.
- c) There are external factors in the client's life which are maintaining the problem.

We would hope to have uncovered factors a) and b) by the lines of inquiry above. The most common pattern for b) is illustrated by the father in this little story.

"This father took his little girl to the playground. She wanted to go on the swing. He let her, but stood by to make sure that she swung safely. To begin with he was happy, but then he noticed that she was starting to swing to what he felt was a dangerous height. He decided to "take control" and, when the swing was at its highest, pushed it down firmly. For a few seconds he was relieved to see the swing descending rapidly. But then, to his alarm, it rose even higher than before. He had learned nothing, however, and in his alarm he again pushed down firmly when the swing was at its highest!"

You may picture father and child together getting into a more and more frantic state with every swing of the swing.

Steinbeck, in *Sweet Thursday* [Bib](#), writes, "There are some people who will say that this whole account is a lie, but a thing isn't necessarily a lie even if it didn't necessarily happen. There are far too many people who make their problem, whether it is anxiety, hypochondria, shaking etc. etc. worse by acting just like that father and panicking when the problem is at its peak with the predictable result of making it even worse the next time.

External causes

Let us next turn to the third big class of reasons why the problem continues: external factors. Such factors most commonly involve other people. Here is a question which will rapidly reveal problems in that area.

HOOK 11. "What do people close to you advise?"

This may seem a little indirect, but it gives a way for the client to talk about husband or wife or father or mother without seeming to blame them at all. This is quite important, for a lot of problems arise because a person does not feel that it is right to go against the feelings or opinions of a loved one. Nevertheless the answers should reveal to you the extent to which the family, friends or employers are the cause of the continuation of the problem.

Related problems

There is another potentially very important area that the above questions may fail to fish adequately. It is quite common for the initial presented problem, as observed above, to be at most part of a more general problem or problems. It is often necessary both for reasons of time, and for reasons of allowing the client to gain trust in you, to leave this area until a second session. But sooner or later it is well worth bringing out in some form the question:

HOOK 12. "If you look back over your life, would you say that you have had any other significant problems to deal with?"

This might catch significant facts like hating boarding school, a disease, an aborted child, a broken relationship, a sleep problem, sexual malfunction and so on, which the client may not think to be relevant, though they often are.

Collect your own hooks.

I have suggested twelve "hooks" or questions above. It will be obvious that they are not to be applied like an inquisition. In many cases they will remain unspoken, though we will have them in our minds in order to structure the form of the discussion. You will have many of your own favourite questions. Perhaps you are not fully aware of what they are. It can be a useful exercise to note down those that have passed the test of time. (And you may care to share them with others

The disciple said, "Thank you, wise master, thank you. I will immediately seek the right questions and then I, too, will be wise." And he left.

The Master shook his head sadly. "Once a fool, always a fool. There is no wisdom in merely knowing the right questions. Wisdom begins with understanding the answers to the right questions."

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Iatrophobia Induced by Circumcision

[Dylan Morgan](#)

THIS BRIEF ARTICLE is designed to draw members' attention to a rather specialised matter which might be relevant in cases in which a client has a pronounced fear of doctors: iatrophobia, from the Greek *iatros*, physician. It is also relevant to certain sexual problems in the male.

The matter came up incidentally from the accounts of a client whose primary problem lies in another direction. The evidence is quite simple, and is as follows. The client, now in his late forties, has always had an intense fear of hospitals, doctors and nurses. A simple medical inspection at school was a torment. And yet he had never been ill enough to go to hospital nor had he ever been treated for anything at all serious.

The second fact is that through his life he has had a recurrent nightmare which is essentially that of a terrible pain at the end of his penis.

The third fact is that, like many of his generation, he was circumcised in infancy.

Conclusion

I think that it is an inescapable conclusion that these facts are related. We need only suppose that the surgeon did not think that a local anaesthetic was necessary. (I am informed by Dr. Warren, *see below*, that in fact it is normal practice in neonatal circumcision NOT to use a local anaesthetic!) It may also be relevant that this particular client retains very vivid memories from surprisingly early ages in other ways.

The moral is that IF you have a male client with an unaccountable iatrophobia you might like to ask further questions about circumcision.

Uncircumcision

Circumcision can also create more general psychological problems in some men. Should you come across a client with these problems then he may be interested to know of a movement which has started in the States which aims to reverse the process.

The key reference is *The Joy of Uncircumcising!* by Jim Bigelow PhD, Aptos CA, Hourglass Publications, 2nd edition 1995; available from UNCIRC, P.O. Box 52138, Pacific Grove, CA 93950; telephone/fax 001 408 375 4326.

The process is simple in principle. Tapes are first used to pull the skin of the penis forward a little over the glans. After a few months of progress the next step is to attach a cylindrical weight of over a pound to

the skin by means of tapes, to further encourage growth of a new foreskin.

Some individuals have reported great success with this scheme, which takes a year or two. Others find it difficult through soreness or inconvenience.

If a man is sufficiently distressed by circumcision then he may be motivated to take this path.

There is a doctor in this country (the UK) who has become involved in helping such men. In the course of this work he has been able to do a survey of the feelings of those who have been interested in foreskin restoration. The most common reported feelings were as follows: Sense of mutilation (74%), Appearance (74%), Lack of sensitivity (74%), Being different (61%) and Discomfort due to chafing on clothes (50%). Only one out of 38 respondents spontaneously reported the fear of hospitals mentioned by my client.

The current rate of circumcision in the UK is about 7%, which makes it quite rare, but consequently the psychological effects of feeling different are likely to be greater. Circumcision was much more common in the early part of this century, reaching a peak of about 30%, so there is a greater population of men in their forties and above who may have problems, but on the other hand the fact that so many of their contemporaries are similar should have reduced the psychological problem.

Address

In case you have an interested client, Dr. Warren's address is Dr. John Warren FRCP, 3 Watlington Rd, Harlow, Essex CM17 0DY

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All You Need Is ... ?

[Dylan Morgan](#)

IN THE 850-page "Oxford Companion to the Mind", (Gregory (ed.) [Bib](#)) Logical Positivism leads straight on to Lunacy.

Perhaps it does.

Can you see what has been skipped over without mention? It is something which most acknowledge to be of the greatest importance in life. It gives meaning and a sense of wellbeing to all. Without it, life is a desert of depression and misery. It is something needed from the cradle to the grave and its presence or absence is of vital importance to the health of an individual.

The answer, of course, is Love.

In this short essay I am going to argue that one of the most important causes of problems which we as psychotherapists face is a lack of love, and one of the most important cures is therefore restoring love to a life which has lost it.

We will have to consider forms of love and also ways in which a therapist may properly ensure that the client regains it.

Love ignored

Why is love ignored not only in the above book but in so many others on psychology? One reason is the difficulty of measuring it and of evoking it under experimental conditions. It is quite easy to produce pain in someone in response to some stimulus: an electric shock will do nicely. Consequently we have a vast literature on pain and stress and fear and anxiety. But there is no clear way that love in any of its forms could easily be produced in a laboratory, nor measured if it could be.

A second reason is an almost universal fact of human psychology: we pay an enormous amount of attention to things when they go *wrong*, but soon take for granted things when they go *right*. News programmes deal primarily with wars, floods, murders, frauds, disasters and calamities of all kinds, while any good news tends to be consigned to a small item at the end. Medicine concerns itself with studying illness, so there is little literature on health. As individuals we get enormously upset about a small problem such as toothache, but seldom rejoice when all the millions of internal processes in our bodies function smoothly and without pain. It is therefore not surprising that the psychology which such a species will produce will concentrate on the problems - the fears, depressions, anxieties, compulsions, guilts, griefs and so on - and pay almost no attention to the positive things.

It is as if a clinical psychologist came across a crying baby and noted the tears and the tensions in the body; measured the abnormally high pulse rate and the hyperventilation; yet ignored the only important fact: the mother is not there. So love is not there. When the mother IS there, there is nothing for the clinical psychologist to notice, so he never needs to study love when it is present, and fills his journals with accounts only of the symptoms of the absence of love, without ever realising that love is the key to the situation.

Love is known

Love is one of the most important positive things in life, and nearly everybody is pretty clear about when they are loved and when they love, and can clearly distinguish between forms of love. For example, any mother knows what it is to love her baby, her own mother and father, the father of her child and herself. Each is a form of love and each is distinct.

If I have any hard-nosed positivists in my readership who dismiss love as being too subjective to be worth dealing with, I will argue that we can discuss love as perceived by an individual (if we can do no better) in the spirit of Dennet's heterophenomenology described in his *Consciousness Explained* ([Bib](#)). The rest of us may be content with knowing that we have a sufficiently real sense of what love is to be able to talk about it freely.

Some examples

In order to arouse in our minds an awareness of how important love is in therapy, I will refer very briefly to some broad classes of problems that arise frequently.

Marital problems are nearly always about love. Suppose that he has been unfaithful: she feels deprived of the love he previously showed her. At times the problems are about HOW love is to be shown. He might feel that love is about what you DO, while she may think that love is about what you SAY. So if he redecorates the house but does not say how nice her new dress is, she feels unloved. At the same time she may tell him she loves him but does not want sex as often as he does, so *he* feels unloved.

A child may be chronically unloved. Such a child can easily grow up to be an adult convinced that he or she is still unlovable. The "Child Within" is still unloved. This can result in lack of confidence, lack of assertiveness and anxieties or possibly aggression and violence, depending on the individual.

What are the problems which accompany bereavement if not largely a result of a loss of love? The familiar signs of depression, perhaps alternating with suicidal feelings, anxieties or panics and the like are the usual consequences.

Then there are the shy recluses: those who are deprived of that form of love we call friendship.

And there are the old who lack the family and friends they once had to love and for whom, therefore, life

is a misery.

We may perhaps generalise and say that in the vast majority of problems in which there is emotional distress, the lack of love either in the present or the past is a central factor. Even in problems which seem at first not to have any strong emotional component - giving up smoking, for example - the loss of love can be very important. I had one client, for example, who started to feel very distressed as she gave up. It became clear that this distress centred around the fact that as a result of an illness, her husband had withdrawn very much into himself. The nicotine somehow helped her to deaden the feeling of grief for the love that they had had. In the end she preferred to go on smoking rather than face that loss daily.

I will presume also that my readers know at first hand many forms of love and the desolation of their absence, and that there is arguably no worse form of suffering.

Solutions

All the above problems are caused by a deficiency of some form of love. It follows that the most effective solution to the problems lies in regaining the love.

A case which exemplifies this is as follows.

A widow of many years came suffering from anxiety attacks. The probable cause was the fact that her daughter had grown up and no longer had much to do with her: she no longer had someone to love. She only needed one session at that time. Was that my doing? No. It was just that her best friend had died and the widower started to lean on her, needing her love. Her anxieties disappeared for many months. She returned a second time, with a recurrence of symptoms, only when he had stopped leaning on her.

In this case the solution, albeit temporary, had nothing to do with therapy. It illustrates that absence of love was the problem: a return of love the answer.

But this leads us to focus on the question: what can a therapist do in order to return love to a person's life?

Therapeutic interventions

It must be very clear from our Code of Ethics, printed elsewhere in this Journal, that the forms of love which a therapist may show are circumscribed. Any attempt to arouse feelings of romantic or sexual love in the client for the therapist is virtually forbidden. (In rare instances and very wise hands, transference in the Freudian tradition might be encouraged as a step in a process.) Any attempt to evoke in the client some other form of love which would lead to a long-term relationship would be frowned on, as we have to aim to end therapy as soon as possible.

Later on, after we have discussed forms of love in more detail, we will see that there is a form of love

which *is* allowed, but again it should be seen as temporary.

These restrictions, together with common sense, lead to the conclusion that the primary task of the therapist is to *tackle the problems that prevent the client from feeling the love which is available in many forms in the outside world.*

Forms of love

The English language, despite possessing an enormous vocabulary, is rather limited when it comes to love. As is probably well known to many readers, the ancient Greeks had four words to distinguish forms of love. These were *storge*, *philia*, *eros*, and *agape*. Following C.S. Lewis, whose book *The Four Loves* is an outstanding analysis of these matters, I will translate these words as Affection, Friendship, Eros and Charity. Affection to the Greeks was typified by the love between parents and children. Friendship is the close bond between two individuals with shared ideas, goals, etc. Eros is love in the sense of "falling in love", and should be distinguished from pure sexual drive or lust, because although the two are related, it should be clear to most people that each can exist without the other. Finally *agape* is a selfless love of others, what in New Testament Latin is Caritas, or in English is Charity, not in the sense merely of giving to the needy, but in the Pauline sense of "Charity suffereth long, and is kind; charity envieth not; charity vaunteth not itself, is not puffed up, doth not behave itself unseemly, seeketh not her own, is not easily provoked, thinketh no evil, rejoiceth not in iniquity, but rejoiceth in the truth" (1 Corinth. 13, 4-6).

Those are the familiar St. James' version words. In a modern translation we have, "Love is always patient and kind; love is never jealous; love is not boastful or conceited, it is never rude and never seeks its own advantage, it does not take offence or store up grievances. Love does not rejoice at wrongdoing, but finds its joy in the truth."

Of these four we may say that in the above sense charity (notice there is no sense of condescension in it) is a form of love that may and probably ought to exist in the therapeutic relationship. Think about it. Do not the above words describe the attitude we feel that a therapist should have? And would we not all choose a person with such love if we ourselves should ever seek help?

So we may offer *agape* - charity. What about the others?

Eros is contrary to the Code of Ethics.

Philia - friendship - is really of its nature a long-term thing. Real friendship depends on a slowly matured sharing of experiences and thoughts. Friends are typically walking side by side, and their talk is typically of other things than themselves. (In *eros* most of the talk of the couple is about themselves.) These conditions are not met in therapy, where the focus of attention is on one person, and the process should not last too long. There is the possibility that after a course of therapy is finished, a friendship may develop without transgressing the Code of Ethics, but the point here is that it is not a form of love which can be offered in therapy. If you doubt this, then I would suggest that it may be because you are giving to

the everyday word friendship a meaning which is a mixture of *philia* and *agape*, and that it is the latter component that you are thinking of as being present in your relationship with a client.

What of *storge* - affection? Remember that the root meaning of this was in the affection between parents and children. In practice an element of this will often creep into the therapeutic relationship. This is because most adults, when they are distressed and seek help, partially regress to the attitudes of childhood and consequently they project onto the therapist the role of a helpful and caring parent. It is certainly important to be aware of this, and to be able to handle the childlike persona which can so often emerge, even without a formal hypnotic regression. But the question of interest here is, "To what extent can one show parental love to the client?"

I would answer this by means of asking another question: "Once a child is no longer a baby, may it not be comforted as well, or even better, by a kind aunt or uncle, a grandfather or grandmother?" In such relationships there is still love, but there is more of the charitable and less of the parental about it. Anecdotal evidence suggests that it is often much more useful to the child. I would argue from this that, faced with a client who is adopting a juvenile role, the therapist should not (except for very cogent reasons) adopt the parental role with all the complicated projections that might ensue, but rather move into an avuncular role with its more charitable love. Notice also that such a role is far easier to disengage from: you leave an uncle with no sense of binding ties, however pleasant the meeting has been. This is consonant with our Code.

So my interpretation of Rule 7, to "maintain appropriate social boundaries", is that as a rule of thumb the relationship should be no more intimate than might exist between a child and a compassionate and understanding aunt or uncle, grandfather or grandmother; and that the dominant form of love shown should therefore be Charity, in the sense above.

HOW TO INCREASE LOVE INDIRECTLY

We have now, by means of an analysis of the forms of love, shown the way in which a therapist may give love to a client. Is this enough? Is it true that "All you need is love"? In some cases the answer is "Yes". For some clients and some problems it is medicine enough. Some of the efficacy of the placebo effect and much of the success of many "alternative" practitioners arises, I believe, from the fact that the patient or client feels loved: someone is showing deep and caring interest. The thing that is done is often far less important than that sense of being loved.

It would be quite easy to test this hypothesis. It would only be necessary to divide a large group of patients into two. One group would be given a placebo (a neutral "pill") by means of an automatic machine at regular hours. Another group would be given a pill from an identical machine by a nurse who was instructed merely to be cheerful and attentive for a minute or two, with no reference to the pill. The difference in the two cases is love. I predict that if these groups were assessed by doctors with no idea which treatment the patients had received, the second group would have done far better.

The medical profession has made enormous strides in the last fifty years, but in the process of obtaining highly reliable techniques they have tended to lose what used to be called a "bedside manner": they have lost the ability to make the patient feel himself or herself to be in caring hands - to feel loved.

Into this vacuum we find that a large number of alternative practices have moved, high on attentive care for the patient, if low on proper testing of the efficacy of the supposed technique. And, as I have said, patients benefit.

For most of us it will be an obvious fact that to be loved in any way enhances well-being. But does it follow that all the therapist needs to do is charitably to love the client?

No.

A doctor who only shows love is far less effective, if at all, in curing TB, ulcers, diabetes, infections, etc., than another doctor who is able to use the excellent specific treatments based on a clear understanding of the processes involved in the human body. In a similar manner a "therapist" who only shows love is going to be far less effective than a colleague who also has a clear understanding of the processes underlying problems in the human mind and heart.

ANALYSIS OF THE PATHS OF LOVE

I am next going to step back a little and look at love from the outside in order to reveal some of the processes involved. In particular I will be considering love from the perspective of biological systems, in the spirit of the two articles on a systems-oriented approach to hypnotherapy presented in the two most recent Journals. This involves, in particular, being aware that love, like all other mental and emotional phenomena, is a process and not a state, is dynamic and not static. We want to know how it changes and why it changes; what is preventing it from changing for the better and how to get it to change for the better.

We can start from the forms of love mentioned above. Notice that in general each form of love is focussed on different individuals, exhibits a different form of behaviour and has qualitatively very different feelings associated.

We are generally familiar, since the advent of Transactional Analysis, with the notion that an individual may have different personae such as an adult, a parent and a child. Each may be evoked at different times, and not necessarily by appropriate individuals. In Hypnosis we may go somewhat further and regress an individual to the point of reproducing almost completely the personality and behaviour at a younger age.

In the language of systems we may regard each persona as an internal system, consisting of a more or less coherent pattern of thoughts, feelings, memories and behaviours. It is a commonplace fact that any individual can display a variety of personae: has a variety of such high-level internal systems. In cases of

split personality these systems are very different and disconnected. In quite an ordinary man the difference between his working persona and his domestic persona can be very large, but he will usually be able to remember things about each life while living the other: they are not totally disconnected. The two systems are very different, but connected.

With these ideas in mind it is quite easy to think of the different forms of love in the following terms. Each form of love corresponds to a different internal system; each is activated by different people or things; each has different patterns of response; each has different feelings. Thus one internal system is activated in the presence of a wife, another in the presence of a son, another in the presence of a dog, another in the presence of a friend and so on.

Common Factors

In the first part of this essay attention has been drawn to the differences between forms of love. Next let us look at what they have in common.

The common factor, I suggest, is that each system grows or flourishes in the presence of the beloved.

This is conspicuous in the case of falling in love, where the sudden nature of the process makes it easy to see a rapid growth in that part of each individual which relates to the other. For a while there is no thought of anything else, little attention to anything else: the system which is concerned with romantic love for the other dominates the individual completely.

The love between mother and baby can arise almost as quickly (though it is perhaps celebrated less in song, as the mother usually has other things on her mind at the time). It, also, increases the well-being of the baby and the mother in a favourable environment. The love between two or more friends typically emerges far more slowly, but also helps them to grow and to feel and to be more confident. Compassionate love between any individuals "blesseth him who gives and him who takes". (I assume I am not alone in feeling better in response to an improvement in a client?)

This same pattern is visible if we descend the ladder of loves down towards likings. Although we may say "I *love* this food", in this sense the meaning is more of an intense liking. We may readily notice that the digestive and gustatory systems are activated by a pleasing food, or even the thought of it. By contrast the thought of something which is of no interest to us as food produces no such activation of these systems.

In a similar way, then, I would suggest that the common factor in likings is that in each case some small subsystem of the mind becomes activated by that something in such a way as to direct activity towards getting more of it. If you like roses then a chance glimpse of a rose will activate that small part of the mind which recognises roses, and this will in turn motivate you to go over and take a closer look.

Broadly speaking I would suggest that the continuum which stretches from likings up through lovings is

marked by increasingly large systems. We will only say that we "love" something if it arouses such a large subsystem that we feel that almost our whole personality is involved. We are more likely to say "like" if a smaller subsystem of our minds responds, so that we regard it as more marginal to our whole selves.

But whatever the position on the continuum, the common characteristic of these phenomena is the activation of a subsystem, an activation which has the characteristics of growth, and which is accompanied by a tendency to act in such a way as to get more of the same.

Dislikes and Hates

However, we must next notice that internal systems are not only aroused positively. Our eyes can be drawn to things which are very unpleasant as well as pleasant: our minds can become obsessed with hatred for someone as well as with love.

The basic pattern here, I would suggest, is based on the following generalisation.

All biological systems become active in response to anything which will promote growth. On the other hand they will usually also become active in response to a destructive threat. Any biological system which has not evolved methods of warding off destructive threats will simply die out.

Thus any biological system from a single cell up to a society is generally responsive on the one hand to things which will enhance its well-being and things which tend to destroy it on the other. Both of these classes of things tend to produce activating responses. This leaves any given biological system totally indifferent to the vast majority of things in its environment.

Indeed we may characterise any biological system very well by simply specifying those factors in its environment (internal or external) which tend to activate it, and noting also whether the response is positive or negative: whether it acts to obtain more or less of the particular factor.

In the domain of psychology this generalisation becomes the statement that if you know a person's loves and likes and also the hates, fears and dislikes, then you will know the most important things about the person. A more complete knowledge consists of knowing how the person responds to those various factors. If one knew all of these perfectly then one would essentially have a complete picture of the personality because anything which does not activate - is of no interest to - the person is for that reason of no importance in understanding the person. Note that in particular the above implies knowing how different subsystems are activated and respond, and therefore being aware of any internal conflicts that might arise if one subsystem wants more and another less of a certain thing.

Incidentally, there is a very good reason why it is impossible to gain all that information. And that is that the act of collecting the information will inevitably change the person. If you ask, "Do you like such and such?" then you will have changed the future response to such and such, because in future there will now

be a slightly greater tendency to respond to such and such by thinking, "Do I like this?" and in time this might lead even to thinking, "No, I don't." (A similar situation arises in quantum theory. If you attempt to find the position of a particle very precisely then you are doomed to failure. The more determinedly you try to pin it down, the more you disturb it, and so the less you know about where it will be at any future time.)

Unrequited and requited loves

We have now established the loves at the top of a continuum of likings, and hates at the top of a similar continuum of dislikings, and observed that the greater the part of the person that is involved in the process, the further up the continuum we place it.

Let us next observe that loves may or may not be reciprocal. It is a familiar theme in the literature of Eros that love, no matter how intense, may not be requited. The fact that foxes "love" rabbits (the sight of a rabbit activates in a positive way a very large part of the fox's "animality"), does not mean that rabbits are equally desirous of a more intimate relationship. The fact that a man sees a particular woman as being highly desirable, so that his sexual subsystems anticipate satisfaction, his domestic nature anticipates comfort and food, his personality which seems to flourish when he is attended to finds in her a suitable attendant: none of these necessarily means that she is going to find an equal attraction in him. It may well be that a particular woman finds his desire for greater intimacy as appealing as the rabbit does the fox's.

On the other hand there are reciprocated loves which lead to stable and harmonious relationships. The four loves mentioned above are generally meant in the forms they take when they are reciprocated. We see in countless species relationships between individuals which have all the outward forms of the loves: of love between parents and offspring, love between mates and love between members of a pack, though it is not easy to think of anything quite like *caritas*. Although we cannot, of course, comment on the subjective side of these behaviours for the animals any more than we can logically comment on the subjective side in other individuals, I think we must assume that there is at the very least a family resemblance.

Love changes

Reciprocated love changes both partners. Each grows and develops in the warm, nourishing glow of love. Like a plant opening its leaves to the warm embrace of the sun, a personality unfolds in the life-enhancing light of love.

But if the sun goes away, the plant is left with larger leaves which still need nourishment, though there is no energy to feed them. If the lover goes away, the beloved is left with a personality which has become dependent on that love. Enormous parts of the person have become changed: habits of thought, feeling and behaviour have all grown and developed in the presence of the loved one and depend on the loved one for their continued existence. Now they are all threatened.

When a love departs there is a death. How often have we heard the phrase, "Something inside me died"? It will not usually be the death of the complete individual; but the death of some part, of some subsystem, is perhaps inevitable. Any parts which were totally dependent on the love of the lover will be without the life-giving nourishment of love and will die as surely as will a plant which has been covered with a bucket.

This potential tragedy on the path of love is the inspiration and tale of so many of the stories and songs of love. And it is from this fact that we find so many psychological problems arising.

Coping with loss

A very common result of being burned is a fear of fire. One common response to having lost a love is never to love again. An individual who follows this rule is then going to deprive himself or herself of the vital nourishment that is love. One result may be depression, or a way may be found of getting some of the nourishment of love without entering into human relationships. The love of an animal can be a good substitute, a love of money or artefacts rather less so. A big snag is, of course, that animals die, money can be lost and things can be stolen, so that the same problem of coping with loss will only arise again, in a different form.

We have observed above that one of the central tasks of therapy can be seen as getting the client's feet firmly placed again on the paths of love in the outside world. The most common reason why this is not happening is some fear of the consequences of love. Our task therefore, often summarised by the following questions:-

- 1) How does the client respond to the loss of love?
- 2) What is it about these responses which is preventing the client walking again into the warmth and light of love?
- 3) What past experiences have conditioned these responses to the loss?
- 4) How can things be changed?

Jealousy

Here is a simple case, in which a young man became excessively jealous if he so much as imagined that his girlfriend was glancing at another man.

The answers to the above questions are:-

- 1) He first feels very hurt, and bottles the feeling up. His strong inclination is to walk away from the relationship. But there is also an anger which eventually can break out in violent accusations.

- 2) Neither of these responses helps the relationship. The girl attempted suicide when he left. She gets very upset by the anger.
- 3) When he was seven years old his mother left him. He clearly recalls her going off in a car. In fact she was, of course, leaving his father, and she came back a year later.
- 4) Alterations can be made to a) the subsystem which remembers the incident with his mother and also b) to the subsystem which responds in the present to the girl-friend.
 - a) The technique of "[Video editing](#)" (NCP Journal, spring 1993) was used. He was regressed to the incident of his mother's departure. It was replayed as he remembered it, and then re-run on the assumption that he had responded by taking the **active** course of walking the five miles to his sister's house, where his mother was staying, every weekend, and then had the wonderful experience of many hours alone with his mother. (He was the youngest of four and had been somewhat neglected.)
 - b) In the present he was instructed not to bottle up the feelings but at once to take an **active** path and draw his girlfriend's attention to his feelings by signalling with a tug at his ear or by calling her a particular love-name. She was involved in the therapy and agreed to respond to these signals with a hand-clasp, smile or kiss, as seemed appropriate.

The combination of these two changes ensures that the feeling of impending loss will never grow out of proportion, as in both subsystems there is the feeling that "something can be done about it".

Incidentally it would have been a mistake to attempt to use direct suggestion to eliminate all signs of jealousy. First, this simply amounts to an enhancement of the present pattern of bottling up. If bottling up for a matter of hours results in an explosion, then bottling up for weeks or months could be truly dangerous. (Recall the number of murders in which seemingly "perfect" long-suffering husbands kill their wives when a last straw tips them over the edge.) Second, the girl-friend, like many other people, feels that he **SHOULD** have some jealousy: it is a sign that he loves her. It was only the **DEGREE** that she objected to.

Responses to lost love

Each case has to be treated on the basis of its own dynamics. There is no one unique response to the loss of love. The above case illustrates merely one way in which an individual has responded to the loss of love in a way which is simply not productive. There are countless more.

The loss of love is so important to an individual that strategies have to be improvised to cope with the loss. Instinct provides some of these. Training and imitation suggest others. Most commonly we fall back on a limited number that we have been using for most of our lives.

It is possible roughly to analyse responses in the following way.

The major difference is between responses which are attempts to regain the love and those which are merely attempts to limit the damage caused by its departure.

(At a far lower level we can see a similar response at all levels of biological systems to the loss of essentials for continued activity: animals which are deprived of food may search more actively or they may, at another extreme, hibernate. Businesses in a depression may try harder to win custom or may simply lay off staff and reduce activity to a minimum.)

A. Attempts to regain the love.

In these cases the individual is typically approaching the loved one, and trying all means of regaining her or him. This may involve physical restraint, or anger - verbally or physically expressed; it may involve smiling and being ingratiating or the giving of gifts; it may equally involve a form of blackmail or threat.

B. Attempts to limit the damage.

In these cases the individual is typically going away from the loved one, and putting as much physical and emotional distance between them as possible. In order to deaden the pain, depression and anhedonia are common. Withdrawal is the order of the day. The feeling of grief may also be relieved by crying. Attempts may be made to believe that the love was not important in any case, and perhaps even that life is better without it.

The above two approaches are extremes. People are seldom at these poles, but the contrasts are useful to have in mind when you come to analyse a given person. In practice a common, and often the best, strategy is a mixture of both.

C. Mixed methods.

It is often a good idea to vary the approaches. Thus a typical pattern might be the following. First try to get the original love back directly, trying the "shouting" and the "being nice" ways. If neither works, then withdraw and limit the pain a little, while actively seeking a new source of love: find another friend/lover. At this stage it may well happen that the loved one is in turn missing you, and feels jealous of the new person. This leads to a new contact between you which may well lead to a newly deepened relationship.

I would suggest that most psychological problems arise in people who **have very limited and stereotyped ways of dealing with the loss of love**. Inflexibility leads to failure and disaster in dancing, in sports, in business, in thinking and in nearly all human undertakings, so it is hardly surprising that it should also apply to love. Those individuals who have a variety of responses will generally cope far better. They will know when to advance and when to withdraw and when to sidestep. They are like

dancers who are able to keep step with anyone, so adroit are they on their feet.

The Abusers of Love

Another big class of problems in which these considerations are very relevant are cases of emotional abuse. We have seen above that loves at their best are requited. But we may well find cases in which one individual has an enormous need for love and compels it by one means or another from one or more other individuals. This will often happen between parents and children. Today I heard of a case, told by a woman in her early twenties, in which her mother has demanded life-long total attention from her grandmother. One result of this is that my client's childhood was drastically affected by the fact that her grandmother enlisted her help in "looking after Mum" from an early age. She never had a proper childhood. The mother dominated by means of great emotional scenes - running naked down the road etc. We may well agree that there is something wrong with the mother - perhaps there is schizophrenia - but her behaviour is that of a person who demands love and is quite unable to return it in an appropriate way.

The problem for my client is that in order to cope with this distorted life she has had to adopt a number of strategies since early childhood which have become fixed and inflexible. It will help her a lot to learn other ways of dealing with the situation, and this will be easier now that she has moved away from home and has a boyfriend.

For interest, the only suggestion I have made is that she should let her family know that her weekend visits will now end the instant that there is an emotional outburst or criticism from the mother or a criticism from the grandmother. The family have always played these great emotional games. I have in effect given her "permission" not to play if she chooses not to. I anticipate that this will result in a lot of four-minute visits. But in time they will either have to play nicer games with her or find someone else to play with them - an inexperienced therapist perhaps!

This case, also, illustrates one of our big tasks as therapists, which is to enable clients to break the mould of stereotyped responses - emotional and practical - and to help them to learn new and more varied steps in the dance of love. For love is a process, like dancing. It is not static, it is not a state.

Does it then follow that psychotherapists, who should be adept at teaching the rhythms and steps of the dances of love, are themselves masters of the arts?

I will be provocative and personal.

The provocative statements include the old, old saying: "Them as can does. Them as can't teaches." I will generalise this and say, mischievously, that the majority of workers in the fields of psychiatry, psychotherapy etc. are drawn to the fields as like is drawn to like because they themselves have - or have had - big problems in dealing with love in many of its forms. By a familiar process of external projection, they try to deal with their problems by dealing with other people with those problems. I will include

Freud in these statements.

Normal people who are getting on happily with their lives and loves have, I find, an instinctive aversion to probing deep into the mechanics of the human heart and mind, rather as the average healthy person has no desire to follow the surgeon's scalpel as it probes deeper into the flesh. We should remember this salutary fact.

The personal statement is that I am aware that a part of my own motivation was my feeling of ineptitude with people. I did not understand them. I owe a deep debt of gratitude to the thousands of clients who have taught me more than the books have. They have also taught me more of the ways of charity, without which I am but as "sounding brass or a tinkling cymbal". I hope to repay the debt to others to whom I can pass on what I have been taught

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Lover or Hypnotherapist?

[Dylan Morgan](#)

No, this is not an article about sex in the consulting room. It is quite the reverse.

A woman in her mid-twenties came to me having been involved in a relationship for six months with a man who is a Hypnotherapist. She has just broken with him because she has felt steadily worse as time has gone by, as he has told her in more and more forceful terms that there is something drastically wrong with her and that she needs treatment, if not from him then from another professional.

Now let us consider the following facts. If she ever exhibited behaviour which he was not happy with, he immediately started to analyse her *as if she were a client!* He accumulated a dossier several inches thick on her. He probed, against her will, into the depths of all her previous relationships, back to childhood. He never suggested or accepted that there was anything wrong with him.

I asked her to imagine what any woman would feel if she were married to a doctor, and any time she felt a need for love he would reach for a syringe to inject an appropriate hormone, or if she were depressed at not seeing enough of him, he would prescribe an antidepressant, or if she were to rage he would demand a blood test because he suspected a metabolic disorder.

We agreed that no woman could stand this in a marriage.

The conclusion was that, no, she did not need treatment. She is by nature rather passionate. She will one day find a man who is also passionate, and loves her as a man loves a woman and not as a therapist cares for a client.

That was an extreme case. But surely this is a trap into which we may all fall? We get so used to thinking of people in terms of their problems, and the causes of them, that there is a danger that we continue to think in the same way outside the consulting room. I know I have been guilty of this.

What are the antidotes? There are, I think, two. One is simply to be conscious of it. To have a spouse who will speak up the minute (s)he detects it can be a great help. (Members may like to leave this Journal open casually at this page and see if someone close to them will read it and comment.)

The other antidote is to be prepared to treat clients as people not "cases": for then, too, it will be hard to treat other people as cases.

Therapists are human, and fallibly human. Yet our position makes it all too easy to succumb to the greatest of sins: the sin of spiritual pride. Let us remember that we are not better than others, that our knowledge is very imperfect and that we are constantly subject to the very human danger of projecting

onto others our own imperfections. That, it seems to me, is the moral of this little case.

The young woman left, very relieved in her mind that she was not drastically disturbed, as she had been informed, but had simply reacted as any normal woman would.

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Memory

[Dylan Morgan](#)

"Indeed he knows not how to know, who knows not also how to unknow." - Richard Burton (the explorer).

HAVE YOU EVER THOUGHT how wonderful it would be to have a really good memory? Then this is a cautionary tale.

Many years ago I read (I forget now when and where!) that famous book *Mind of a Mnemonist* by Professor Luria of Leningrad ([Bib](#)) It is the story of a man who seemed to have a near-perfect memory. He started off with the advantage of a nervous system which presented all visual stimuli with enormous vividness. The redness of red clothes was so overwhelming and memorable that if he saw the same person wearing red one day and blue on another he found it very hard to realise that it was the same person each time.

At some stage of his life he realised that in order to recall any item he simply had to picture it in some location. His favourite form of this mnemonic device was to take an imaginary walk along a familiar street of shops, and to picture each thing he wanted to recall in order in these shops.

Anyone who has read a book on "How to Improve your Memory" will recognise such a technique as being one of the standard methods of recalling unrelated information.

Later in life the Memory Man started to do shows in which he might ask members of the audience to shout out all manner of personal details, from the names and addresses of grandparents to numbers on bank notes in their pockets. He would later be able to tell everyone what they had told him with no errors at all. How did he do that? He had refined his mnemonic technique by then to simply writing up the material he was told on an imaginary blackboard: one for each person.

Problems

Then one day the whole thing went wrong. He found that his memory was simply not working properly at all. This naturally led to feelings of distress until by good fortune he ended up in Professor Luria's office.

How was he treated? With Pills? No. Psychoanalysis? No. Luria diagnosed what we might call a saturated memory. He argued that the Memory Man had filled his memory to capacity: he was able still to recall information from every show that he had done!

So Luria simply asked the man to recall one of the blackboards and then *imagine himself wiping clean*

the material written on it.

Case

I have always wanted to try this out for myself, and recently for the first time I have had a case which was sufficiently similar for the same diagnosis to be clear and possible.

This young man had been studying very hard for his MA in a field where information was of central importance. He had an excellent memory for facts: almost photographic, in fact. It had never let him down. Then suddenly, within a matter of days, it had all started to go wrong, so that he could not even manage to recall the simplest things. He had to write down in incredible detail how to get to my office, for example, in a way no-one with a normally fallible memory would have to.

He had thought of a number of other possible reasons for the change, but none seemed as likely as the saturated memory effect, and so I had my chance.

Of course things have changed since Luria's time. My client was very computer-conscious and I could reframe the matter as follows for him.

"You will know how computer memory works. You start with an empty disc. You can then store more and more data and it seems to absorb all you can throw at it. Then one day, quite suddenly, the disc has reached its limits. Then not only does it not hold facts, even other programs become very slow and inefficient. Now what do you have to do then?"

He replied, of course, "Delete some files from the disc."

"Exactly. And that is what we are going to do with the files in YOUR mind."

After talking around this concept for a while, and mentioning Luria's work, we looked for an image of storage that he felt happiest with. It turned out to be videos. The session proceeded with him simply leaning his head back comfortably and closing his eyes. (In other words there was no induction.)

Then in a conversational way I asked him simply to mention the first thing that came to mind. It was a minutely detailed memory of having visited a computer show.

"Now that you have played that over, is it a tape you need or want to keep?"

"No."

"Then simply stick a new white label on the tape and put it on a shelf where you know it can be re-used."

We then ran through a number of other tapes in this way. After a while we met tapes which could benefit NOT from simply been *discarded* but from being *edited*. Thus one in which he was stuffing a car full of all his worldly possessions (you will notice how he crams his life in the same way that he crams his mind) was edited to show him instead happily travelling with the minimum of baggage. This short and edited tape could be kept.

There was about half an hour to do these things in the session.

He left with no confidence that all that would work, but promising to do a bit more in his own time. (Like so many clients he had come naïvely supposing he would be "put out" and told that his memory would be fine again.) The next week he came back a transformed man. It seemed that there had been no change the first day, but after a night's sleep the improvement was already dramatic. He had continued with the simple exercise, but had modified it so that he was picturing film rather than tape.

Mechanisms

My model for what happened is the following. I suppose that the normal mind will have a system which we also find in modern computers: a procedure for eliminating from memory things which are no longer of importance. And I suppose that the reason is the same in both cases: that there is only limited space available.

This young man, from a sense of insecurity, had not only worked on the principle of keeping every *thing* he had in case it might be needed, also used the same system on memories.

So if, as part of the natural workings of the "file-deleting" system, his conscious mind was made aware of some memory, he would in the past apply the "keep it" rule: until there was no more storage space. The change I made was to institute a new rule whereby he would at times say "delete it" and thus release space.

What it would have been informative to do, though unethical, would be to have a first session involving a straightforward hypnotic induction coupled with a direct suggestion that his memory would improve. It is my hypothesis that there would NOT have been a dramatic improvement (and hence the client would have paid for less than my best efforts). This is because I suppose that subconscious processes would not be able to work out HOW to improve the memory. Any suggestion that the memory should become "better" could only have been interpreted by subconscious processes as, "Try to remember MORE", and never "Start to remember LESS from the past." It takes some real conscious intelligence to see that the memory could only be made better by being made "worse"!

A similar problem

Not long after the above case I had another which may not seem at first to have anything in common with it. It involved a single woman who was having panic attacks, was totally unable to relax and had had

these and other problems for a period of a couple of months.

To simplify the situation to its bare bones, it is enough to note that for the six months prior to the problems her best friend had been going through a bad marital breakdown, and had confided freely, fully and frequently in my client.

(It is always useful to look at any unusual processes which precede the onset of symptoms.)

Now the problem was that my client had always treated everything she had been given by her friend as something precious: something to be kept. And it seemed to me that the problem was that she had treated all the outpourings of distress in the same light. These were feelings that were important to her friend who was passing them on to her. Naturally she should keep them: *remember* them!

The fact that she was able to absorb six months' worth of outbursts and distress says a lot for her friendship. But it was my feeling that such things, like the impersonal memories of the memory man, have their limits also. And so I employed a light trance to do what I am sure many members will have done: allowed her to picture herself disposing of all the bad emotions. I used the natural picture of black plastic bags, which she was happy with.

This one exercise did an enormous amount of good even at the session, and led to great further improvements. It was interesting to me to note her reaction, which can be summarised as, "You are the first person who has NOT said that I must think of myself and forget my friend. You have agreed that I should help my friend, and shown me how to do it better."

Samaritans

To some extent I owe the above diagnosis to my own past experience. Many years ago I worked for the Samaritans. I took every case very seriously, and worked hard to help. But after a while I became unable to continue. There was a distinct feeling of being "full-up" with the problems. I could not take any more, despite the fact that the hours were so much fewer than I have known since starting as a therapist.

With hindsight I can see that since then I have acquired the knack of allowing people freely to off load their problems onto me in a session, but then to *let go of them* immediately afterwards. I sometimes liken myself to a dustman.

"The dustman's role is essential to society. You pay him to take away and dispose of your rubbish. You feel better. Your home is cleaner and healthier. You do not pay him to *keep* it. You do not expect him to fill his home with it. You just want to get rid of it. In the same way I am a dustman of souls. I take the rubbish into my mind where I bundle it neatly using heavy gloves to avoid contamination. Later I will dispose of it completely. I will *forget* it. I will not associate you in my mind with any of the material."

Conclusions

The success of the approach in the first case does seem to validate both Luria's approach and also the basic assumption that MEMORY IS FINITE. Far from being able to remember *everything*, as some popular if ill-informed books are inclined to say, we can only remember a very small selection of facts. Even those gifted naturally with enormously capable memories can reach their limits.

The other moral might be that whatever the size of our memories, the mental systems we set up for handling, editing, sorting, deleting and saving onto paper are probably more important in the long run than simple raw capacity. (But perhaps this is wishful thinking in one who is conscious of having a very limited natural capacity to retain raw facts!)

The success of the second case suggests that we also only have a limited capacity to hold emotional distress within ourselves.

The moral of it is that since we therapists are merely human, it is well that we cultivate the skills of handling, sorting and throwing away emotional rubbish for ourselves as well as for our clients.

If I were running a course I would make this an explicit part of it, under the quotation at the head of the article. This quote has lived with me for decades now, and can be applied to all knowledge and all memories and all feelings.

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The Technique of Editing Mental videos

Dylan Morgan

A recent client made the following remarks after a session. "I feel afterwards that you are putting things into this (the left) side of my head which is then later feeding the other side." "I also feel that you are taking a video out of my head, looking at it, and then putting it back in again."

This particular client had very little education, and it was a surprise to her to learn that scientists have demonstrated that it is the left cortex which processes verbal information, and that it communicates with the right hand via the corpus callosum. The first remark is therefore evidence for the fact that she had an unusually clear first hand awareness of the processes within her own head.

We may therefore pay interested attention to her second remark. What was I doing to evoke the remark about the videos? The case history in brief was as follows. At 39, with a daughter of 10, she was terrified still of the ex-husband whom she had left a few years ago after his violence and alcoholism had proved intolerable. It soon became clear that the emotional patterns of that relationship had been laid down when she was a girl. Her father had died and an older brother had taken on his role in the most domineering manner imaginable. At one time when she disobeyed him and got a pet mouse he made her watch the household cat kill it. On other occasion he beat her with an improvised rubber whip. This incident, when she retrieved it from the recesses of her memory, was associated with all the physical symptoms of terror which had plagued her down the years without knowing why - a common result of repressed traumas.

Now, on the occasion when this memory was surfacing and she related it to me, I followed it up by getting her to imagine what would have happened if she had reported the incident and shown the bruising and told of coughing blood to someone in authority. She could imagine the effect of Teachers, Doctors, Police and Social Workers on her brother's behaviour, and how he would in future have had to treat her with great caution.

In terms of the image that she reported of the video tape it may be said that the original tape was played, observed, then edited by adding material to make it a much more positive episode, which she would be able to store wherever the brain stores its tapes. The result was a great lightening of mood, and the removal of that particular episode as a problem.

Let us now look at an earlier case in which the same technique was used. This young man blushed. It was quite easy for him to recall early embarrassing situations in which he had blushed. There was the time he had had to go to school in the ghastly purple trousers that his proud mother had bought him. There was the time he had cut his hair himself and could not bear his school friends to see the resulting mess. It was easy for him to remember the mental videos of these events, and just as easy for him to visualise the new script that was suggested to him. With the trousers, for example, he saw himself going to school and getting his friends to agree that they were appalling and then to play with him in some rough game which

would ensure that they become so torn and soiled that he would never have to wear them again. Within a couple of weeks his blushing had stopped. In that case explicit use was made of the metaphor of a memory being simply a video to help him to understand what was happening.

The next case illustrates the fact that this technique can be powerful even without hypnosis. The client was a man in his mid-thirties, intelligent and successful at work, but with his wife his self-esteem was at rock bottom. His fear of rejection and the abject way in which he responded to hints of rejection were a chronic and uncontrollable problem. An overview of his life revealed that he had led a very sheltered life with Nannies and attendants until the age of five, when he was sent off to boarding school with no preparation. The natural result was that, having less worldly skills than the other boys he was the one at the bottom of the pecking order and for the next dozen years or more was forced to stay in that insecure position by the inevitable social forces that work in groups. The psychological state is one of always trying to curry favour to gain admission to the group and fear of being excluded. The natural presumption was that these many years had formed the habits which were proving so fatal to the marriage.

It was pointed out to him that if it had been the case that his father had prepared him for the change, had taught him how to hold his own and given him more experience of the rough-and-tumble of boys of his own age in small amounts before he went to school, then he would have been socially accepted from the start and would have had a different set of experiences. If he had had the corresponding set of memories then he would be behaving differently in the present. Why not change the memories? - they are after all no more than videos.

He was an intelligent and determined man. For a couple of weeks he worked away while driving his car and other slack times, imagining a whole set of new memory tapes to place in his mind - tapes which might so easily have happened, after all. I have seldom seen a client change so quickly. In that short time his feelings changed completely. That old insecurity vanished. He remains in total control of his behaviour which is now in keeping with the new videos of his past. The only problem left is that his wife has yet to find a new attitude to this changed man!

The technique is not particularly new. Milton H. Erickson in one case reports on his treatment of a woman with a low feeling of self-worth by regressing her to various ages, and at each age gets her to meet a very understanding and thoughtful man - not unlike Erickson himself - who may bring her a gift on a Birthday, or hear and applaud a recent success. She might so easily have had an uncle or grandfather who would have done this. In short he was inserting completely new video tapes into her memory. The result was predictable: she started to feel and behave as if those events had really happened and her sense of being a valuable person blossomed.

Since Erickson's time people have become very familiar with videos and so it is possible to talk to them directly and use the metaphor in which memories are effectively just like videos of the past. Their behaviour is determined by the contents of the videos they have in store. If they are prepared to change the videos then their behaviour will change too. Most people will respond readily to this explanation.

The following practical points should however be noted. Some people who have a high regard for truth will resist the idea on the grounds that the edited video is a lie. Such people must be handled very carefully. The second point is that it seems to be much easier and more effective simply to modify an existing video in such a way as to change the overall effect rather than to try either to wipe the whole thing clean, or to replace it by something drastically different. Thus in the case of the purple trousers we do not try to wipe out the whole memory, but plant a video which suggests a positive way of dealing with this, and by implication any other, embarrassing situation. Anyone who has had experience with the technique of reframing should find that the same turn of mind is useful for editing the videos in this spirit.

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What Mesmer Believed

[Dylan Morgan](#)

MESMER'S NAME has passed into our language - an honour accorded to few. Mesmerism can even now be used almost as a synonym for hypnosis. But are they identical? What did Mesmer believe? What did he do?

Most books on hypnosis contain a page or two on Mesmer, giving a brief outline of his life and work. In this article I would like to explore his **ideas** in rather more detail by turning to his own words, because a man's ideas very commonly get distorted and changed in time by both his friends and enemies.

Fortunately there is a compilation of Mesmer's writings, from which all quotations will be taken. It is *Mesmerism, A Translation of the Original Scientific and Medical Writings of F.A. Mesmer* translated by George Bloch ([Bib](#))

It is never easy to get into the mind of another person, and when that person is separated by a gulf of two centuries and a different language it is harder still. The task is complicated yet further by the fact that Mesmer's own thinking inevitably changed in time, from his first writings in his doctoral thesis of 1766 (aged 32) to his last dissertation on his discoveries in 1799 (aged 65).

Since this latter is not only his final considered view on the subject, but is also the fullest, I will regard this as the primary statement of his views, referring only to earlier documents as they throw light on particular points.

My intention is to begin by summarising in a favourable light some of Mesmer's thoughts, so that we can see them clearly.

Scientific

Mesmer seems to have believed in God, though otherwise his conception of the universe was materialistic. It is clear that Mesmer regarded himself as being in some ways what we would call scientific. He deplored the way, for example, in which people would "refuse to examine and verify facts", and decried superstitions. He trained as a doctor.

His theory of the universe was that it is composed of a series of increasingly rarefied fluids. "Sand, for example, has a degree of fluidity; the shape of the grains necessarily forms interstices which are occupied by water; those of the water are occupied by air; those of the air are occupied by what is called ether; finally, those of the ether are filled up by a substance even more fluid, for which no name has been determined."

Elsewhere he notes that each of the three first fluids are capable of being "the conductor of a particular movement proportionate to its degree of fluidity. Thus, water is receptive to modifications in heat; air receives all vibratory movements which produce sound, harmony and its modulations; ether acts similarly for the movement of light." (He is forcing the facts to fit his theory here: the "ether" also communicates heat, and water sound etc.)

By extension his fourth, subtle fluid, also communicates movements, it "corresponds essentially and is in continuity with that which animates the nerves in the animal body, and which exists mingled and blended with the different kinds of fluids which I have mentioned". At another point he says that the most immediate action of this fluid "is to reanimate and reinforce the action of muscle fibre". He sees it in this sense as being rather like fire, or what we might call a force, and is what he seems to mean by animal magnetism.

If I were to try to communicate this framework in a modern pseudo-scientific language I would say that Mesmer believed that there exists among all the other fields which science has come to know (gravitational, electromagnetic etc.: our entire theory of the universe is today a theory of fields), another which might be called an "animate field", which is apparent in its action on living things of all kinds. When it is acting we may see it as a kind of life force.

The name which Mesmer gave to this force in his earlier days was, of course, animal magnetism. He later came to regret this because it led too many people to place too much emphasis on the word magnetism, and to believe that he was advocating little more than the application of magnets.

Intension and remission

Another important component of Mesmer's thought was that this natural force would ebb and flow. He used the word "intention" to mean the augmentation of a property or faculty, and "remission" to mean the reduction of the same. These are what I would call activation and deactivation, or others might call animation and inanimation. Thus he says that, "this action, determining what I call the alternating `intention' and `remission' of characteristics of organic matter, animates and enlivens all that exists".

He actually came to this idea, it seems, though his original belief that events on this earth were periodic and influenced by the movements of heavenly bodies. This theory was propounded in his original 18 page thesis, which was little more than a brief resumé of Newton's theory of gravitation, together with observations on the tidal effect of the moon as well as tales of how the health or illnesses of people could be influenced by the phases of the moon also.

At that stage of his life he seemed to think of the influence as being purely gravitational and that "our *humors* are agitated in diverse ways in their ducts, being perturbed, raised and carried far more copiously towards the head" by the same force that lifts the tides in the ocean. (This indicates how little *detailed* grasp he had of Newtonian science: a simple calculation shows that gravitational effects are negligible on that scale.)

He was also aware of the natural ebbing and flowing of the breath and the pumping of the heart as periodic phenomena. In particular he states that, "The workings of dilation and contraction of the vessels, on the *liquor* which they contain, is the cause of animal life." With this simple picture of the alternate tension and relaxation of muscles in mind he sees illness as being due to the obstruction of a flow because the muscles which are involved in the dilation and contraction are either unable to contract, or because something is acting to prevent them relaxing and hence dilating a vessel.

He terms such a condition an obstruction, "which is the most general and almost the only disorder occurring in the human body"!

If we again summarise these ideas in a more modern pseudo-scientific language we can state that Mesmer believed that all living processes are characterised by alternating periods of activation and deactivation; that the underlying cause of such processes is the animate field and that all illness is a result of a something preventing this animate field from working.

He also had a strong sense that what was called "Nature" acts to restore the natural functioning in illness, and traces this idea back to the work of Hippocrates.

In his 1779 dissertation on the Discovery of Animal Magnetism, he is explicit in stating that it is obvious that "Nature" has provided everything for the existence of the individual, including the provision of a means of preservation of life. He attributes this action of preservation to the "GENERAL AGENT", whose existence I recognize: it alone can reestablish harmony in the natural state".

Mesmer is here foreshadowing the general idea of homeostasis: that organic systems are copiously provided with feedback mechanisms which react to any departure from an established behaviour of a given system by activating a secondary system to restore it. Thus if the oxygen levels in the circulatory system drop, the heart and lungs are activated to redress the situation, and so on. However, since the medical science in his day lacked much detailed knowledge of the workings of the body (remember that Pasteur would not be born for another 23 years), he was led to hypothesise some force or power which led to the preservation of life. And it is this "general agent", of course, that he also called animal magnetism.

It is fascinating to note that in thus turning into a *thing* - i.e. his subtle fluid, or animal magnetism - what is really a *process* he is doing something very similar to what he elsewhere notes accurately to be a fault in others' thinking. He notes that "the senses only transmit to us an object's properties, character, irregularity, attributes; the perception of all these sensations are expressed by an adjective or by an epithet like hot, fluid, heavy, light, bright, resonant, coloured etc. For the sake of convenience of language, people substitute substantives for these epithets: before long, one has substantivized the properties; one says: the heat, the gravity, the light, the sound, the colour..." In fact Mesmer has followed a similar path by taking a *property* of living things - self preservation - and attributing it to a *thing*: his "general agent".

Crisis

You must next imagine with him that in order to relieve any obstruction Nature must provide a force or effort "proportional to the existing state in order to overcome it". This effort he called a *crisis*. The effects of this effort he calls "critical symptoms" which "are the real means of healing", whereas "the effects contrary to this effort of Nature, coming from the resistance itself, are called the `symptomatic symptoms' and from what could be called the `disease'".

We might, for example, say that he would regard the rise in temperature in a fever as being a critical or beneficial symptom insofar as it is true that it is part of Nature's way of fighting an illness. (In fact the beneficial effects of fever have not been proven, cf. Dr James Le Fanu, *Patients at fever pitch*, The Times, March 31, 1994, p 17.)

In a more modern language we may say that he distinguishes between signs of a departure of some bodily system from its proper functioning and those signs of the activity of a corrective system which is attempting to restore things. We may say that the greater the departure from proper functioning, the greater the activity of the healing system. What Mesmer seems to be visualising is a powerful flow of the animate field into the affected part in order to overcome a blockage.

Methods

It is well at this point to look in detail at what Mesmer actually DID, as opposed to what he THOUGHT. He is comparatively reticent about this, but in his Catechism on Animal Magnetism of 1784 we find the following question and answer.

"Q. - In what way should one touch a sick person in order for him to experience the effects of magnetism?

"R. - First of all, one must place oneself opposite the patient, back to the north, bringing one's feet against the invalid's; then lay two thumbs lightly on the nerve plexes which are located in the pit of the stomach, and the fingers on the *hypochondria* [region below the ribs]. From time to time it is good to run one's fingers over the ribs, principally towards the spleen, and to change the position of the thumbs. After having continued this exercise for about a quarter of an hour, one performs in a different manner, corresponding to the condition of the patient.

For example, if it is a disorder of the eyes, one lays the left hand on the right temple. One then opens the eyes of the patient and brings one's thumbs very close to them. Then the thumbs are run from the root of the nose (bridge) all around the socket.

If one has to deal with a violent headache, the tip of one thumb is brought to the forehead, the other behind the head opposite to it.

The same thing applies to all pains which are experienced in other parts of the body. It is always necessary that one hand is on one side, and the other hand is on the opposite side. If the sickness is general, the hands - made into a pyramid with the fingers - are passed over the whole body, starting at the head and then descending along the two shoulders down to the feet. After this one returns to the head: from the front and from the rear, then over the abdomen and over the back."

From this we may see that his PRACTICE is far more like therapeutic massage or acupressure or healing or than it is like hypnotism as we know it today. The way he would, I suspect, describe such modern practitioners is that they are simply (though without knowing it) enhancing the flow of animal magnetism in the patient's body: that animal magnetism is flowing from them into the patient. The nearest modern equivalent are those forms of therapy (mainly of eastern origin) which see healing as a restoring of the balance of natural energies by means of physical manipulations. Those who believe in the Chakra energy systems and in altering them by manipulations of, or near, the body are in fact far closer to Mesmer's thought and practice than is a modern hypnotherapist.

You may be surprised that there has been no mention of his famous *baquet* which he used in Paris at the height of his fame. In fact he was later rather dismissive of it, saying, "Assuming that I were to have a suitable establishment, I would abolish the *baquets*. In general, I only use these little contrivances when I am forced to."

Placebo Effect

It may be useful to explore Mesmer's world-view further by imagining how he would explain various aspects of today's attitudes to healing.

I will start with the placebo effect. It has been very well established by repeated experiments that many patients will recover from a bewildering variety of ailments if they are given a form of treatment that they *believe* will be effective. Furthermore these treatments will be even more effective if the *doctor* believes them to be effective. (But note that this by no means leads to the conclusion that ALL ailments can be cured in this way.)

Mesmer would, I presume, interpret the latter as being due to the direct action of the doctor on the pill concentrating Animal Magnetism in it. He was accustomed to finding various objects which could "store" or "concentrate" animal magnetism, and he would regard pills (active or placebo), or for that matter homeopathic medicines had they existed in his day, as being simple vehicles for his universal agent. He would, for example, concentrate the force in trees, and would find gratifying evidence for this theories in that patients would respond to the trees as they had to him, with some strong reaction such as convulsions.

What he was never able to conceive was that there could be an alternative cause.

The famous Royal Commission appointed to look into Mesmer's claims looked at the matter in a

different way. They asked the question, "Suppose that the patient did not see which tree was magnetised, would he still react?" Mesmer would not feel the need to ask such a question as he had convinced himself of the correctness of his views, and was only interested in evidence that would confirm them (a natural propensity of the human mind). In fact, when the Commission arranged this little experiment they found that patients responded pretty much at random to trees if they could not see which one was magnetised.

Now I emphasise that logically the fact that SOME experiments made by the Royal Commission demonstrated NO direct evidence for a physical force of Animal Magnetism does NOT prove that there is no such thing. Equally the fact that SOME recoveries can be attributed to a placebo effect does NOT prove that no medicines have value.

But modern medicines are only accepted as effective if they can do better than a placebo in a double blind test: in which neither the patient or doctor knows if the pill contains a genuine drug or not. The onus is on other skills or theories to be equally careful in their claims. Thus if Mesmer were alive today and adhered to his idea that animal magnetism can be stored in some substance he would be invited to prove it under conditions in which there was no way in which the patient could know whether or not it had been. And this includes having it administered by someone who was also ignorant, because of the extent to which messages of confidence etc. can be transmitted by minor body movements and tone of voice.

In days gone by the Irish had unequivocal evidence of the existence of leprechauns, as a result of their experiences with distilling whisky. If they failed to scatter, as a libation for the little people, the residual liquor from the still, then they would be punished by suffering agonies and even death when they drank the whisky. What clearer proof could you need? The alternative, and admittedly prosaic, interpretation of these facts is that the residual liquid has a high proportion of poisonous fusel oil, which has a higher boiling point. This is a fact that can be ascertained by the painstaking analysis which "holistic" thinkers tend to decry.

Mesmer acted in a way which in fact helped many to health. He took this as confirmation of his theories. I doubt if he could have seen that this is not proof any more than the above story proves the existence of fairies.

Other ideas

Mesmer had many other ideas which gradually grew around the central ones above. One was that this same subtle fluid was the medium whereby what we would now call psychic phenomena could be communicated. The idea seems to be that the nervous system is particularly responsive to the "subtle fluid" and that it is therefore possible for one nervous system to work directly on another (telepathy). It was consequently possible to mesmerise at a distance. It was also possible to see at a distance (clairvoyance) and into the future (prevision) by means of the same fluid. By means of it also a patient was enabled to look inside himself and to diagnose what was wrong, what should be prescribed and how long recovery would take.

He also claimed that although Animal Magnetism is so rarefied that it may penetrate all bodies without appreciable loss of activity, it can nevertheless be reflected by mirrors, concentrated in bodies and transported. He seems oblivious to the apparent contradiction between these properties as applied to a physical substance.

A less well known idea (mentioned only once) which he postulated is that there is a contrary property in some animate bodies which actively destroys the animal magnetism in others.

History

A very detailed and complete history of Mesmerism and how it developed is given in Gauld's *History of Hypnotism* ([Bib.](#)) In this book there are details of similar ideas such as the "od" force of Baron von Reichenbach (1786-1869), the "etherium" of the American J.S. Grimes, and the "electrobiology" of his compatriot J.B. Dods which reached Britain around 1852. By that time practitioners of Mesmerism and electrobiology were travelling around giving shows for entertainment which were scarcely distinguishable in their content from those of the modern stage hypnotist, except for the way in which they explained what they were doing.

Is there a future for Mesmerism?

There will always be a future for ideas like Mesmer's in the minds of people who like the idea of a "life force" or "animate field" or similar and who do not wish to examine it too closely. Above all it will have a future in the minds of people who, like Mesmer, are unaware of the power of suggestion and belief, or of the detailed workings of the mind and body.

There **may**, however, be some truth in Mesmer's basic premise. There may be some field/force/power which is intimately involved in life, consciousness and health. What is certain is that we will never find out anything useful about such a thing if we cannot distinguish it from phenomena which are more prosaic.

Far from distinguishing between "magnetic" phenomena and others, Mesmer went the whole hog and attempted to explain everything else in terms of it. Thus he felt that it would lead to "fresh explanations as to the nature of fire and light, as well as to the theory of attraction (gravitation), and ebb and flow, of the magnet and of electricity", as well as "enable the physician to determine the state of each person's health and safeguard him from the maladies to which he might otherwise be subject. The art of healing will thus reach its final stage of perfection."(!)

IF there is a force or field as Mesmer and others would have us believe then not only should it be clearly distinguished from more prosaic phenomena, such as suggestion, but the ways in which it works should be clearly determined: for otherwise how can it be used safely and appropriately? ANY agent of change can change things for the worse as well as better, and the effects are often intertwined: a short-term good

may lead to long-term harm. This applies as much to hypnosis as to medicine, to suggestion as much as to antibiotics, and to "animal magnetism", if it should exist, as much as to electro-magnetism.

Mesmer writes, wisely, "Truth is nothing but a path traced between errors." The wasteland of Error is far greater than the narrow path of Truth which runs through it, and mankind is forever wandering off into it.

The trouble with human minds is that they are all too readily convinced that they are on the right path by any slight sign, and turn chance pointers into concrete sign posts. In order to keep on the path of truth we need to be very, very careful to look for all signs that we are OFF the path of truth. We won't see the boundaries of the path unless we look carefully for them. Nor is it wise to be guided by a person who cannot answer the question, "How do you know if you have left the path? What would it take to prove that you are wrong?"

Mesmer was a good man. He helped many. His ideas were based almost entirely on untested hypotheses and faulty science, but they led on to the more accurate ideas of hypnosis developed by Braid in the nineteenth century.

He would never have accepted that he could be wrong.

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Mr. Bean the Therapist

Dylan Morgan

A LITTLE WHILE ago I had a dream. In this dream I was talking to the actor Rowan Atkinson in his persona as Mr. Bean, and was saying, "I believe that you are the greatest comic genius of all time."

He took it very well!

Even when I am awake it is true that I find Mr. Bean the funniest character on television at present, and I know why. There is something about his approach to every situation which is so marvellously rational and yet is so divorced from the normal human ways of doing things that it leads to the most amazing consequences: and there is an aspect of myself I recognise in this.

So if any reader detects a flavour of this in me, just say, "Mr. Bean!"

(Of course the credit must go to Rowan Atkinson's amazing ability and versatility. I find even his television commercials for Barclaycard masterpieces of comedy which I can watch and re-watch. There is so much richness of detail in them.)

But Mr. Bean can do far more than help me to laugh at myself. He can help in therapy for others also.

I have recently had as a client a woman in her twenties with very low self-confidence, she cannot get on a bus and is frightened to go shopping especially in supermarkets.

Without going into details, the simple way of seeing the cause of this is that she remains in awe of the adult world of rules and prohibitions for reasons to do with her upbringing.

Supermarket

So, we went to the supermarket (in our imaginations, of course), where we found, to our great delight, Mr. Bean at an adjacent checkout. He was being thwarted by the length of the queue and you would be amazed at the devices he thought up to get rid of this queue!

He "accidentally" got piles of baked bean cans to fall, and when people went helpfully to pick them up, he whipped a few places forwards. A well-placed banana skin allowed further progress. My client clearly saw him dropping and smashing a rotten egg (I suppose he must have brought some along for the purpose) which cleared the way wonderfully!

But one of the funniest versions (we did several), was when he "borrowed" an assistant's jacket and simultaneously acted the parts of customer and assistant at an empty till. It was almost as good as when

he was his own dentist!

He had to go home by bus, of course, and this had us in stitches too! He had bought a new fishing rod which he was testing out by trying to catch and lift the hats off people in front of him (and the odd wig, too). Feeling a little thirsty, he boiled a kettle on a little portable stove on the seat beside him - one of many little devices which gave him a seat to himself. And you should have seen how the other passengers reacted when he had to crawl under their seats nearly the whole length of the bus to retrieve a boiled egg that had escaped his clutches!

Therapy

Of course the *therapeutic intention* of all that was simple. We are dealing with two internal systems: a spontaneous childlike nature which has been over-inhibited by a regulatory, adult system. When the adult system is *external*, as it is in schools, the natural method children have of dealing with it is to make private jokes about the teachers. This reduces the power of authority to over-awe. But when the equivalent systems are *internal* the same principle applies, and so Mr. Bean acts as a comic hero to the anarchic child within, by cocking a snoot at the power of all the internalised adult conventions.

The power of laughter

It has often been observed that laughter arises when there is a sudden change of perception, or incongruity. If we were to formulate this in general terms it would be as follows. Our mental processes are generally organised in systems, which are relatively self-contained. A child may have one system of thoughts which arise from and are involved with her friends, another with her teachers and another with her parents, for example. In addition, as therapists we are familiar with systems of (perhaps latent) thoughts which were current at an earlier age, but may be reactivated at a later.

The question I am interested in is, "What happens when two systems, which are normally disconnected, are brought together?"

The first thing we may note is that it definitely *creates a lot of mental activity*. The important thing then is the *nature* of this activity. It may come out as hostility or anxiety or other negative emotion. All these will tend to create inner tension. Or it may come out as laughter.

If two people come together they may regard their differences as something to be serious about or to be angry about, or, on the other hand, they may regard them as material for light-hearted humour. Friendship, which can easily be between individuals with quite different characters, will often have this quality. Each may gently pull the leg of the other, and it causes no ill-feeling, but rather a closeness.

Laughter dissolves barriers harmlessly.

What is true of external systems is true of equivalent internal ones. If I have two sides to myself and each

can be amused at the other, they will be friends and live in harmony. If, on the other hand, they are angry with each other, then I am a house divided against itself, and cannot stand.

When I find a client who cannot laugh at life, I know that there are going to be problems. Such a person has limited options when it comes to resolving differences between himself and others *and* between different aspects of himself. The re-gaining of this most characteristic of human activities is often the task of the therapist.

And so, as a therapist, I am often trying to impart a humorous angle on things. Hypnotic techniques are of course a useful aid. You can create funny pictures in a person's mind that much easier. Physical relaxation is generally more favourable for humour. And, in a good subject, the process of laughter can often be activated easily.

Contrasts

I sometimes think that the source of laughter can be seen in the universal game of "Pee-Po" with a baby. Mother's face disappears. The baby's face grows solemn. The mother's face re-appears. The baby chortles with a special delight.

I theorise about this as follows. Up to that stage of development the baby's mind is so simple that every experience is simple and unitary. She is hungry *or* not hungry, she is hot *or* cold, mother is there *or* not there.

But the glee of the game, I suggest, has to do with the perception that mother is there *and* not there.

Verbal humour so often turns on the fact that a word means *this* (in one context) *and* that (in another). The joke somehow takes us from the one framework to the other. For a split second we are aware of both simultaneously, and the result is amusement.

You may have heard of the doctor who took his record-player to be repaired because the playing arm kept jumping grooves.

"I have bad news for you, doctor", the engineer said when he had examined the machine, "I am afraid your record-player has a very bad case of a slipped disc!"

When a headmaster falls on a banana skin in the school-boy's mind, there is the sudden perception that he can be ultimate authority *and* humanly fallible.

I am further suggesting (others probably have before me, but I have not come across them) that the reason the human race has this sense of laughter which seems to have no equivalent in other species is precisely because only we have developed a mind complex enough to hold two contrary conceptual systems simultaneously.

Re-framing

When we are re-framing something for a client we are presenting a different way of seeing some thought or experience from the one previously used. If the client fails to hold the two frames or systems of thought simultaneously, then subsequently he or she may choose one or the other according to context. But if we manage to bring them both into mind simultaneously, as in the game of Peep-po, then they become linked and there should remain a path between them. If one is unpleasant and the other pleasant the mind will then tend inevitably to move towards the pleasant one.

So in therapy, I may often be playing a sophisticated game of Peep-po. We contemplate a fearful experience such as being in the alien world of the supermarket, and then suddenly it is changed, courtesy of Mr.Bean, to a happy one. Laughter is a natural response, which I encourage. Similarly we find that something can be both a bus-ride *and* happy: things that seemed quite contradictory.

I have used other reframing and always laughter-provoking images with that particular client, and as she leaves, she says, "I really enjoyed that", and comes back the following week more confident and capable.

Laughter really is one of the most valuable tools in therapy. So, thank you, Mr. Bean: The Greatest Therapist in the World!

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HUMOUR

[Dylan Morgan](#)

Serious things cannot be understood without humorous things, nor opposites without opposites. - *Plato*.

A LECTURER on psychology was explaining to a female student the power of analytic psychology.

"For example," he said, "I notice that you always draw a line at the end of your essays."

"Yes, I do," she replied, "But what does that tell you?"

"It would indicate that when you have finished something you do so very definitely. I can deduce that when you finish a meal you place your knife and fork very neatly on the plate."

"Yes, that's true," admitted the student.

"And that will indicate that when you do the washing up you will do it completely, dry it and put it away."

"You're right!" exclaimed the woman.

"These habits in turn suggest a woman who desires to become a good wife, and is probably already in a steady relationship."

"Right again!" she replied with a smile.

"And I can further deduce that you are very loyal and faithful. You would not, for example, have a one night stand with, shall we say, your best friend's boy-friend."

"Amazing!" said the girl. "I had no idea you could know me so well from such a small thing as the way I end an essay!"

She went away very much impressed with all this and was determined to tell someone. So when she next saw her best friend she said, "Psychology is a brilliant subject. It tells you so much. For example: do you draw lines at the end of your essays?"

"No," replied her friend.

"Oh!" said the student, and then a moment later she added in a fury, "How **dare** you sleep with my boy-friend!"

. - o O o - .

A Child Psychologist was spending a holiday in laying a new drive to his garage. He had finished and was standing back to admire the perfect level surface when the small boy who lived next door rode up on his bike with great enthusiasm. Such was his momentum that he managed to get half way up the drive before collapsing in a sea of concrete.

The Psychologist released his anger in a furious and unexpurgated outburst which brought the boy's mother out to see what was happening.

"You, of all people," she exclaimed, "should have some sympathy and understanding - you are supposed to love children!"

"Madam, I do" he replied, "in the abstract, but not in the concrete."

Adapted from an "old chestnut" found in "Sleeping Dogs Lie" by Julian Gloag.

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Solicitor: Your husband is asking for a divorce.

Woman: On what grounds?

Solicitor: On the grounds of your incompatibility.

Woman. Ridiculous! *He's* the one who's incompatible!!

- Morien Morgan

. - o O o - .

The following is a verbatim transcript of a client's remark - Ed.

I HEARD on the radio about this wonderful book, "Learning how to live without clutter". I made a note of it at the time. Unfortunately it has got lost somewhere in the mess!

. - o O o - .

An executive came back from an assertiveness course. It had been suggested that he place a card on his desk to remind himself of what he had learned. So he carefully wrote out:

BE DECISIVE

Then he stood back to look at it, considered it, and carefully added a question mark:

BE DECISIVE?

- o O o -

A PSYCHOTIC killer had finally been trapped by the police in his hide-out. A martial arts expert, a counsellor and a hypnotherapist all volunteered to get him out.

The martial arts expert broke open the door with a well-aimed kick and then dived to the attack. There was a sound of gun-fire and his dead body was flung out.

The counsellor then walked very slowly towards the house and began to reason with the killer. Then a single shot hit him in the leg and he fell to the ground.

Despite all warnings the hypnotherapist was determined to try, and approached the house. Ten minutes later he emerged, hand in hand with the unarmed killer.

"How did you manage it?" everyone was anxious to know. "Why didn't he shoot you too?"

"Simple. I merely regressed him to childhood: he couldn't hurt me with a water-pistol!"

- o O o -

A MAN telephoned a psychotherapist.

"I wonder if you can help with a difficult problem."

"I might be able to. Tell me about it."

"It is my wife. She thinks she is a hot water bottle. Do you think you can help?"

"Hmm. It is unusual, certainly. But I have helped worse cases. Tell me, how does the problem manifest itself?"

"Well, she spends every night warming my neighbour's bed for him."

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Psychotherapist: What seems to be the problem?

Client: Well, as far as I am concerned it is my family. You see, I love books, and they think that there is something wrong in that: they say that I love them excessively.

Psychotherapist (with strong feeling): How ridiculous! They are quite wrong. It is an excellent thing to love books. I love them myself, and always have done.

Client: Oh, it is such a relief to find someone who understands! How do you like them best: boiled or sautéed?

- o O o -

Have you heard the one about the woman who went to see a Freudian analyst?

"Doctor, please tell me what is wrong with me. I was standing at the jewellers counter. He had put a lot of rings out for me to look at. Then, when he turned his back to the counter I quickly transferred some rings from the counter to my bag. Please tell me. Am I suffering from kleptomania?"

"Nein, nein," replied the analyst soothingly, "It is ein simple example of Counter Transference."

- o O o -

A woman phoned a hypnotherapist a few days after her depressed husband had seen him.

"Excuse me phoning, but I am very worried about my husband. He can't remember anything about his session with you. What did you do to him?"

"I am sure there is nothing to worry about," replied the hypnotherapist suavely, "It is quite normal to have amnesia for the hypnotic experience. Your husband was suffering from a mild endogenous depression and so I simply repeated to him in a trance that he would be 'Better and Better Every Day, Better and Better in Every Way.' It is an excellent technique. I can't see that anything can go wrong. What exactly are you worried about?"

"I see. Did you know he was a little deaf?"

"Yes, but that has nothing to do with his depression."

"But I think it may have a lot to do with the new problem. Since you saw him he has lost a fortune
BETTING: every day and in every way!"

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A SCIENTIFIC ASSESSMENT OF NLP

[Dylan Morgan](#)

I am sure that we have all read and learned something about the theory and techniques of Neurolinguistic Programming (NLP). But it is possible that some of us have not had the opportunity to study it in enough detail to determine the validity of the ideas which are involved in it.

A few years ago Dr. Heap, Principal Clinical Psychologist for Sheffield Health Authority and lecturer at Sheffield University, did a very careful and thorough study of all the research that has been done into certain claims of NLP, citing 70 papers in all.

Specifically he was looking into the idea of the Primary Representational System (PRS), which is supposed by NLP to be a very important concept. It is claimed that people tend to think in a specific mode: visual, auditory, kinaesthetic, olfactory or gustatory, of which the first three are the most common. NLP claims that it is possible to determine the PRS of a person by noticing certain words that she or he uses which will reveal the mode. It is also claimed that the direction of eye movement is an indicator of the PRS.

The reason why it is said to be important for the therapist to determine the PRS of a client is that it is supposed greatly to enhance rapport if one then matches the clients PRS.

These three assertions are capable of being put to controlled tests to determine how far they are true. Dr. Heap, who is also Secretary of the British Society of Experimental and Clinical Hypnosis, ploughed through the literature to summarise the results of many workers and found the following.

Although the results have been mixed, the hypothesis that a person has a PRS which is observed in the choice of words has been found not to hold by the great majority of researchers. The hypothesis that a person has a PRS which can be determined by the direction of eye movements found even less support.

The third hypothesis which was looked at is the practical one of whether or not we can improve our relationship with a client by matching the presumed PRS. Again the answer is a resounding NO. There is no evidence that focusing on the presumed modality adds anything to the widely recognised finding that matching general characteristics of verbal and nonverbal communication may facilitate rapport. It is interesting that one researcher, Cody, found that therapists matching their clients' language were rated as less trustworthy and less effective!

Dr. Heap comes to the following conclusion:

- 'The present author is satisfied that the assertions of NLP writers concerning the representational systems have been objectively and fairly investigated and found to be lacking. These assertions

are stated in unequivocal terms by the originators of NLP and it is clear from their writings that phenomena such as representational systems, predicate preferences and eye-movement patterns are claimed to be potent psychological processes, easily and convincingly demonstrable on training courses by tutors and trainees following simple instructions, and, indeed, in interactions in everyday life. Therefore, in view of the absence of any objective evidence provided by the original proponents of the PRS hypothesis, and the failure of subsequent empirical investigations to adequately support it, it may well be appropriate now to conclude that there is not, and never has been, any substance to the conjecture that people represent their world internally in a preferred mode which may be inferred from their choice of predicates and from their eye movements.

- "These conclusions, and the failure of investigators to convincingly demonstrate the alleged benefits of predicate matching, seriously question the role of such a procedure in counselling."

And he ends:

- "This verdict on NLP is an interim one. Einsprech and Forman are probably correct in insisting that the effectiveness of NLP therapy undertaken in authentic clinical contexts of trained practitioners has not yet been properly investigated. If it turns out to be the case that these therapeutic procedures are indeed as rapid and powerful as is claimed, no one will rejoice more than the present author. If however these claims fare no better than the ones already investigated then the final verdict on NLP will be a harsh one indeed."

If you would like to read the article in more detail, or follow up the references cited, you will find it in the volume Hypnosis: current clinical, experimental and forensic practices, edited by Michael Heap and published by Croom Helm in 1988. It contains many other articles of great interest by reputable workers.

I know that some members of the NCP are enthusiastic users of NLP techniques and I would be interested to know their response to this article. On the other hand if you are a member who has tried to use the indirect ways of deducing a person's PRS and failed, or have tried to pace the presumed PRS and not gained noticeably greater rapport than usual, then you may find comfort in the thought that the fault may not lie in you.

In my own experience a simple question such as, "When you say that do you mean that your actually picture to yourself?" is answered happily and openly by people, so that there is no need for devious, indirect or doubtful ways of finding out in detail how their minds are working.

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P.S. January 2001

I should add the obvious point that Dr. Heap has only dealt above with a limited aspect of NLP. This

article should not be taken to cover more than it says. To balance this I append an email recently received from Christopher King cking@eroom.com

"I was puzzled by your critique of NLP and a bit concerned, since it seems to be one of the few summaries of the technique on the Internet which come readily to hand.

"My personal understanding of the PRS, from reading and using the Andreas' books is that its significance is not primarily as a tool for developing rapport with the therapist but rather a fundamental component of recognizing and "repositioning" where you keep certain beliefs, ideas, conceptions, hurdles, and bogeymen in your mind.

"Like any therapy, it is most useful if the 'patient' can perceive and describe where these perceptions are kept. However, we are often reluctant to focus clearly on where we keep our demons. (Thus the useful key of hypnosis.) An astute therapist might get a clue to where these closets and cupboards are build by watching body language.

"The wonderful, curious thing is that different individuals seem to 'wear' their vision of the past, present and future; the immediate and dangerous , the lurking and benign in different positions in their minds.

"What appears marvelous from my personal experience and the anecdotal testimony of others is that changing the position, aspect, color, luminance, closeness and distance of memories, beliefs and traumas and such appears to afford some liberating relief.

"Perhaps I am "preaching to the choir" here, but I was concerned that your analysis might discourage some folks from using a useful tool in the psychological kit."

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A NOVEL HYPNOTIC INDUCTION

Dylan Morgan

TO THE BEST of my knowledge the following is a completely new induction.

The "induction" is very brief and non-verbal but has a lengthy but important "preamble" which follows. Parentheses [] hold explanations of what is going on, and why. Incidentally the absence of such explanations is what makes so many written accounts of hypnotic inductions disappointingly uninformative.

Preamble

This induction is best done with the subject in an upright seated position, with you, the hypnotist, standing close and on the left hand side (if you are right handed). [The reasons for this will be clear soon.]

"Could you sit comfortably, please?"

Pause while subject arranges himself.

"Do you mind my standing so close to you?"

[Standing where you are, you are invading the subject's personal space a lot. If the subject objects strongly this induction should not be used. Otherwise continue.]

"What is your favourite animal?"

[You must have the subject's attention. Questions are an excellent way of getting it. In addition it forces the subject to look up at you. This places the neck and eyes in a condition of mild strain which in a little while will induce a strong desire to drop the head and close the eyes. It also tends to reactivate an old, old experience which all of us have had: that of being a small child in school, seated in the presence of a teacher who is asking questions. This is excellent for our purposes, because if we can activate this child-like system of responses, we will find accompanying it a conditioned response to do everything the "teacher" asks.]

Ask a few questions about the subject's favourite animal. [It will almost certainly be a mammal, but it does not matter much. You are simply establishing the pattern noted above and working to establish rapport. Then you can lead on to the following.]

"A thing that always fascinates me is the way in which so many animals carry their young. Do you know

what I mean?"

[What we are thinking of is the way in which the young are held by the neck in the mother's mouth. Most people have seen or know this. But it is always better practice to get the subject to volunteer it, and in the present context it encourages the 'good pupil' attitude.]

"Yes. That's right. She simply grips it by the nape of the neck with her teeth, and it swings there limp and relaxed. A moment before it may have been lively and jumping all over the place. Then, the moment it is gripped, this lively creature becomes as floppy, as limp, as relaxed as a bundle of washing. Of course there is a very good reason for this. Over millions of years Nature has developed a simple reflex in the young. The moment the skin of the neck is gripped the process of switching off all activity is totally automatic. A mother cat does not have to say, 'Now, be a good girl/boy.' (Use gender of subject.) "I am going to help you. Come with me without struggling. Relax. Be still.' The kitten immediately becomes limp and totally relaxed. You can picture it easily can't you?"

[The goals of the above are to impress on the subject a clear picture of the kitten (or other animal if it is more appropriate for the particular subject) dangling limp and happy. The underlined remarks are given a certain extra emphasis, in the manner of Erickson, because they are marking certain key feelings or attitudes which we are encouraging in the subject. These are attitudes relating to an expectation of deep relaxation, and to trust in the hypnotist.]

"You may wonder how this reflex works. Well, it is in the spine at the back of the neck that certain important parts of the nervous system are found. Technical names that you may have heard are the Ascending Reticular System, or the nuclei of Raphe. They are central to all matters to do with arousal or sleep. The activation of certain parts of these systems leads to arousal: they make you feel really wide awake. Other parts have the opposite effect: they make you feel drowsy. I say 'you', but detailed experiments show that these structures are present in all people, and indeed all mammals. We have inherited them."

[All this is fact, as any decent text-book on brain function will tell you, e.g. A.R. Luria's *The Working Brain* ([Bib](#)). We use the technical terms as it serves to underline both the authenticity of the phenomena and the wise teacher image.]

"So you can see that the minute the skin of the kitten's neck tightens, nerves immediately communicate the fact to the nerve centres in the spinal cord of the neck, and say, quite irresistibly, "Limp, relaxed, sleepy, eyes closed, just come along with me." This is so much easier than for the mother to have to verbalise it: especially since she has her mouth full!

Isn't Nature wonderful?"

Wait for at least a nod of assent. [Actually, by this time, you can expect the vocalising system to have effectively switched off. This is partly since so few cues for speech have been given for some time and

partly because of the adult-child pattern which is being evoked in which characteristically the child will only reply if pressed.]

"And, as I say, we humans have the same centres in the brain as do kittens. I wonder if you have ever wondered how the kitten feels while it is being carried? Of course, we cannot ask it. But it seems to me that Nature generally makes pleasurable what is necessary. When you are hungry, eating is necessary, so it is a pleasure. Sex is necessary for the preservation of the species and is therefore also a pleasure. When you are thirsty or sleepy the necessary actions of drinking or sleeping each have been provided with their measure of pleasure. The kitten certainly looks happy. I think we may presume that since it is necessary that it be carried by the neck it will feel at least a measure of pleasure in it. And we humans have the same centres in our brains.

[Without saying as much, you can now expect that the subject is already beginning rather to envy the kitten. Recall that she or he is still having to keep eye contact with you, looking upwards at that uncomfortable angle. The image of the kitten lolling comfortably is becoming alluring. The repetition of the incantatory phrase 'measure of pleasure' is due to the fact that more childlike parts of the brain seem to respond well to such things.]

"I think that if I were a kitten, then the feeling of being carried by the neck would be the following. It would start with a measure of pleasure in the skin of the neck, quickly followed by a warm all-over feeling of being cared for." Start to slow speech here into a more drowsy intonation and rhythm. [This will give the subject TIME to translate your words into internal feelings, as well as encouraging a sense of drowsiness.] "This would lead to a feeling of total, blissful relaxation, as all of the muscles of my body would go limp." Keep it s-l-o-w. When you say the word 'limp' let your own muscles sag. [This will activate the system of imitation which people have.] "My head would fall forward." Demonstrate. "It would be one of the great pleasures of life. Like sleep, but not asleep." Pause. "It would be like flying." Pause. "Flying through the air with no effort. Blissful. Relaxed. Nothing could be nicer."

[It is assumed that there have been no signs of objection to any of this. If not, you are close enough to spot any fleeting expression of disagreement, which you will have asked about and gently overcome. By now there should be signs that the subject is agreeing with everything (slight nods, or that open-eyed stare that we know so well) and taking it all in. We can now move on to the next stage.]

In a brisker tone say, "Now, that reflex in one which can be used to induce hypnosis in one of the most rapid and pleasant ways possible." [Why brisk? The subject has been getting very relaxed. If you now seem to be trying to get him or her to wake up a bit, there will be a reluctance, which will be active for the next minute or two. This reluctance will help to pull down the level of arousal very quickly when you want to. The other advantage of briskness is that the subject's mind has to work so hard to keep up with you that there is no time to analyse what you are saying. The stage hypnotist uses this a lot.]

Still in a brisk and confident tone say, "Indeed there are some people who think that hypnosis is NOTHING BUT the correct activation of this reflex in the spinal chord. Some hypnotists do this

tediously with words. I will show you, if you like, how much easier it is to do it like the animals. With your permission I will gently stroke the skin of your neck. You will at once feel relaxation coming over you. Your head will fall forward. You will feel wonderful. Would you like that?"

[Remember clause 5 of our Code of Ethics. Permission must be obtained from the client in advance if you are to touch.]

Assuming that the answer is "yes" - probably by means of a nod - you may then proceed to the "Rapid Induction".

Induction

With a warm hand you gently place thumb and forefinger on either side of the neck towards the back, and gently draw the skin backwards. The client will allow the head to fall forwards as you continue, gently and rhythmically. (You may cue this response by means of a slight forward pressure.) Note the breathing, which will become slower and deeper. You will also note a limpness in the limbs. The subject will not speak. The eyes will close, though you will not readily be able to see this. **YOU DO NOT HAVE TO SPEAK** during this process, which could go on for a few minutes. On the other hand you could reinforce it by verbal suggestions of an obvious kind: references to sharing the feelings of the kitten, relaxation and so on.

You may then get some feedback by taking your hand away and saying, "Now tell me what that was like?" The client will lift his or her head (in order to speak). Listen to what is said, seeking the key description. Then say something on the lines of, "Good. You see how easy it is. But I am sure that you can enjoy an even deeper feeling of (key word)." Then hold the neck again.

[What you are aiming at is the conditioning process of repeated reinforcements, which is common to many inductions.]

This may be repeated a few times before you declare, "Now you are in a deep and wonderful hypnotic state," and continue towards whatever hypnotic response you are next aiming at: which I presume is on the path to affecting some specific system which has been giving trouble.

DISCUSSION

I have heard it said that [Peter Casson](#) has claimed, "I am the quickest hypnotist in the world. But I have the slowest introduction."

An untutored audience, watching the above, will not see the overwhelming importance of the preamble. To them the induction will have started at the point where the neck was grasped.

It will **APPEAR** that you are using a brilliant new discovery, based on the hardest scientific evidence.

We all KNOW that animals have that reflex, don't we?

But let me make it clear that although the above induction WORKS, (I invented for and demonstrated it at, one of our Leeds University courses in Advanced Hypnotic Techniques, to illustrate a point) I do NOT know if the hypothesis that it works by means of activating a deep and natural reflex is accurate or not. At the risk of being tedious this is the same point I have made in my article on [Mesmer](#). **The fact that something works does not mean that it works for the reason that the practitioner claims.**

We cannot ever prove that a hypothesis is TRUE, but we can at least find out if it is FALSE. The weak spot in the argument is the assumption that we retain the reflex that is found in many mammals.

We could test the hypothesis in humans as follows. It should be strongest between mother and small child. (This is the rationale for working to induce a child-like frame of mind in the client.) We would need some mothers, *who do not know exactly why we are asking them to cooperate*, to hold and stroke their children in a variety of ways, one of which is the method of stroking the neck. It is important that the mothers have NOT heard about the disputed reflex, as they may well communicate feelings of relaxation to the child unconsciously. We would ABANDON the hypothesis if there were no clear evidence that stroking the neck clearly produces more limpness than stroking other parts for any age group of children.

If the initial results were favourable we would have to check it with a *double blind* system, to eliminate the possibility that those who are supervising the training of the mothers and assessing the results are themselves unconsciously biasing the results. If the results from either the first or the second series of mothers and children did not produce clear, common sense evidence that the neck stroke is better than other contact for relaxing a child then I WOULD ABANDON THE HYPOTHESIS. It is this ability to ABANDON an idea which does not stand up to experience that is, I feel, the hall mark of sanity.

As it is, the above induction MAY work by activating such a reflex, but it will be clear from my explanations that the preamble is powerfully involved in activating all sorts of mechanisms in the subject's mind. Suggestion is very powerfully at work. Activation of a child-adult relationship is there. Straining of the muscles of neck and eyes is there. All these will, we know, act to produce the result required. I knew, therefore, that it would work before ever trying it, whether or not the reflex is present. I know, furthermore, that if an audience has seen this method working on one subject, then they will be yet more inclined to follow suit.

What a lot of alternative practitioners do not seem to know is the extent to which their preambles and peoples' prior expectations are involved in their results.

CONCLUSION

If this approach suits your style I would be interested in hearing from you how it works with more people than I have yet had a chance to try it on. (Which have been few as yet: I do not see it as the best approach

for most clients in the therapeutic context, and I regard it as unethical to use any but the most appropriate induction on a client simply for the purpose of experimenting with a new one.)

This description can stand as a model of the amount of **explanation** of the **purpose** of any element which I would like to see included in the description of a hypnotic procedure.

It may also serve to illustrate the fact that just because some practice works reliably IT MAY NOT BE DOING SO FOR THE REASON CLAIMED. It also gives an idea of HOW to go about seeing if a hypothesis should be **abandoned**.

The most important ability in a housewife who desires a clean and healthy home is knowing when and how to throw rubbish out: to abandon things. That is common sense. The most important ability in a person who desires a clean and healthy mind is knowing when and how to throw rubbish out: to abandon ideas. That also is common sense.

Or, as the famous explorer Burton put it so much better in *The Tinkling of the Camel Bell*. "Indeed he knows not how to know who knows not also how to unknow."

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ONLY ADULTS HAVE PANIC ATTACKS

[Dylan Morgan](#)

THERE ARE many books for the general reader about panic attacks, often of a very high quality. But they all seem to miss a very important, and at times *the* most important, feature of them. Because of this they fail in their job of helping the sufferer to understand in a useful way what it may all be about, and even more do they therefore fail to give the most useful advice to the sufferer.

Before going any further let us be clear in our minds what we are talking about when we are talking about a panic attack. We are not talking about fright pure and simple. If I am threatened by a man with a gun I will experience fright. But this will surprise no-one. Everybody will suppose that it is natural to feel fear in that situation. The feelings I have will be labelled "fear" by myself and by others. If, on the other hand, I am in a queue in the supermarket and I feel the *same* feelings then they will be labelled a "panic attack".

These examples illustrate the following definition.

A PANIC ATTACK is a feeling of acute fear which seems out of proportion to any present cause.

Of course the feeling of fear is accompanied by a variety of physical effects. There will generally be adrenaline production and an increased heart rate. There may well be sweating, hyperventilating, trembling, a tendency to get cold feet, dry mouth etc.. Each person tends to have a slightly different pattern of response, but the central experience is a feeling of FEAR.

How do we distinguish Fear from Panic? We must have some internal standard of what is appropriate in a given situation. A Fear that seems out of proportion is labelled Panic.

A frightened child

Next let us consider a scenario in which we see a frightened small child: a two year old, perhaps. The exact age is not crucial, the important feature is that it is too young to have internalised any idea of how *appropriate* a fear (or indeed any other emotion) is to a situation. Notice therefore that from our definition the child can never be said to have a panic attack by its own assessment. What about by another's assessment? How many mothers label their children's fears as panic attacks? The answer is surely, "None". CHILDREN DO NOT HAVE PANIC ATTACKS!

They experience fears of course, and a frightened child can be considerably more frightened than an adult because there has been no opportunity to learn to control the fear at all. Any mother knows her child's fears. Some seem readily understandable, like a fear of loud noises, others, like a fear of a certain person or place, may seem less so. But we do not generally impose strict criteria of what is appropriate:

we accept that a child might be frightened of all manner of things. There is therefore almost no possibility of saying that a particular fear is badly out of proportion *for a child* and so no danger of labelling its fear a panic attack.

By this stage I have simply tried to present a very striking fact, which is obvious enough when it is stated, and perhaps does not seem to take us very far. However there are other dimensions to this idea, as we will see. But first I am going to take what may seem to be a diversion and give two examples from my case book of very clear cut panics. They are clear cut at least in part because the sufferers came to me within days of the attacks, and so there had not developed the fear of panics which itself tends to aggravate the matter in so many cases.

Two cases

The first case concerns a man in his early forties. He is big, strong and has a black belt in Judo. He runs his own building business - not a job for a weakling in any sense, and lives in a tough neighbourhood. He is scared of nothing.

Then one day he was approached by a little runt of a man who, with the courage of too many pints inside him, started to swear at my client. And my client panicked! He could not move. He was trembling and sweating. His voice was a high-pitched falsetto. He thought he must be going mad. You might like to think what treatment would be appropriate.

The second case concerns a woman, also in her forties. She, also, had run a successful business - a restaurant, in her case - but after a divorce she had decided to make a fresh start as a Driving Instructor. She had driven all over Europe with total safety for many years and had clocked up an enormous milage. But almost as soon as she got into the car for her first lesson in Instruction she went to pieces! She was tense. Her mind seemed to forget everything she had ever known. She could scarcely control the car at all. She tried desperately to force herself back into control, but with no success. She panicked. What is the appropriate treatment?

Let us revise the broad methods which might be used. We might think of post-hypnotic suggestions to the effect that the panics in these two cases should not recur. We might think of progressive desensitisation: though without hypnosis it would be hard to find a series of progressively less foul-mouthed drunks! We might think of breathing exercises. We might wonder if, in the second case, there were repressed after-effects of the divorce, or whether, in the first, if there had been a build up of stress in the builder. Some might turn to acupuncture or homeopathic remedies.

I did none of these things. I asked myself, "I wonder when this feeling arose, naturally, before?" (Remember the value of asking the right questions emphasised in the article on [Interview and Diagnosis](#) in the Autumn issue.)

Within a few minutes we had discovered that when the builder was a young boy of perhaps four years of

age his father had often come in drunk from the pub and then sworn at him if he were still up. At that age, if your drunken father, who is well over six foot high and strong, comes and swears at you, then you NATURALLY tremble with fear, you NATURALLY sweat, you are NATURALLY fixed to the spot and you NATURALLY speak in a falsetto voice - it is the only one that you have. In short you feel fear pure and simple. It is not a panic because it is in proportion to the cause.

The drunken runt had quite accidentally triggered off what amounted to an age regression, and reactivated a childhood system of response, which was no longer in proportion to the cause and so amounted to a panic.

What did I find out about the woman? The obvious question there was, "And how did you react the first time you took a driving lesson?" The answer, as anticipated, was, "I was eighteen, and was in a terrible state." In this case, the stimulus of being again in a car with a stranger who was to instruct her had evoked an earlier system of responses - an age regression to 18. She was scared the first time, with the not unnatural fear of a strange situation, and so fear arose the second time also, but this time it was not appropriate and so became a panic.

You must explain

It is worth noting that in these two simple cases it was ENOUGH TO EXPLAIN WHAT WAS HAPPENING. No other treatment was necessary. The clients went away totally relieved in mind, with complete understanding and knowing that there was nothing seriously wrong. The builder knew that he now only needed to contrast the present drunk with his remembered father and the spell would be broken. The Instructor knew she need only treat herself as she would any other nervous eighteen year old, instead of shouting at herself, and her confidence would return quickly. But all too often people do not get rational explanations (compare the truck driver mentioned in my [Assortment of Anecdotes](#)). Then, whatever other treatment is given, there remains the lurking thought, "But will it happen again? I do not know why it happened. Perhaps it will crop up somewhere else? Perhaps I am cracking up? Perhaps I am under too much stress? Perhaps... Perhaps... Perhaps?" And such thoughts are the most fertile possible bed in which to cultivate little anxieties until they turn into full-grown panics.

These two examples have been chosen to demonstrate a common theme in *first* panic attacks.

The pattern

The pattern is this. An adult has experience E. This is similar to some sensitising experience S, which happened a long time ago, most usually in childhood. Experience S was accompanied by a NATURAL level of fear. Experience E evokes a similar fear, but it now seems unnatural, not least because judged by the adult's standards it is out of proportion to the apparent cause.

One enormous therapeutic benefit of pointing out to the client the connection between E and S is that it makes it possible to reframe the idea of how natural the fear is. People start by saying, "Well, no-one else

is frightened of E!" But then this is changed to, "Yes, no-one else who has NOT HAD EXPERIENCE S is frightened of E," from which it clearly follows that, "Everyone who HAS had an experience S is frightened of E." It therefore becomes normal: a fear and not a panic and is much more easily coped with.

With these ideas in mind we next come to a very important consequence which has enormous importance when it comes to the question, "What is the best way of dealing with panic attacks?"

The answer which now seems obvious is, "Treat the person's emotions as they would best be dealt with at the age of incident S, NOT of incident E. For example, when the lady above treated herself with the patience she would apply to any other eighteen year old, the problem passed.

So much well-meaning "help" is totally misguided because it is directed to the adult, who at the time of panic is adult only in part, and not to a frightened child which is the dominant part. If a child is frightened in a supermarket it does not help to snap, "Don't be silly. You should be quite happy here on your own." The best treatment is a warm hand to take it to a familiar place of safety. No sensible adult uses cold reason with a child who is frightened. It needs simple reassurance and understanding and perhaps a warm drink.

Gagging reaction

I had one client who had just moved up to Leeds to be with her boyfriend. Within a short time she got into a dreadful state - full of dread that she was going to die because she could not eat. This was a pattern that had happened at other times in her life and caused enormous problems. A simple systems analysis revealed that fear triggered a gagging reaction to food, so that she was unable to swallow any. Being unable to swallow triggered a mental system which was, "If I don't eat I will die." And that thought in turn triggered off fear, thus closing a circle.

It turned out that most of this pattern had been established within the first year of life. She had had swallowing problems. She had been taken to an alien environment (the hospital). She had naturally been frightened. So an association had been established between a strange environment, fear and not swallowing. Coming to Leeds, a environment strange to her, had triggered the pattern off.

Feeding bottle

Treatment was simple. First, the mechanics were explained, so that she could see that she was just reliving the feelings of a small child. Second, she was instructed to treat herself like one: go home, curl up in a duvet, play soothing music or chat about simple things, and drink warm milk from a feeding bottle, which she could buy in any chemists. (The cleverness of this is that it subtly undermines that mental system which equated not *eating* to starving to death. She could, in fact, swallow liquids, and everyone knows that babies, who can ONLY drink milk, do not die!)

The result of these simple interventions was total relief of her symptoms within a day. In fact she drew

the line at using the feeding bottle, but the idea had done its work.

This illustrates graphically the principle that the appropriate treatment is as close as possible to that which would be best at the regressed age. If one is doing hypnosis in this context it best to make it very cosy: the warm blanket; the bedside story anecdotes; the warm parent comforting away the fears. The idea is simply to recreate some of the key features of what would have been a perfect antidote to the fear for the child. If one is not using hypnosis explicitly, there must nevertheless be in mind the idea that there is a frightened child who needs reassurance, kindness and sympathy.

Some readers will readily relate these ideas to the notion of "The Child Within". However, that concept originated in the field of therapy with people who had suffered abuse or similar in childhood. Here I am drawing attention to something which is far more general. We can all meet experiences E which will cause a reactivation of earlier, and therefore usually childlike, patterns of response. Under those circumstances we become like children again in some ways, or if we want to put it more technically, a partial dissociation is established between at least two parts of the mind. One part is the present day persona and another part is the reactivated child-like persona. There may in addition be secondary effects, such an internalised parent: this manifests itself as the adult trying to quell the child within by using the approach which the child's parents used. (You may recognise how this establishes a connection with Transactional Analysis - "Games People Play", Berne ([Bib](#)) etc.)

Finally let me add that it should not be thought that this mechanism is the ONLY cause of panics. We may cite, for example, another large class, which can be seen as a natural response to being in an inappropriate environment. The model here is that of a wild animal taken into captivity. It will naturally feel high levels of fear. People, too, can feel high levels of fear in a strange environment, but since they think, "Other people are at home here. There must be something wrong with me - my feelings are *inappropriate*," they turn a fear into a panic. Of course this might *also* trigger off a regression to a bad experience of fear of a strange place as a child, but this is not necessary in order for a panic to arise.

Another big cause of panic is, as has been indicated above, thoughts in an adult like, "I have a problem. I may have another panic." This is often the primary mechanism in panics after the first because such predictions are self-fulfilling, though again there can be an element of regression.

We may now go back to the original idea, that children don't have panic attacks. We may now see that it is not totally true, in the following sense. If we looked very closely at a child's fears, then we might well be able to isolate some which are in fact out of proportion, and for the same reason we have cited: that the fear response has been conditioned by a still earlier fear. However, for a young child it remains true that there will be no inner judgement as to the appropriateness of the fear, so it cannot be conceptualised as panic. The child will usually also benefit from greater tolerance of its fears by adults and a greater chance of the fear being treated at a level appropriate to a child's fear, which will dissipate the fear more readily.

SUMMARY

- A PANIC is a fear which seems out of proportion to any present cause.
- ONE major reason for such an attack is that the stimulus is actually activating a system of response to a similar thing which happened a long time ago.
- This can be thought of as an age regression.
- It can be helped enormously by treating the problem at the regressed age rather than the real age.
- For the client to understand the mechanism is itself a weight off the mind, because worry about the mysterious can breed further problems.
- When a "first" panic comes out of the blue, this mechanism is very high on the list of possible causes.
- Subsequent panics are often a simple result of autosuggestion. "I've had one. I'll have another."

The Child Within

Please hold my hand, the little child said

And hug me close, before I go to bed.

"I haven't time," the adult sharply cried

"To spend with you, so go away and hide."

Who is this child who needs to be consoled

To work through anger, fear and grief so cold,

To find two arms to hold and keep her safe,

To give a smile of love and not a look of hate?

Someone to listen when she tries to tell

Of those who drove her to the brink of hell

Of how her body aches with tears unshed

The awful fears that fill the little head.

She lives in me, that child who was used

For others' pleasures, broken and abused.

Sometimes she needs to ask for extra care

So give her time, acknowledge she is there,

Allow her space to shed her little tears,

She's held them back through many lonely years.

I was given the above, framed, by a lady client who knew at first hand the suffering of the Child Within. It meant a lot to her. She had cut it from a magazine, and did not know the author. If someone knows who it was I would be pleased to acknowledge the source.

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Dealing with Sexual Problems in the Male

[Dylan Morgan](#)

IT IS NOT UNCOMMON for men to come along to a therapist with one of the two most common problems in the area of sexual dysfunction: a failure to achieve erection and premature ejaculation.

In this article I will be describing the main lines of approach that I take to such problems which have seemed to be generally effective. Readers may compare them with their own methods and possibly suggest improvements.

This article may perhaps be of more value in the absence of any guidance in this area from some of the primary books on clinical hypnosis: Gibson & Heap's *Hypnosis in Therapy*, Hartland's *Medical and Dental Hypnosis* and Milton Erickson et al's *Medical and Dental Hypnosis*. The best book I have come across was, in fact, written one hundred years ago and is *The use of Hypnosis in Psychopathia Sexualis* by A. von Schrenck-Notzing, M.D. translated by C.G. Chaddock M.D. in a new publication by the Julian Press of New York in 1956. This is in some ways surprisingly up to date, but I have not drawn extensively on it in the following.

Diagnosis

The first stage is, of course, asking the standard questions about the problem (Cf. [Practical Psychotherapy: Interview and Diagnosis](#)). The most important ones being:

Q. Can you tell me about the *first* time you had this problem? and

Q. Could you please me about how you *think* about it in the times between lovemaking?

Why is the question about the first time important? First of all we want to make certain that the problem does, indeed, have a psychological root: there *could* be medical problem involved. So we want to look at the first time to see if, indeed, the failure to achieve satisfactory intercourse has a clear rationale.

Examples of how a problem might start are the following. A young man on holiday has already had sex that day with one woman, and then finds himself in bed with another to whom he is not in any case very attracted. He fails to get a satisfactory erection. (Is anyone surprised by this?) Another young man has sex for the first time in his girl-friend's parents' house, where he is very nervous in case her parents return. He ejaculates prematurely. (Is this very surprising?) A third has had far too much to drink. And so on.

Physical causes for impotence include syphilis, diabetes, alcoholism, drug addiction, strokes and other damage to the nervous system. It is, of course, probable that such causes will have been diagnosed earlier

by the client's GP, but we should be aware of them and ask specifically about them if we do not have a clear initial cause.

The second reason we want to find the reason for the first occurrence is to limit the worry from which the client is typically suffering. By the time he comes for help he has usually worked himself up into a condition of great concern about the matter, and thinks things are far worse than they are. It is psychologically very reassuring to know the answer to, "Why have I got this problem?"

Feedback loop

Now we come to the second major question: what the client is thinking between times. Typically it is some variation on, "There is something wrong with me. I am a failure. I must try harder next time. I am afraid that it will happen again next time."

What we know, of course, is that thoughts of this nature have the effect of increasing anxiety and of increasing the chance of the failure arising again. But yet another failure simply pours fuel on the flames and the pattern of thought and worries grows stronger, which in turn leads to a greater and greater chance of failure and so on. Such a vicious circle, or increasing positive feedback loop, is responsible for very many psychosomatic problems as has been described in more detail in [The Principles of Hypnotherapy](#).

It is this vicious circle which has been responsible for the *continuation* of the problem. And it is this circle that we have to weaken and then eliminate.

Other questions

Naturally one looks briefly at the entire sexual history, some of which may well be relevant, and also takes a quick look around other aspects of the client's life: "Any problems with work?" "Any bereavements? Illnesses? Worries of any kinds?" "What job do you do?" (Often a useful cue to the kind of language one will use in the session.) "Did you have any problems as a boy?"

First Step

The first step I take to change things, after at least twenty minutes of analysis around the questions above, is usually to see if the client accepts the following story.

"Now it seems to me that this is what you have been telling me. You had no problems worth mentioning until the day when... (*the first incident is described in detail*) ... where things went wrong **as they would have for anyone else** because of (*specify the reason*).

IF you had known that reason at the time, then you would not have thought any more about it. There would have been no worry about it. The next time you made love it would therefore have been as if that unlucky incident had never happened. It would have gone well. You would then have remained confident

and happy. And it would have continued to go well. You would not be here today."

It is actually a big step forward if the client runs through this in detail in his mind and accepts it. It puts the thing in perspective.

If the client does NOT accept this outline story then I take it as an indication that I have missed something, and further questioning is necessary to find out what that is. Such cases are then treated on their own merits, but they are comparatively rare. (An example that comes to mind was a young man in his twenties who had yet to achieve successful intercourse. The pattern there seemed to be simply one in which each stage of sexual development and experience had been delayed by several years, and what was required primarily was a certain amount of visualisation and encouragement of the next step.) In this article I will assume, however, that the outline story is accepted.

The more detail and time that is put into the above story the better. Indeed it can form a very important part of the treatment to proceed as follows. (Cf. [Editing Mental Videos](#).)

"I would like you now just to close your eyes and sit comfortably and think about what I am saying. You are as you are today because you have memories of certain failures. You have accepted that if you had realised at the time the natural cause of that first incident then there would have been no more problems, only successes. You would then have only memories of successes, and would be free from worries and problems. We are therefore going to take the disappointing memory tapes out of your mind and overwrite them with successful ones.

"Start by re-living the first. (*Questions and answers are used to keep me aware of what is being thought of.*) That is fine. Now picture yourself smiling afterwards and thinking, 'That could have happened to anyone. I will certainly avoid *that* mistake again.' Now move on to the next bit of memory, and run it through your mind, from the time you started to think about sex to the time it was over. (*Again listen to the account.*) Now, you can see that it went wrong because you had got yourself into a state beforehand. NOW run through that again, but get it right this time. In the run-up picture yourself as you would have been if you had handled that first incident right: confident, feeling good... Then imagine it all going well, just as it should have. (*Let him run it through.*) Now, how does that feel? *The answer is typically "good".*) Now we will go through all the other memory tapes editing them to be the way they should really be. (*And do that in detail also.*)"

Control

The above will usually go quite a long way to reduce the power of past failures. But I find that there is another point which is very often worth paying a lot of attention to. Very many men seem to suppose that they should be able to control their sexual performance in the same sense that they can control the voluntary muscles of the body. It is seldom put into words, but concealed in their attitude is the idea, "I should be able to maintain an erection at will and to reach a climax at will." Furthermore there is often concealed in this idea the further one that, "And it has nothing to do with the woman"! This second

sentence, put as bluntly as that, may seem ridiculous to many men and most, if not all, women. Yet, if you analyse the patterns of thought that clients get into, it amounts to that.

Now such an attitude is not at all helpful when things are not working. If you give *anyone* responsibility for something over which they have no control then it is going to lead to increasing anxiety and a sense of failure. If the man feels that he is responsible for aspects of his sexual performance that he does not, in fact, have conscious control over, then it will inevitably lead to increasing anxiety and sense of failure. We therefore would like to remove from him that sense of responsibility.

It will be apparent to readers that for him to go for "treatment" to *anyone* will help him in this way. It is a way of saying, "I cannot control this. *You* are now responsible for making me better." Whether the expert referred to is a doctor, or aromatherapist, or acupuncturist or hypnotherapist makes no difference here. In each case the fact that the expert accepts the responsibility takes some of the pressure off the man and gives room for improvement. I suppose, however, that it is only the psychological specialists who are consciously aware that this is a part of the treatment.

I will generally take further steps to remove the responsibility in some such way as the following.

"You know that dogs do not have these problems at all. Evolution has been working for millions of years to give them a fool-proof sexual system. Nothing happens until they smell a bitch on heat. The effect of the bitch *and the effect of the bitch alone* causes them to become sexually active and to do the things that have come naturally for millions of years. They are of course too stupid to start to think about the possibility of failure. They are too stupid to think about their performance. They are too stupid to think about themselves at the same time as they are aware of the bitch. They are too stupid to make a mess of things.

"In the same way our sexual behaviour was designed in a world where it was supposed that we would not be clever enough to think about ourselves at the same time as the woman. It was supposed that the attractions of the woman would be enough to command our whole attention, and simultaneously arouse us in the appropriate way.

"But it will be obvious to you that from a time hours or even days before the meeting, right through to the time in bed, you are doing little but think about *yourself*. If you think about *her* it is only to worry about what she is thinking about *you*, and you are back thinking about yourself again. *This is NOT what nature intended*. Over the millions of years of evolution nature never supposed that after she had gone to all the trouble of making women and sex so attractive you would *still* be more interested in yourself than in your partner!

"So in future you are going to forget yourself. You will first and last be paying attention *only* to your partner. You will notice the fragrance of her hair, the sweetness of her lips, the softness of her skin. You will notice her. You will allow your body to notice hers, and to move in response to hers, and to become aroused in response to arousal in her.

"Just as sailor knows that it is the presence of the wind that swells his sails, and he can do nothing without it, so you will realise that your sails will swell in the wind of sensory delights blowing from her to you. And the sailor times his voyages by the tides, and waits until the tide is high before casting off. And you too will be aware only of the rising tide of her passion and will not cast off onto the sea of ecstasy until that tide is high.

"You will stop thinking about yourself. It has done nothing but harm. You will stop thinking about yourself. It has poured sugar into your patrol tank. You will stop thinking about yourself. It has caused the computer of your sub-conscious to crash. You will stop thinking about yourself and think and sense and feel nothing but HER."

The idea behind the above is that sex evolved in the context of the coming together of *two* systems. Primarily this is two sets of genes, and secondarily the two organisms that carry them. Until our spare mental capacity evolved, sexual behaviour in one was activated only by certain cues in the other. In a simple form the primary pattern in mammals is:

$\uparrow\{\text{sexual cues from female}\} \rightarrow \uparrow\{\text{sexual behaviour in male}\}.$

[[Meaning of arrows.](#)]

In most mammals the sexual cues from the female start with oestrus, and are often primarily olfactory. In our species pheromones are still active but at a much reduced level and we rely more on other signs of receptiveness.

If the male renders himself unable to perceive those cues from the female then he incapacitates virtually all the natural internal systems of his body which are designed to ensure that intercourse proceeds with mutual satisfaction. One of our tasks is to prevent this happening, as I hope that the above illustrates, in a rather more poetic way.

The female point of view

Men are nearly always far more concerned about these matters than are their partners. If the rest of the relationship is fine then most women are not very concerned. I would suggest that for the minority who get angry about it something on the following lines is responsible.

If her rather confused feelings were to be put into words they might run as follows.

"Things are not going right. Why not? If he loved me they would. If he loved me he would be aware only of me. And things would go right. So he does not love me. He is not with *me* in bed. He is thinking/feeling about someone else. He is being unfaithful. That is infuriating."

And the kernel of truth in this is that he is NOT properly aware of her, he *is* thinking of someone else: himself. Her rival is not another woman but another man, and that man is lying beside her!(Now it is a normal (and often helpful) thing for a woman to be angry with her rival: she may well be able to drive her away. But if her rival is her partner then things can get badly messed up if her anger is expressed. In fact we usually get into a vicious circle:

$\uparrow\{\text{woman's anger}\} \rightarrow \downarrow\{\text{man's sexual activity}\} \rightarrow \uparrow\{\text{woman's anger}\},$

which simply makes things far worse.

Other techniques

Although the above are the two main strategic lines of approach that come up in these problems, we may note other minor techniques which can at times be useful.

I will sometimes do a fist levitation until the arm is erect in order a) to enhance the useful effect of transferring the responsibility for an erection away from the man and b) to demonstrate that what is believed in will happen. The moral is that if he believes an erection will *not* happen then it will not.

Visualisations of future successful lovemaking is a normal part of treatment: though with a emphasis on getting his focus of attention in the right place.

Suggestions of confidence and that all will be well are of course also normal.

If the problem is that of premature ejaculation then the rather obvious idea that to make love twice in a matter of hours, with a much more delayed ejaculation the second time, is one that sometimes has not occurred to the client, but can remove a lot of anxiety.

If there are other specific worries, then they may also have to be dealt with. One of the more important is if the man has financial troubles. This hits his self-esteem hard and it may be hard to do very much about the sexual problems unless the financial ones improve first.

At times there are relationship problems of some other kind that are being reflected in the sexual problem, and then, of course, it may be necessary to do some counselling with both partners for a while in order to resolve those first.

Summary

Although there may be contributing causes the most common pattern in sexual malfunction in the male is the following.

The problem begins with an **initial incident**. The man then begins a **vicious circle** in which preoccupation with his problem leads both to a failure because he is expecting it and to a failure because he stops attending to the woman, thus depriving his body of its natural activating cues. This failure simply increases the preoccupation.

The solution involves the following main steps.

- 1) Demonstrate that the initial incident had natural causes.
- 2) Let him see and feel how much better things would have been since if he had realised those causes at the time.
- 3) This results in him no longer thinking of failure as inevitable.
- 4) **Get his attention off himself and onto his partner.**
- 5) Get him to visualise successful implementation of this change.

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SCHRENCK-NOTZING (op. cit.) "It is necessary to so influence the patient that he is not constantly pre-occupied with himself."

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ASSORTED ANECDOTES

[Dylan Morgan](#)

IN YORKSHIRE there was once, in days gone by, a strong man, well over two yards high and weighing nearly three hundredweight, who went around the county Fairs challenging all comers to a trial of strength. "Ah'm t'strongest man in t'country. Ah'll lift ony man off his feet" was the challenge. And once he had got his bear-like arms firmly planted around the ribs of the challenger, there was no doubt about it: no-one had a chance.

His fame spread and soon everyone in Yorkshire knew him. Some said, though not to his face, "Aye. Strong in't arm, but thick in t'head," and it was true that he was not noted for brains. But soon it became rare for anyone to face the certain disgrace of facing him in his lifting contest.

Then one Fair day a young man came up to him and said lightly,

"So, you think you can lift any man in t'county?"

"Aye," he replied, looking down in surprise, "Aye, Ah can!"

"I don't think so."

"Ah CAN!"

"No you can't. I know a man, and a Yorkshire man, too, that you can't lift off his feet."

"Just show him to me. Ah'll soon have him off t'ground."

The young man pointed straight at the heaving chest in front of him, "Go on then. Show us. You will never lift THAT man off his feet."

The giant paused for a moment, then deliberately wrapped his arms around his own chest. He flexed his muscles and made his famous upward jerk that had had hundreds flying up into the air. But nothing happened. He tried again.... and again. He heaved and he strained for hours, as the crowd grew and jeered and mocked.

When night came he had still not succeeded and crept of the field in a state of total humiliation. He broke down completely, and could never again face the world.

An anecdote does not have to be true to be truthful. I often tell the above to men whose problems are a

result of two internal systems fighting against each other. It might be, for example, as simple a thing as one part fighting desperately to give up smoking and another to carry on. It is also a common pattern in a lot of stress, which can be seen at times as a person struggling with himself, or with an impossible task. The above little story can be very successful in raising a smile and lowering the tension.

For how can a man be stronger than himself?

Another little picture which is useful in describing a similar problem runs as follows.

Imagine a public speaker. He has a microphone in front of him. A few yards further forward are the loudspeakers. A powerful amplifier is tucked away out of sight.

Now picture what happens when a small boy in the audience, bored by the address, inches the loudspeaker around so that it is facing more and more towards the speaker. At first little seems to happen, except that the talker seems to himself to be getting louder. Then, quite suddenly, a critical stage is reached, and the microphone starts to pick up and amplify the sound from the loudspeaker. The speaker is deafened by the resulting ear-shattering shriek.

Tell a client that his mind is the microphone, and his symptom is the loudspeaker and he will get a good idea of the positive feedback loop that so often keeps a problem in existence long after it should have died away.

I have told the following story to a truck driver who has spent half his life tense with anxiety that he might have another breakdown. His first was at eighteen years old, and no-one told him what had caused it.

There was once this cocky young truck driver, as happy as Harry, until the day his engine suddenly blew up on a busy motorway and it resulted in a nasty crash.

After he recovered he went back to driving, but gone were his carefree ways. He was now in a constant state of anxiety in case he made the same mistake again.

The trouble was that he did not know what the mistake had been.

"Perhaps I am travelling too fast?"

"I feel unhappy on motorways, maybe I would be safer on secondary roads?"

"It never happens to anyone else. There must be something very wrong with my driving."

And all the while his body was getting more and more tense with anxiety; he was worrying so hard that

had little time to think about road conditions and started having small accidents, which only reinforced his feeling that he was a terrible driver. He stopped going to transport cafés because he thought that the others would be talking about him behind his back. His sleep suffered, because even at night his brain kept on trying to find a way out of his problems. His marriage suffered. His health suffered.

He thought he was going mad.

Then by chance he happened to meet the mechanic who had dealt with his truck after the accident.

"Hmm. Nasty one that. You were lucky to get out of it alive. Funny you didn't spot the overheating in time."

"What?"

"The overheating. A water hose had perished. You lost all your water. The engine overheated and blew."

It took some time for this to sink in.

"Do you mean that if I just keep an eye on the temperature gauge it'll never blow again?"

"Yep."

The driver walked away a new man. His mind could at last rest. An occasional glance at the dash was all that he had needed during all those years of needless worry. In a matter of weeks he was whistling again, joining in with the other truckers, and all his old cockiness returned.

My client saw the moral of this story easily, as a trucker himself, and left the session lighter in heart - I had also explained to him in simple terms what had gone wrong with HIM the first time, of course.

Where do these anecdotes come from? I analyse the problem in terms of abstract functional systems, as described elsewhere, and then think of another embodiment of the same abstract pattern that the client can relate to vividly, understand easily and remember well.

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A variety of little tips on specific cases

Dylan Morgan

Driving test nerves

THE DRIVING EXAMINATION is a common cause for anxiety, and there are a number of reasons for this. The following technique can be a valuable addition to the normal approaches when the anxiety is connected with an anxiety about examinations generally. The trick is to reframe the process. A typical approach may run as follows.

"Everything in the Highway Code is there to ensure your SAFETY. All the various `rules' are really common sense rules of SAFETY. You take your car to have its MOT as a SAFETY CHECK to check that it is SAFE to drive.

"On Friday (or whatever the date is) you are paying someone to run a SAFETY CHECK on your driving, just as you pay the garage to run a SAFETY CHECK on your car. In both cases there may be something not quite right. In both cases you should be pleased if the fault is found. It is helpful. In either case IT COULD SAVE YOUR LIFE.

"So on Friday you will be driving SAFELY. Not too fast, not too slow. Not too close to the car in front. Always aware of the traffic around you and the road conditions.

"ALL you will be thinking of is driving SAFELY, calmly and easily, while listening to the safety checker's voice."

Of course this approach can be elaborated on, but the central idea is prevent the test as being seen like an EXAM imposed from the outside. In this way most of the nervousness associated with examinations will go also.

The emphasis on the key word SAFETY will also tend to have the side-effect of reducing panic which is, of course, a reaction to the opposite feeling of DANGER.

If your Client has had safety checks done on domestic wiring or a gas cooker or whatever then these can be incorporated into the approach.

Over-eating

THERE ARE TIMES when over-eating is little more than a habit of loading a large amount onto the plate, and then eating it all up. This may go back to childhood.

A technique which I have found to work in such a case is to pay no attention to diets, but simply to focus on the habit of small plates, dishes and spoons.

The small spoon makes the meal last as long as it used to. The small plates can still be as loaded as the larger ones were. But the food intake can be halved quite easily.

The change might be made at a conscious level and/or with hypnotic suggestion.

Fear of Flying

Problem.

This woman has a fear of flying. She has an irrational feeling that the plane is only kept in the air by her own efforts.

Fear → "I must keep it in the air" → pulling up on seat and pushing down with feet.

Solution.

Get her to train her family and friends to *help her to lift the plane!* (Recall Erickson's device of "prescribing the symptom".)

How does this work?

- 1) While she is training them at home they find it hard not to laugh. Laughter d Reduced tension.
- 2) On the plane they have to do what she wants, i.e. to lift. Their cooperation d the security of feeling part of a group.
- 3) Fear activates the usual "fight or flight" mechanisms for which the natural outlet is physical effort. She is making that effort. It leads, once the plane is on level flight, to a nice relaxed physical state, by a natural rebound, enhanced by the laughter and solidarity of the group.

Stopping a pregnant woman smoking

Problem.

A pregnant woman wants to stop smoking.

Solution.

Maternal love makes it impossible for a mother to do something which will make her baby distressed: if the baby cries she will stop whatever it was.

Before the baby is born it cannot signal its distress.

But a very large proportion of pregnant women can easily picture their baby's face. (The usual hypnotic techniques may be used to enhance this.) Furthermore, if she then thinks of smiling at the baby it smiles back, but if she imagines smoking, the baby will typically turn down its mouth and cry.

Repetitions of this soon establish the process:

↑(Thought of smoking) → ↑(Picture of crying baby & feeling of distress) →

↓(Thought of smoking) → ↑(Picture of smiling baby & feeling of happy love).

[[Meaning of arrows.](#)]

After a while this can be simplified to make the thought, "I am a non-smoker" lead to the feeling of happy maternal love, thus continuing to reinforce it.

Dealing with those who expect a miracle change

Problem.

Many clients expect hypnotic techniques to work as fast to "cure" problems as it does to create the effects seen on a stage show.

Solution.

Ask the client the following question, "Which is easier. To put a dent in the panel of a car door, or to beat one out?"

The answer is clearly the former.

It is then possible to say, "In the same way it is relatively easy to implant a suggestion for a new behaviour, but to eradicate an old one permanently will take more careful work and time."

Client locked onto a particular hypnotherapist

Problem

A client had been to a hypnotherapist who successfully stopped him from smoking, but added that no-one else would be able to hypnotise him. The client later started to smoke again, but when after some years he went back to look for the hypnotherapist he discovered that he had died. Is there any way of overcoming the block?

Solution

It may, of course, be the case that the block is more imaginary than real, but the following method can be used to minimise the problem. First, put the client through a standard procedure to relax, focus the attention and so on but without using the word hypnosis. Then say that he will now simply review the original experience and allow himself to be hypnotised again by the original hypnotherapist, and receive again the original suggestions! Other suggestions can then be made, ad lib, while calling them "common-sense" observations or something similar.

In this way you recapture the value of the original hypnosis, add to it the power of your own suggestions while he remains in a receptive state, and impress the client by your deft handling of a difficult problem.

Confidence

Problem

A client is suffering from great lack of confidence as a result of criticisms thrown at her by employees in a previous job.

Solution

*At a rational level describe the common practice of psychological projection: people blame **others** for their **own** faults. It is mainly pots who call kettles black; the selfish who accuse other of selfishness; the proud who accuse others of pride and so on.*

At a more dramatic level let the client see accusations as labels that have been stuck onto her and let her enjoy stripping them off and sticking them to whatever part of the anatomy of her accusers that she feels to be most appropriate.

In this way she returns the accusations to where they belong and ceases to feel them personally.

Embarrassment at crying

Problem

A client feels embarrassed at crying.

Solution

*Say that modern science has established that the body has its very own **Tension Eradication And Release System**. This system, it has been established, has been designed to eliminate from the brain and nervous system all the chemicals that arise at times of stress and leave them feeling calmer and healthier. This **Tension Eradication And Release System** is called, for convenience, **TEARS**.*

Haste and anxiety

Problem

A problem that often arises is the interplay of haste and anxiety. Activation of the anxiety system leads to more frantic activity, but the greater the muscular and mental activity the more mistakes and confusion arise so that worry increases in turn. We want to eliminate this vicious circle.

Solution

With the client in a trance, we may work on the lines of, "You will calm down those troublesome twins Hurry and Worry. Hurry is one of those hyperactive boys, and Worry one of those very nervous girls. And Worry's worries irritate Hurry and make him Hurry more, and Hurry's hurry makes Worry worry. So when Hurry stops, Worry won't worry, and when worry stops Hurry won't hurry, and when both of them stop you will neither be hurried by Hurry or worried by Worry."

(This precise line is best designed for a mother who has good visualisation and children.)

ERICKSON: Therapy is like starting a snowball rolling at the top of a mountain. As it rolls down, it grows larger and larger and becomes an avalanche that fits the shape of the mountain.

Many of these tips appeared in the Journal of the National Council of Psychotherapy and Hypnotherapy Register

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Rebirth - a Sonnet

[Dylan Morgan](#)

Wearied by tasks that tax the soul

I walked up Ilkley Moor one winter's day,

My adult cares for company; no thoughts

In mind but money, work and sex. No play.

The clouds hung close around, the wind grew chill

And threw against my cheek the icy rain.

I turned the other. And upon that hill

All other thought was taken from my brain

But "Climb!" I climbed, obeying the command.

The cairn loomed close, then shone in brilliant sun

As parting clouds revealed a magic land

In which to laugh and jump and shout and run.

For thus the clouds of worldliness are torn

To make a child again: to be reborn.

A poem has many levels of meaning, as does therapy. One meaning, relevant here, addresses the problem: how does one who claims to heal the minds of others keep a healthy mind himself?

I count it as one of my great blessings to live in the Yorkshire Dales, so that five minutes walk can take me out onto the healing moors, where all things find their true perspective and where lungs and body find the natural health in which alone a healthy mind can dwell.

Reprinted from The Journal of the National Council for Psychotherapists and Hypnotherapy Register, Autumn 93.

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Good Advice

[Dylan Morgan](#)

.

When I was just a small boy

My father said to me,

"Destroy all weeds without delay

Or they will destroy thee."

And so with heat gun in my hand

I go out every day

And burn all weeds, and all around

That dares get in my way.

It makes me feel such virtue.

It makes me feel so good.

But my garden never seems to grow

Or flower as it should.

.

When I was just a little girl

My mother said to me,

"Waste is a sin, save all you can,

And you will wealthy be."

And so I have saved every crumb,

I saved up every scrap.

And nothing have I thrown away

That fell into my lap.

But now my house is far too small

I cannot move within,

And my twenty stone of body

Just will not seem to slim.

.

When I was just a little boy

My father I heard speak:

"Be strong, my son, and never show

Your feelings. That is weak."

And so I keep a poker face,

I keep it day and night.

And never frown nor smile nor cry.

I know that I am right.

I was strong when my wife left me,

And when I lost my friends,

And I am strong though unemployed.

I'll be strong when my life ends.

.

When I was just a little girl,

My mother loved me so.

"All men are dirty", so she said,

And kept me clean. And watched me grow.

And I have kept away from dirt

Each month of my life.

I never have been sullied,

No man made me his wife.

But I am sad now as I reach

The closing of my days,

That I've no daughter of my own

To teach her cleanly ways.

.

When I was just a little boy

My sailor Dad told me

To "Keep your room ship-shape, my lad,

Or you may drown at sea."

Now I have children of my own

I shout and storm at them

Because their rooms are such a mess:

For their own good I punish them.

But all the same their faces fall

When I come in the door.

And just today my daughter dear

Has left to be a whore.

.

When I was just a little girl

My mother taught her ways.

"All household dust is like the plague

Avoid it all your days."

I move nothing to disturb it

And move with greatest care.

And shout to warn the others

Of the dangers lying there.

How strange my house is dustier

Than any other wife's.

How strange the others all prefer

Any other lives.

.

I'm proud to be a Pharisee

I'm proud I keep the Laws

My fathers handed down to me

Perfect, without flaws.

I pay my tithes of mint and herb

My hands are clean as clean

I don't consort with sinners

No evil have I seen.

And when someone accuses me

And says my gain is loss,

He must be mad or bad you know

Fit fodder for a cross.

.

My father was a farmer poor

And Bible tales he told

Of sorting out the wheat and tares

Of shepherds and the fold.

I am not very clever

and rules I may not keep.

But I know that I am loved

And love each of my sheep.

And at my end my every grain

Shall enter Heaven's store.

And every tare among my grain

Be forgotten evermore.

.

The meaning of this poem will probably be clear to every therapist. How many times have we had clients whose lives have been crippled by having absorbed as an absolute truth about life one that is only relative? Very well-meaning parents pass on to their children the fruits of their experiences of life - or of their own parents' passed-on wisdom - with no thought for the fact that the world in which their children are to live can be very different or that their children may have very different natures and characters.

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FRANZ ANTON MESMER was born on 23rd May 1734, near Lake Constance, on what is now the German side. He received a good and varied education, which ended with a medical qualification at the age of 32. His dissertation was on the influence of heavenly bodies on people's health, which he supposed to be by means of "animal gravity".

At the age of 40 he became interested in the effects of magnets on the body and believed that he had discovered an entirely new principle of healing involving "animal magnetism". This "animal magnetism" that he used was different from physical magnetism in that he believed that he could "magnetise" paper, glass, dogs and all manner of other substances.

His cure of Maria Theresa Paradis, mentioned in [Chapter 11](#) of *The Principles*, occurred when he was 43, but the repercussions of this affair made it necessary to move from Vienna to Paris, which was to be the scene of his greatest fame.

There he met ready acceptance from the populace but an equally strong scepticism from the medical profession, who attributed the effects he produced to the imagination of the patients rather than to his supposed new force.

There were so many poor people coming for treatment that he had to resort to methods which could help many at once. He first designed a magnetic *baquet*, a wooden tub nearly five feet across, and one foot deep, filled with water, patterns of bottles and iron filings. Out of this tub projected iron rods which were held by the patients. Later he "magnetised" a tree, so that patients could be healed by holding ropes hanging from its branches. The most noticeable effect of these devices was to induce a "crisis": convulsions.

His prime supporter in Paris was a doctor, D'Eslon, who was to be struck off the register for his pains. In time, however, their ways were to part when Mesmer became annoyed by D'Eslon practising independently.

After the attack by the Royal Commission into Mesmerism, and the continuing opposition of the medical profession, Mesmer chose another means to promote his ideas and support himself. This was by setting up an organisation - the Society of Honour - which consisted of a clinic, a teaching establishment and a register of qualified members who had received his training, and who paid for the privilege. In time, as is the nature of these things, there arose a division in this organisation also, when other members disagreed with Mesmer.

He finally left Paris at the age of 54, and after some years settled back near Lake Constance where he had been born. Here he seems to have led a quiet and contented life, doing a little medicine, playing his glass harmonica, and remaining detached from the outside world until his death on 15th March 1815, at the age of 85. He never changed his views on animal magnetism but did return to the Catholic Church from which he had lapsed for most of his life.

For more about what Mesmer believed go to [What Mesmer Believed](#)

Addendum: I had the following query regarding the *baquet* and append a fuller description:

Dear Dylan Morgan,

I would like to ask a question of you. Can you please explain what 'baquet' refers to in your article about Mesmer? My psychology professor, in his lecture regarding a very brief history of hypnotism, alluded to this word but admitted that he did not know what it meant. So out of curiosity on my part, I decided to do a net search and came up with your site. I hope you don't mind the intrusion.

- Betty Galloway. Austin Texas USA

The baquet was "an oaken tub specially designed to store and transmit magnetic fluid. The tub, some four or five feet in diameter and one foot in depth, had a lid constructed in two pieces. At the bottom of the tub, arranged in concentric circles, were bottles, some empty and pointing towards the center, some containing magnetized water and pointing out towards the circumference. There were several layers of such rows. The tub was filled with water to which iron filings and powdered glass were added. Iron rods emerging through holes in the tub's lid were bent at right angles so that the ends of the rods could be placed against the afflicted areas of the patient's body. A number of patients could use the baquet at one time. They were encouraged to augment the magnetic fluid by holding hands, thus creating a circuit."

- "From Mesmer to Freud" by Adam Crabtree, Yale University, (1993) pp. 13-14.

Ambrose August Liébeault (1823-1904)

Liébeault became interested in mesmerism when he was a medical student in Strasbourg. After qualifying as a doctor in 1850 he went to live near Nancy in France and experimented extensively with various techniques, publishing his large book *Du sommeil et des états analogue* in 1864, twentyone years after Braid's book on hypnosis.

As the title of the book suggests Liébeault was one of those who saw analogies between sleep and hypnosis, and his approach would normally include firm suggestions of sleep. The main elements that he seems to have included in his inductions were:

- Getting the subject to look him in the eye for a minute or two.
- Placing his right hand on the patient's head as he did so
- Commands to sleep.
- Manually closing the eyes if they did not do so spontaneously.
- Auxiliary suggestions of heaviness of eyes, dulling of senses etc.

Once the patient was in what he regarded as a suitable state he would proceed with affirmations of improvement of the condition of his patient. This was sometimes accompanied by stroking or rubbing the affected area.

Liébeault developed quite an extensive theory of what he was doing, based on the principle concept of attention which he seems to identify with a "nervous force". Thus when we pay attention to some part of the body he would think of a nervous force flowing towards it and increasing its activity. Conversely if there was a comparative lack of attention to a part of the body the flow of this force would be reduced and the activity of the part depressed. This approach seems to show the influence of mesmeric ideas which involve the idea of a sort of fluid of animal magnetism [Mesmer](#).

The apparent contradiction between the key idea of attention and his central use of ideas of sleep seems to be reconciled by supposing that in sleep the attention is removed from its normal channels and is therefore the more available for direction by the hypnotist.

If we strip away the metaphor or idea of a "force" acting rather like a fluid then we are left with something which is in effect the statement that by focussing the attention of a person we can affect the level of activity of a corresponding part. Or, more precisely, by narrowing *mental activity* (attention) we produce corresponding changes in an associated physical system.

There is a pleasing word picture of Liébeault which we have:

"..a little man, of brisk carriage, with a forehead deeply grooved by horizontal lines, crossed by others which fan out from the root of his nose. The brown complexion of a countryman; a brilliant and lively eye; speech resonant and hurried; an open cast of countenance, a mixture of

seriousness and simplicity, of authority and gentleness; the gait of a child; something of the priest."

- Delboeuf (1889). *Le magnetisme animal: à propos d'une visite à l'école de Nancy*. Paris, F. Alcon.

For the greater part of his life he remained a unknown country doctor, but was then taken up by Bernheim and in the last twelve years of his life became quite famous and something of a Grand Old Man of hypnosis revered in the Nancy school.

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MILTON H. ERICKSON (1902 -1980) has done more than any other individual this century to change the way in which Hypnotherapy is practised.

As a boy he suffered from polio so severely that a doctor once predicted imminent death. He overheard this and his annoyance with the doctor seems to have helped him to survive the episode, though he remained physically weakened for much of his life, and had to spend periods of time in a wheelchair. The determination which was thus revealed in childhood drove him to gain degrees in medicine and psychology; he then became a psychiatrist, working first in a number of institutions and later as a professor of psychiatry. He was a fellow of many international professional bodies and was founding president of the American Society for Clinical Hypnosis.

From 1948 he settled in a modest house in Phoenix, Arizona, where he practised privately. In later years, as his fame spread, more and more of his time was taken up with lectures and seminars on his approaches to Hypnotherapy and psychotherapy.

He had a strong, flexible and clever mind, grounded in a deep and unshakable common sense. His personality was healthy: there were none of the obsessional or neurotic qualities that many of the founders of schools of psychotherapy seem to have displayed.

Key words which describe the qualities he brought to Hypnotherapy are *informality, flexibility, holistic* and *non-dogmatic*.

He was *informal*. He did not clothe himself with an aura of authority or of mystery as some Hypnotists had tended to; neither did he use fixed induction routines. Sessions could often seem superficially to consist of little stories and jokes and down-to-earth advice blended into a life-changing whole.

He was *flexible*. There is little sign of his using the same detailed approach twice. He would always adapt his approach to the particular Client and his or her personality, experience, age, capacities and social and physical environment, and use whatever means lay to hand to facilitate any changes.

He was *holistic*. He did not focus attention purely on what was going on in the Client's mind and memory, but was very much aware of whatever existed in the Client's life outside the consulting-room and made active use of it as part of the process of change.

He was *non-dogmatic*. Consistent with his general flexibility, he never seems to have propounded any dogmatic basis for his approaches. He taught by example, by analogies and metaphors and by condensed accounts of various cases. He never propounded any overall theory.

Some good books which will introduce the newcomer to Erickson's work are Rosen (1982) [Bib](#), which is a lovely collection of teaching stories, and Haley (1973) [Bib](#) which, by detailing extensive cases, balances the picture. The more experienced reader may wish to begin with a recent summary of all his cases written by O'Hanlon & Hexum (1990) [Bib](#) (which has a bibliography of all the important sources),

or Erickson's complete papers (Rossi (1980)[Bib](#)).

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Peter Casson - Master Hypnotist

[Dylan Morgan](#)

(Although Peter does not rank with the great names whose biographies are given on this site, these details of his life may well be of interest. They are copies of two articles written about him, the first while he was still alive, and the second after he died. - Dylan Morgan)

PETER CASSON, now 73 years old, is a long standing member of the National Council of Psychotherapists, with well over half a century of experience of hypnosis. He has seen, and contributed substantially to, the change that has taken place in our field since the second world war, and this article describes something of his life and work.

Peter was born in 1921, and grew up in that period between the wars where international interest in hypnotic phenomena was at a low ebb after the great wave of interest in scientific circles which peaked at around the turn of the century.

He first became interested in the subject on hearing about it at a Psychology class run by Mr. Baggott, a lecturer in Psychology at Hull University College, and was soon reading widely and experimenting on his friends.

Recognition

But it was when he joined the Royal Marines as a Telecommunications Specialist and Radar Engineer that his ability won real recognition. Tales of his skill at hypnotising fellow recruits soon spread and his first stage show was at the Sergeants Mess at his Portsmouth Barracks at the special request of the Colour Sergeant.

It was during the war, also, that Peter's life-long interest in the therapeutic uses of hypnosis began, working with severely shell-shocked casualties in Egypt at the request of local doctors.

Since that time these two sides of Peter's life have continued hand in hand. On the one side he went on after the war to become at first the only, and later simply the best, stage demonstrator of hypnotic phenomena in the country, and by so doing planting in the mind of the nation the reality of hypnosis. There are those who decry stage performances, but it is well to remember that hypnosis is only accepted as a fact and not a fantasy by millions of people as a result of shows by Peter and people like him.

On the therapeutic side, Peter was soon making contact with medical men who had an interest in hypnosis - very few in those days - such as Dr. Sir Alexander Cannon K.G.C.B., M.D., D.P.M., M.A., F.R.G.S., F.R.S.A., author of *The Science of Hypnotism*.

In 1950 he was invited to give the Annual Lecture at the Hunterian Society, the oldest and most

prestigious medical society in the world. He is the only lay man ever to have been so invited.

USA

He has found that the academic establishment in the USA is more enthusiastic about hypnosis that it is in this country, and he has spent time teaching and working on a research project at the Wake Forest University Medical School, North Carolina, at the invitation of James Toole, the professor of Neurology.

The research work provided direct confirmation of the extent to which the hypnotist can selectively activate given areas of the brain. At the Medical School at Wake Forest University they have a machine - a Regional Cerebral Blood Flow Measurement machine - which makes it possible to detect the exact regions of the brain which are, at any one time, being most infused by blood.

Neurological effects

Peter was able to demonstrate that hypnosis was able first to eliminate a great deal of the spurious activity which is generally taking place in the brain, and then, with this calm condition as a baseline, he was able to activate, by suggestion, a particular region of the brain at will. For example at the suggestion of flashing lights, that system of the brain which deals with "looking" would become active, demonstrating the totally real neurological correlate of the subjective experience.

Peter has also used his skills in a therapeutic context in his own clinics in London and Yorkshire throughout the greater part of his professional life, working three weeks in them for every one on the stage.

It is unfortunate that he has not had the time to write down more about his skills and experiences, as I am sure that there is a great deal that he could teach us. But I will pass on the fruit of one idea of his. We are all aware of clients who report past lives. but how many of you are aware that it is possible to get people to report with equal conviction about the future? I have only had occasion to do this once, but Peter has done it many times, and found that no consistent picture of the future emerges from such accounts.

Over his lifetime Peter has seen hypnosis burgeon from a condition in which there were no more than a handful of people in the country who were using it in any way. (The only member I know with comparable experience is Mizra Hamid who has been in uninterrupted practice in Leeds since 1947, but I am sure that we will be told of any more.) Today there are thousands of lay hypnotherapists and perhaps hundreds of stage and pub performers who are following along the trail blazed by Peter Casson.

A Haiku by Peter Casson.

(The Haiku is a Japanese form of poem written in seventeen syllables - usually arranged in a 5-7-5

pattern. Contemplating a haiku reveals a deeper truth within its simple statements. - DM)

If your eyebrows meet

They say it will mean deceit.

And so I shaved mine.

Reprinted from The Journal of the National Council for Psychotherapists and Hypnotherapy Register, Summer 94.

Obituary: Peter Casson

Dylan Morgan

THE RECENT DEATH on 24 October of Peter Casson, one of our members, will bring sadness to many. He was a man who lived life to the full and brought out the same in others around him.

Many details of his life and work will be found in the article on him in the Journal of Summer 1994, p.18: [*Peter Casson - Master Hypnotist*](#). Here we will simply remember the service that he did our profession in the postwar years when it was in its infancy. On the one hand his Hypnosis shows did much to persuade the public of the reality of Hypnosis, and on the other hand his clinical work, undertaken when his income from entertainment was astronomic by the standards of the average Hypnotherapist, helped to underline the serious and helpful aspects of Hypnosis. In addition he did much to persuade a sceptical medical profession of the value of Hypnosis in therapy. These seeds that he planted, starting from the early postwar years, are bearing fruit today and will continue to do so into the next century.

Peter was born in Bridlington, a seaside resort in Yorkshire, on 13 December 1921. In the war he served in the Royal Marines, where he began to develop his skills in Hypnosis. (There were no courses in those days!) He did so well that he was performing at the London Palladium in 1946, before many of us were born! This was also the venue of his acclaimed final performance in 1991, at the age of 70.

The last years of his life were limited by illness, but even then he was as active as possible, and worked to establish the Federation of Ethical Stage Hypnotists in an attempt to ensure that the career to which he devoted his life will continue to maintain the high moral standards that he always adhered to in his stage shows.

I only met Peter once, for an afternoon, about a year ago at the house of a common friend - Peter Davies. We talked of many things but the picture I am left with is a simple one, but may capture some of the essence of the inner man, and balance that of the world-famous performer. He is sitting in an easy chair in a relaxed way. On his lap is a cat which is purring up into his face in ecstasy. Peter is looking down and his hand is stroking the cat with a touch full of awareness, and there is a sense of an unspoken communion and empathy. There was a deep peace in the scene, and the mutual love of man and cat was

radiant.

Though this has nothing of the glamour of the public man, it may yet tell us more about what we also need to do our job well: an innocent humility, a lively awareness of what we are doing, a deep ability to relate to other beings and above all a love for them.

Reprinted from The Journal of the National Council for Psychotherapists and Hypnotherapy Register, Winter 95.

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[Post Script received 2nd May 2002](#)

TRAINING

I do NOT run a training school!

Hypnotherapy, sometimes called Clinical Hypnosis, seems to be most widespread at present in the USA, the UK and Australia. It is in these countries that training is most freely available.

For an overview of training in the UK visit [Morris Berg](#). In any other counties I suggest looking further into the Internet. Click here for some [Links](#)

However for the benefit of students in other counties it is worth saying that schools have only emerged in the UK on any scale in the last 15 years or so. Before that most practitioners were self-taught, or learned from one other individual. It is quite easy to master a few basic skills and then to be able to achieve quite a lot in certain cases.

There are two main and obvious practical advantages of training. The first is that it is usually far quicker and simpler to learn from another person. The other, which applies more in a country in which there are many other hypnotherapists, is that without any qualifications it can be very hard to get clients.

This site does not claim to **qualify** anyone to be a hypnotherapist. What it does do is to present a great deal of information that you will not find elsewhere as well as some that you will. You will find that in almost any book or course on Hypnotherapy there are only the most limited sections devoted to DIAGNOSIS or to THEORY or to UNDERSTANDING what is going on. These are areas that interest me particularly, and you will find a unique treatment of here, especially in the book [The Principles of Hypnotherapy](#).

Courses cost many hundreds or even thousands of pounds. They are not things that should therefore be undertaken lightly. The following thoughts might be worth bearing in mind before you start.

The one thing that it is very hard to get except on a course is EXPERIENCE. Of the common ways of learning, learning by personal experience and experience of watching others are very important and effective when we are dealing with an active skill. By contrast if we are dealing with a theoretical subject then learning by reading and writing is the obvious path. The *theory* that you will find on a typical course is in the nature of things unlikely to tell you very much more than a handful of selected books. Personally I would have thought that it would not be wise to even think of taking a course until you have read a couple of books on the subject: a hunt through your local library or book shop should give you some idea. Or, you might search the web pages of the [Anglo American Book Company](#) which specialises in books in this field. Of course there is also a lot of free information on this site which you can explore. [Hypnotherapy for Beginners](#) (currently still being written) is a practical introduction.

At the very least you will then have an intelligent idea of whether the field appeals to you, and be able to understand some of the things that you will read in the brochures you will get from the schools. Furthermore what you will have learned will be an excellent foundation for actually taking a course. The relatively small amount of time spent in that way should be well worth it. You will be better able to enquire intelligently of the course providers regarding the content of the course. You will be able to establish in addition the amount of practice and supervision that will be available and all in all make a much wiser choice.

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So You Want to be a Hypnotherapist?

Dylan Morgan

Not everyone is suited to every occupation. Not everyone is qualified for every job. So what sort of things would we look for in a person who would make a good hypnotherapist? I suppose that different practitioners will tend to have different opinions on this, but the following are some of the thoughts that I have on this theme, starting with the notion that it is necessary to distinguish those things that can be learned and those that are essentially innate: if you do not have the latter then there is not a lot that you can do about it.

INNATE ATTITUDES, Hard to learn

LOVE OF HELPING OTHERS.

This is what the whole job centres on. If you *don't* love helping others then it would be far better to consider another job closer to your heart's desire.

EMPATHY.

If you do not have a natural aptitude for seeing and feeling things from another's point of view then it will be very hard indeed to establish or maintain the rapport that is so essential.

CONCENTRATION.

You have to be able to focus on one person totally for an hour at a time and not let any personal concerns intrude. This is not like ordinary conversation in which one can take turn and turn about in discussing personal concerns. It has to be all focused on the needs of the client.

SELF-MOTIVATION.

If you have poor confidence in your own judgment and need to lean on others in your work then remember that there are *very few* job for *junior* hypnotherapists: most are independent individuals.

SKILLS AND KNOWLEDGE THAT CAN BE LEARNED

COMMUNICATION AND RAPPORT.

Without AN ABILITY TO LISTEN AND UNDERSTAND ON THE ONE HAND OR TO SPEAK

AND BE UNDERSTOOD ON THE OTHER THERE IS PRECIOUS LITTLE CHANCE OF PROGRESS. This is a skill that can be developed with experience, though it is useful if you start out with a good measure of it. Notice that the more important part is to be able to listen and understand. If you can do this then the second part is far more readily done.

SPECIFIC TECHNIQUES

These are basic hypnotic techniques for changing the activity of specific systems on the mind and body. For example, relaxing the muscular system; activating the imaginative system.

PERSONAL PSYCHOLOGY.

This amounts to knowing **HOW PEOPLE WORK**. In my experience textbook theories are often less use here than experience of real people in everyday situations. To attempt hypnotherapy without this knowledge is like trying to repair a car engine knowing only how to use spanners.

INTER-PERSONAL PSYCHOLOGY.

This means knowing how people are affected by and affect others. It is an essential feature of many problems such as jealousy and bereavement.

HUMAN PHYSIOLOGY AND NEUROLOGY.

This is simply understanding how people work at a rather lower level. Since many problems involve specific systems such as the bowels (IBS) or the bladder (incontinence) it is very useful to know something about how these things work.

CREATIVE THINKING.

It is invaluable to be able to create approaches suited to the individual client. This means being able to create new ones afresh using known facts about the client. As an example, if you are dealing with a dog-lover then a useful relaxation approach could incorporate a description of a pet dog curling up in front of a fire, which you will improvise on the spot. Another aspect of creativity lies in the ability to *reframe* experiences, so that, usually, their more positive aspects can emerge. This also demands creativity.

CLEAR DIAGNOSTIC THINKING.

We are very often seeking the cause of a problem. This is often not clear and it is all too easy to jump at the first idea and thereby waste a lot of time barking up the wrong tree. The ability to think clearly and logically can therefore save a lot of time and misplaced effort.

CONCLUSION

There are many things which go to make a good hypnotherapist, and the above list is only one way of thinking about them. What lists would others make? Any contributions to morganic@dylanwad.easynet.co.uk

Cathy Preston, of Ned Lane, Huddersfield, Yorkshire, HD7 5HQ, UK chose her list to be:

- Honesty
- Life Experience
- Humility
- Non-judgmental attitude (unconditional positive regard)
- Ability to encourage the person to develop in their own way - not the therapist's
- Ability to empower at each stage of the process
- To be continuing to develop themselves
- To have the skill of listening
- To be able to "let go"
- Not to need to be needed.

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Morganic Therapy for Beginners

This is a short introduction to that approach to therapy that I am calling Morganic. It can usefully be read by potential clients who would like to know something about my approach. It can be used by others to give an idea of whether or not they want to read further into the extensive details which make this one of the most detailed theoretical approaches to hypnotherapy that exists.

Different approaches to therapy suit different people.

Morganic therapy is more likely to appeal to people who

- Like to understand what is happening.
- Accept that each person is a different complex whole with many different interacting parts..
- See life **organically** rather than mechanically.
- See life as changing rather than static.
- Like to think clearly and rationally.

There are three concepts fundamental to the theory: "**organic system**", "**activity**" and "**linked changes**".

The concept of an **organic system** is perhaps best conveyed by examples. The following are all organic systems.

A virus. A cell of your body. The muscular system. The vascular system (veins and arteries). The brain. An individual. A family. A business. A political party. A nation. A plant. A forest. Humanity. Any ecosystem. All life on earth.

Each of these things shares the properties of being a relatively distinct and identifiable living thing. They each have particular ways of behaving which include the important qualities of responding the changes in such a way as to maintain or preserve their functioning. They are rich with feedback loops.

The second concept pinpoints a property that all organic systems share and that is **activity**. The level of activity of any system is typically fluctuating all the time - life is always in flux, and essentially dynamic and not static. There is a very precise scientific definition of activity in [Chapter 22](#) of *The Principles* but it is intuitively quite an easy concept to grasp especially since we will generally be more interested in it in a qualitative rather than quantitative way. It is pretty easy to grasp when the heart is more or less active; when a business is more or less active; when the muscles are more or less active, and so on.

The third fundamental conception is that systems are commonly interlinked, and that when they *are* it is a basic fact that any **change** in one system leads to a **change** in a linked one. In fact the very definition of being linked means that a change in one *will* lead to a change in another. If there is no such cause and effect then for our purposes they are NOT linked. If thoughts do not lead to actions in a particular

individual then the two corresponding systems of thought and action are effectively NOT linked in that individual however closely they are linked in another person.

These three concepts lead to a picture of life as a nested collection of interconnected systems, which are dynamic and constantly in flux. Each of us can affect and be affected by other people (organic systems), we can be part of larger organic systems (families, firms, countries) and be in turn composed of smaller organic systems (muscles, nerves, bowels, brain, etc.) and these smaller systems themselves have subsystems and so on for quite a lot of stages.

So much for the **essential framework** of our thinking. Now let us apply this to *therapy*. The very word *therapy* suggests that there is a problem somewhere: a client only comes along because there is some uncomfortable symptom; something that they are not happy about. The Morganic or systems approach is then not content to label the problem by the *symptom* but will automatically suppose that the problem does not exist IN ISOLATION, involving only the one system in which the symptom happens to show. In short it is automatically HOLISTIC. This is a word that has doubtful overtones in some quarters as it suggests wooliness, fuzzy thinking and a lack of clear and scientific thinking. The Morganic framework gives it a rigorous, clear and scientific meaning that is apparent in the full book.

The way in which systems thinking affects diagnosis is simple. The starting point will be the presented symptom, but from there the whole objective is to build up a *dynamic* picture of the problem, what systems it involves and how their interactions relate to the symptom. This involves asking questions like:

- What system does the symptom relate to?
- What systems are dynamically related to this?
- What is the nature of the interactions between these systems?
- Do these interactions form loops - and in particular vicious circles in which two or more systems act on each other in to as to amplify their activity to uncomfortable or even dangerous levels?

As a result of diagnosis on such lines we will find in a *particular* case the particular *dynamic* pattern causing the problem. Morganic *therapy* then consists of finding a way of *changing* the pattern of activity in such a way as to return the dynamic pattern to a better or normal form.

The beauty of this approach is that it will often reveal that the best way of changing the pattern is NOT to focus on the symptom but on another one that is crucially involved.

As an example of this suppose that a Morganically oriented business consultant is called in to improve the morale of a Sales Team. He does NOT automatically leap in with a well-rehearsed motivational Rah-Rah course for the sales force. He will first try to analyse that *particular* team in the context of other organic systems such as competing firms, productions departments, etc. It *could* be that morale is low because sales are low (and not vice versa); and that sales are low because the Research and Development department has been under-funded and so the product line is looking jaded. In that case the *only* useful intervention the Morganic consultant can make is to get Management to increase the activity (and

funding) of the R&D department. Anything else is writing on the sands and being paid for looking as if something is being done about solving the problem rather than actually doing it.

This example shows that the Morganic approach is actually quite common in other fields, such as consultancy (if it is correctly done). Modern ecologists will also automatically work in this systems-oriented way. History is littered with examples of ecological disasters caused by the introduction of a new species to solve some problem without any thought or attention having been given to how this can affect the interlocking species in the ecosystem. Good family therapists work in the same way. One member of the family may *seem* to have the problem, but the therapist will automatically see the problem as possibly being a result of family dynamics, and work on the dynamics rather than the individual.

My unique contribution to personal therapy theory is to extend these system approaches found in other fields to explain the particular efficacy of that form of therapy called Hypnotherapy or Clinical Hypnosis, and to make it also into a science which is rationally based.

The techniques of hypnosis are focused on altering the activity levels and dynamics of a large variety of subsystems of the human brain, nervous system and body. A common and perhaps one of the most characteristic devices is to switch off activity in many systems. Muscular inactivity results in the physical relaxation that is superficially seen as sleep; the inactivation of that mental process of critical analysis leads to the fact that subjects then accept suggestions that they would otherwise reject. Examples like those are common enough for us to continue to accept that the root word of hypnosis - *hypnos*, sleep - continues to have some validity in that inactivation of a system may well be likened to putting it to sleep.

However the *inactivation* of systems is only one part of hypnosis. In many cases we inactivate many systems in order to *enhance* the activity of others. We may well wish to enhance the imaginative system, for example, or to focus on the activities of other specific systems such as the digestive system in cases of IBS, to cognitive systems to alter faulty ideas, the sexual system to correct erectile problems in the male and so on. In each case we are not dealing with organic *failure* - that is the doctor's domain - but simply with cases in which the pattern of behaviour - the dynamics - need to be adjusted.

A further insight provided by the Morganic approach, when worked though in detail, is the way in which it reveals the importance of feedback loops not only as a cause of many of the problems that we meet, but also as a foundation for many of the techniques that we use. As a simple example of such a loop in a *problem* we may consider someone who blushes to a high degree. Commonly the blushing (a vascular reaction) is triggered by embarrassment (an emotional phenomenon) which is in turn stimulated into activity by an idea (a cognitive process). But this creates a loop, in which any blushing is perceived and stimulates the idea "problem!", which leads to the feeling of embarrassment which leads to yet more blushing which activates still further the thoughts of how bad it is, which tightens the circle still further until it gets as bad as it can get. If such a process is diagnosed as the root of the problem then therapy consists in weakening and then eliminating the loop by acting on whichever part of it responds best.

As a simple example of how feedback loops can create some of the *hypnotic effects* that are commonly

known we may take hand levitation. The hypnotist typically repetitively suggests that the hand will become lighter and lighter until it floats into the air. It is commonly observed that nothing usually happens for a little while, but that once there is a small movement it quickly becomes bigger. Here we have essentially a two-system loop. One involves the expectation or idea of the hand moving. The other is the muscular system of the arm.

In thus drawing attention to the importance of feedback loops both in the creation of some problems and also in the removal of others, we are simultaneously reminded that it is one of the essential features of all organic systems to be rich in feedback loops. It is such loops that regulate temperature: a drop in body temperature starts up systems, such as shivering, which increase it again, while an increase can trigger off other systems such as sweating which reduce it again. You will find many more mentioned in [The Principles](#).

It is worth noting that if we think *mechanically* - something that has become common in the last few hundred years - we can go very wrong in thinking about people, who are obviously *organic*. I hope that in the pages of this site you will find how to think about what we are doing in a way which is both organic and precise and scientific.

To go deeper into the theory you should now move to the book [The Principles of Hypnotherapy](#).

But if you are a student who is only just starting you would be better off reading [Hypnosis for Beginners](#) first.

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The Practice of Hypnotherapy

Dylan Morgan

THIS BOOK is a companion volume to The Principles of Hypnotherapy. It is being written straight onto the web and has not appeared in traditional printed form. It is provided as a free service to anyone who is interested in learning about this most fascinating of subjects, but more particularly to those who are studying it.

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This site is under construction, starting from June 8th 1998, but quite a few details of practice can be found in the collections of [articles](#) as well as in [The Principles](#)

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Hypnosis for Beginners:

[Dylan Morgan](#)

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[Chapter 1: Simple connections.](#)

In this chapter some simple practical examples are given which allow the reader to explore in person and with others some of the obvious things about the way in which the mind and body work. In particular attention is drawn to the way in which activity in one part or subsystem of the brain can lead quite naturally, but usually in a little time, to activity in another part. But the speed and quality of the response varies from person to person.

These results are related to "tests of hypnotisability" and to "hypnotic inductions": which are ways in which they have been regarded in the past.

[Chapter 2: Switching off systems.](#)

In which we explore various ways in which muscular relaxation can be induced. The main systems used to do this include the verbal, visual, emotional, musical and humorous.

We end with a sample compound induction script.

[Chapter 3: The visual imagination](#)

We explore the visual imagination, which is enormously rich and varied. This is a tool much used in hypnosis and so it is valuable to explore its natural processes in many people, including yourself.

You may agree that one of the main functions you have when helping another to explore his or her imagination is in helping **to maintain focus, primarily by asking questions.**

The question of what kind of meaning such an exploration gives is left open. There are a wide variety of interpretation schemes which you will find: I simply urge you to keep at least TWO such possibilities in mind so that you are less likely to jump to unjustifiable conclusions. Sometimes the asking of questions

will help to resolve a conflict between two interpretations.

The material you find is seldom strange *by the standard of dreams*.

[Chapter 4: Directing and Controlling the Imagination](#)

The visual imagination can not only be used for exploration, it can be guided and directed. This chapter provides exercises to develop this ability.

The specifics used are to imagine a place, then a strange element in it, then a changed, floating viewpoint, then a floating journey. Next the ability to change images is used to change a small memory; then developed to see if a completely different life can be pictured.

This chapter should teach you how much can be done with the imagination in many people without **any** "induction" or other hypnotic techniques.

[Chapter 5: Exploring "Inductions"](#)

In this chapter for the first time we will meet some processes which have been passed down the years as being ways of producing some dramatic changes in the functioning of people. These are what have been called "hypnotic inductions". We start with a close look at an induction used by James Braid, the father of hypnotism. Then some others, again from well-known names in the history of our subject, are given more briefly for you to try.

The question of whether as a result of such inductions a given person will respond more readily to suggestions is one that you can explore practically.

Some reasons are given why such inductions may have been more successful in the past, and need modifying for the present day.

[Chapter 6: Posthypnotic suggestions](#)

Posthypnotic suggestions are a large part of what people regard as typical of hypnosis. We start by comparing it with the common phenomenon of social compliance: the fact that people quite normally will do what another asks them to do. A description of a subject (Nobel Prizewinner Richard Feynman) is used to illustrate what it feels like to carry out a post hypnotic suggestion. Both phenomena are based on establishing a causal connection between two subsystems of the brain.

Some exercises are suggested for you to find out how easy it is under ordinary conditions to establish such a causal connection between two subsystems of the brain, so that you can (as in the previous chapter) later compare the ease of doing the same after a preliminary induction.

In fact the usual word to describe the creation of a causal link between two systems is **learning**! And you are asked to consider the conditions under which learning is most likely to happen well. I suggest that a **focussed attention** is generally best.

However this matter is complicated by the fact that the brain consists of very many subsystems and we may consider each to be capable of independent attention, or arousal. To explore this exercises are given aiming at maintaining the attention of just one subsystem (in this case that connected to fingers) while conscious attention subsides.

[Chapter 7: Resistance and Rapport](#)

We focus on high-order mental systems: those which determine whether to accept or reject statements made by another. The ability to reduce the resistance and increase rapport is an important part of hypnosis. This highly practical chapter gives exercises which take the form of two-person games which may be used to increase your skills in this way. We run through making impersonal statements; statements about yourself and then personal statements about another person: all in an everyday setting. Then, in a more "hypnotic" setting, we practise making every statement of an induction totally acceptable and then a series of personal suggestions acceptable.

The question of the difference between the system of active resistance and active rapport is discussed. No specific exercises are given for building up the latter: though you can find out by asking a few extra questions after the previous exercises how well you are doing. It is suggested that high levels of rapport depend on being good at hypnosis, on being honest to yourself, but on top of that there seem to be some innate characteristics that will make rapport between yourself and certain other people arise naturally.

[Chapter 8: Bringing it all together](#)

The main lessons are summarised. And then the rest of the chapter is directed at giving you a variety of goals - changes that you might make in a subject - in order to practice and expand on what you have learned. Many of these are accompanied by hints on how to go about them. The advantages of writing out scripts for yourself at this stage are presented.

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NEURYPNOLOGY

James Braid

CHAPTER VII.

BEFORE concluding the first part of this treatise, I shall make a short resumé of what I consider the points made out by what has been advanced. 1st, That the effect of a continued fixation of the mental and visual eye in the manner, and with the concomitant circumstances pointed out, is to throw the nervous system into a new condition, accompanied with a state of somnolence, and a tendency, according to the mode of management, of exciting a variety of phenomena, very different from those we obtain either in ordinary sleep, or during the waking condition. 2d, That there is at first a state of high excitement of all the organs of special sense, sight excepted, and a great increase of muscular power; and that the senses afterwards become torpid in a much greater degree than what occurs in natural sleep. 3d, That in this condition we have the power of directing or concentrating nervous energy, raising or depressing it in a remarkable degree, at will, locally or generally. 4th, That in this state, we have the power of exciting or depressing the force and frequency of the heart's action, and the state of the circulation, locally or generally, in a surprising degree. 5th, That whilst in this peculiar condition, we have the power of regulating and controlling muscular tone and energy in a remarkable manner and degree. 6th, That we also thus acquire a power of producing rapid and important changes in the state of the capillary circulation, and of the whole of the secretions and excretions of the body, as proved by the application of chemical tests. 7th, That this power can be beneficially directed to the cure of a variety of diseases which were most intractable, or altogether incurable, by ordinary treatment. 8th, That this agency may be rendered available in moderating or entirely preventing, the pain incident to patients whilst undergoing surgical operations. 9th, That during hypnotism, by manipulating the cranium and face, we can excite certain mental and bodily manifestations, according to the parts touched.

I have obtained analogous results with so many patients, as to make me quite certain of the *reality of the phenomena* referred to, and to warrant me, as I think, to draw these inferences. Many of the phenomena are of such a nature as to admit of physical and chemical proof, in respect to which, the patients cannot possibly deceive us; and as regards those phenomena where they *might* do so, I have had the assurance of so many patients, on whose veracity I can implicitly rely, proving the same facts, that there remains not the slightest room for *me* to doubt the correctness of these statements. I have been equally anxious to avoid being myself misled, as I should be not to mislead others; and I would recommend those who have not had an opportunity of watching such phenomena, *in the most critical manner*, or who have not entered on the investigation with candid minds, to suspend their opinions until they have had such opportunity. I have no hesitation in saying it is most improbable that any man should form a just estimate

in this matter from *mere reading* or *hearsay evidence*, And equally so if he does not approach it with a mind open to honest and fair investigation. The subject itself is so very subtle in its manifestations, so very different from all we are accustomed to meet with in the ordinary condition, that, with the utmost candour and openness for receiving the truth, and the whole truth, it will be found extremely perplexing to follow it out in many of its bearings. How then can it be expected anyone should prosecute the inquiry successfully who enters on it with his mind blinded by indomitable prejudice? **[Footnote:** It would perhaps be difficult to adduce a stronger proof of the extent to which prejudice may overcloud the brightest intellects, and render them incompetent to do justice to the subject they would investigate, than that which was presented at a late meeting of the Medico-Chirurgical Society of London, when a debate took place after the reading of Mr Ward's case of amputation of the leg during mesmeric sleep. As I am not an animal magnetiser, nor personally acquainted with any of the parties referred to, any remarks I am about to make are of course uninfluenced either by pique or prejudice.

The operation referred to was said to have taken place in a public hospital; in the presence of medical, and also non-medical witnesses. The patient is alleged to have exhibited no manifestation of feeling pain, as far as his countenance could be taken as a correct index, and there was no movement of the limbs or body; and after the operation he is said to have declared that he did not feel any pain, but had heard " a grunching," which it has been inferred was the noise of the sawing of the bone; and it was also admitted he had groaned during the time he was under the operation. How was this announcement met? First, it was questioned whether the man was not a person of *little* or *no feeling* at *any* time, because *other* patients had been known, whilst wide awake, who were very insensible to pain. But had not the patient, in this ease, been declared to have been suffering so much pain from his knee, that he had been unable to sleep, and that his health was so much impaired by his suffering as to render amputation of the leg indispensable? Nay, had it not been set forth, that the pain of his leg had been greatly diminished, and his sleep restored, and his health greatly improved, after he was mesmerized, *preparatory to the operation*, which he had consented to undergo whilst in that state; and yet, that after he had been asleep, and considered in a fit state for being operated on, the mere movement of the joint, whilst drawing him to the edge of the bed, was followed by *so much pain as to awake him*. Was this any proof of his being a person devoid of feeling?

Then it is held, that as he heard, as it is presumed he did, the *sawing of the bone*, he must have *felt* the *cutting of the skin and soft parts*. It is thus assumed that it is impossible for a person to hear, and be in the state *not to feel inflictions on the limbs at same time*. It is well known, however, that disease of the trunks of the sentient nerves, or of the spinal cord, may induce such a state, independently of any lesion of the brain. But then, say others, had he *not felt* when the *principal nerve was irritated*, the *other leg must* have been convulsed. This is assuming, that the speakers *fully* knew every law which *has* been known, or *ever shall* be known of the nervous system, in *every possible condition*, which is rather a bold position to assume, and what few who have studied the subject will be disposed to accord even to the gifted individuals referred to. Others assume the non-expression of feeling was a mere matter of stoicism, and the general inference to be deduced from the whole harangues of these parties is, that the whole was a piece of collusion and deception. Had the parties intended collusion and deception, would they have admitted that the patient heard the sawing of the bone, or groaned or moaned during the operation? One gentleman, the learned editor of a medical journal, I think, admitted he was bound to believe the

testimony of those who had brought the case forward, but frankly avowed, that for his own part, "*he could not have believed it, although he had seen it himself*," When a man has attained to this state of prejudice and incredulity, of course it would be idle to adduce to him either experiment or argument. I would beg respectfully to ask, Had the mind of any of these gentlemen never entertained the possibility of a patient, long accustomed to severe pain, moaning from habit, whilst free from pain at the moment; or even feeling pain, and manifesting the same by sensible signs *during sleep*, and yet being quite unconscious of it when he awoke? Do we never meet with similar results in consequence of accidents, in the course of disease, or as the effects of over doses of narcotics? That such is the case during the artificial sleep induced by the methods I have pointed out in this treatise, I am quite certain. I am equally certain that the sensibility to pricking, and pinching, and maiming the rigid limbs, is gone, some time *before* hearing disappears. Even a piece of paper may be inserted, and retained under the eyelids, without the slightest inconvenience, not even inducing nictitation. In short, I am quite certain that a patient may be sufficiently sensible to hearing to enable him to answer questions, whilst unconscious of pricking, pinching, or strong shocks of galvanism passed through the arms, and that even when roused sufficiently to give expression to feeling such inflictions, if allowed to remain quiet a little afterwards, so as to fall into the profound state again, that he may have lost all recollection of such inflictions when roused and fully awake.

From the circumstance of the patient having heard, as it is alleged he did, the sawing of the bone, I am of opinion the operation was commenced sooner than it *should* have been; and I think it very probable that the moaning referred to might have arisen from a slight feeling of pain, but not sufficient to arouse the patient, or to impress him sufficiently to enable him to remember it when awake.

In conclusion, from the numerous opportunities I have enjoyed of witnessing analogous results, in the course of my operations in Neuro-hypnotism, if I may venture to give an opinion in this matter, I have no hesitation in expressing my thorough conviction that Mr Topham, Mr Ward, and the patient, have all spoken and represented the case with the utmost good faith and candour.

To those who wish to stifle investigation, and hold we ought to rest satisfied with the decision of the French Commission, I beg to remark, that a commission of the same learned body was appointed to investigate and to report on Harvey's discovery of the circulation of the blood, and that this most important discovery was rejected by them as a fallacy. Did their decision alter the laws of nature, or prevent the ultimate triumph of our immortal countryman? And when so much in error while investigating the more apparent and demonstrable one of the circulation of the blood, is it not quite as likely that they may have been mistaken in their decision on the still more abstruse and subtle subject of the laws and distribution of the nervous influence?

It is matter of history, in respect to the profession in our own country, that there was not a medical man in England, who had attained forty years of age, who would believe in the truth of Harvey's discovery. Is it to be wondered at, then, that Hypnotism should meet with opposition at the present time?

To conclude these remarks in respect to this operation: the fact that patients have been known, in some

few instances, from natural causes which were not understood, to have undergone severe surgical operations without any sense of pain, instead of militating against the truth of the insensibility of the patient whose limb was amputated during the nervous sleep, tends directly to confirm it; for if such a remarkable state can exist from some accidental circumstances not understood, there is no reason why a similar condition may not be induced by artificial means.]

As to the proximate cause of the phenomena, I believe the best plan in the present state of our knowledge, is to go on accumulating facts, and their application in the cure of disease, and to theorize at some future period, when we have more ample stores of facts to draw inferences from. From the first I was of opinion, that much of the excitement and many of the phenomena developed, were attributable to the altered state of the circulation in the brain and spinal cord, and especially to the greater determination of blood to them, and all other parts not compressed by rigid muscles, arising from the difficulty, during the cataleptiform state, of the blood being propelled in due proportion through the rigid extremities. I have not yet seen occasion to alter this opinion; but rather to conclude, that the ganglionic, or organic system of nerves, is *also* inordinately stimulated from the same cause, and thus having acquired an undue preponderance induces many of the remarkable phenomena which have been referred to. Whoever examines carefully the injected state of the conjunctival membrane, and of the capillary circulation in the head, face, and neck, the distended state of the jugular veins, the hard bounding throb of the carotid arteries, and the greatly increased frequency of the pulse, during the rigid condition of the limbs, cannot fail to perceive that there is great determination to the head. Again, when all these symptoms are so speedily changed on reducing the cataleptiform condition of the limbs, how can it be doubted that the rigidity of the limbs, and consequent obstruction to free circulation through them, is the chief cause of the determination to the head and other parts not directly pressed on by rigid muscles? **[Footnote:** In reference to the cataleptiform condition, I beg leave to offer the following remarks *merely by way of conjecture*, and with the hope that they may excite others to direct their attention to the investigation. Muscular contraction or motion is voluntary or involuntary. The voluntary arises from a mandate of the mind, proceeding from the brain, and effecting contraction or shortening of the muscular fibres; the involuntary, or reflex, from irritation conveyed to the spinal cord, producing a like result, and may be excited by tickling, pricking, or pinching the skin of the extremities of a decapitated or pithed animal. It appears me, however, that much of the efficiency and tendency to muscular contraction is dependent on another cause, namely, the state of *tone* or *tension* of the muscles when considered to be in a state of quiescence; and this state of tone I consider depends on the ganglionic or organic system of nerves. Supposing, from deficiency of this, the muscular system is relaxed, a morbid tendency to reflex action will be induced, as a musical string will be more easily excited to vibrate if *moderately* tight, than if drawn *very tense*. It will also render muscular effort less efficient and certain, because part of the muscular contraction, which would have been efficient as available force or motion, will be expended in bringing up the muscular structure to that state which ought to have been its *normal condition* of tension or tone.

On the other hand, supposing the organic system has been extremely active, and rendered the muscular *tone abnormally great*, it will produce the very reverse effect of that just referred to. It will not only offer resistance to reflex motion, but also to *voluntary* motion; and, if carried to a certain extent, may render the parts fixed and rigid, from the ganglionic system overpowering the cerebro-spinal system.

That this is not mere hypothesis seem to me to be in some degree proved, by the result of operations referred to in my paper in the Edinburgh Medical and Surgical Journal for October, 1841, where muscles which had been rigidly contracted, and had lost all power of motion, had motion restored by dividing the tendons, and allowing a new portion to grow between the divided ends, thus elongating the muscles; and, in other cases, where there was paralysis *from relaxation*, power was regained by *cutting out a portion of tendon*, bringing the divided ends together, and ensuring their adhesion, and thereby shortening the muscles, and giving them artificially that tone or tension, the want of which I considered was the great cause of the continuance of the paralysis. It therefore appears to me, that during the hypnotic state there is a complete inversion of the ordinary condition, and that the force of the ganglionic system becomes predominant, instead of being, as in the ordinary condition, only subordinate.

Another argument in favour of this view is the well known fact, that all voluntary motion, or reflex muscular action, speedily exhausts the powers, and renders the subject unable to continue such efforts, and fatigued in consequence of them. Voluntary effort also is *strongest at first*, and gradually becomes weaker. The functions of the organic system of nerves, on the contrary, are more equable and persistent in their nature; and, although they may be influenced in some degree as to the activity of their functions, by directing attention in a particular manner, - as the secretion of saliva by thinking of food, the secretion of milk by the nurse thinking of her child, &c. &c., still they cannot be said to be under voluntary control in the same direct manner and degree as muscular motion. The cataleptiform state induced by Hypnotism comes on gradually. For some time voluntary power predominates; but at length the involuntary rigidity, or organic tonicity gains the ascendancy; and, although persisted in for a great length of time, is followed by no exhaustion or fatigue, on the contrary, so far as I have carried the experiments, the whole functions seem to be invigorated by the continuance of this condition.]

In conclusion, I beg leave to remark, that the varieties which are met with as regards susceptibility to the hypnotic impression, and the mode and degrees of its action, are only analogous to what we experience in respect to the effects of wine, spirits, opium, the nitrous oxide, and many other agents. They are all well known to act differently on different individuals, and even on the same individuals at different times, according to the condition of the system; but who calls in question the reality of their effects merely because of that want of uniformity of action?

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Chapter 1

ENTERTAINMENT hypnotists love to make hypnosis look dark and mysterious and complicated. They love to pretend that they have special powers that no-one else possesses.

I love to make things bright and clear and open, and I do not claim any special powers.

In this first chapter I am going to ask you to try out various things and to think about them. These things are simple and everyday, and will turn out to be not at all mysterious, and yet they are a foundation on which much of hypnosis is built.

Words can trigger pictures in your mind.

This must seem a pretty obvious fact. You need only think of reading a novel and remember the pictures that come to mind as you do so to realise the obvious truth of this. But it is still worth doing a little exercise on it, as follows.

First just think to yourself, "I am on holiday." STOP NOW; did you see a picture of it in your mind? People vary, but it is unlikely, in the very short time I allowed you, that you saw anything very clearly.

Now allow yourself more TIME. Think, "I am on holiday." Pause. "It is my favourite kind of place." Pause. "The weather is just how I like it." Pause. "I am wearing my favourite clothes." Pause. "I am doing my very favourite thing." Pause. "I am on holiday!"

In all probability that extra time was repaid by a very much more vivid picture or pictures in the mind. But it is best, especially if you are a student, to get someone else to do the same thing, perhaps with you saying the words: "Picture *yourself* on holiday." Pause. "It is *your* favourite kind of weather." etc.

In this way you will discover the fact that people can have quite different degrees of clarity of picture, and the pictures themselves can be quite different. I, for example, usually manage only rather washed out images.

The conclusions I would expect you to be able to agree with, after some experience, are the following simple ones.

- 1) Words can lead to pictures in the mind.
- 2) It takes a little time for them to arise.

3) The time taken and their nature varies from person to person.

As a next little exercise explore the extent to which **words can directly affect muscles** without going via the usual volitional process of willing an action.

Hold your arms straight ahead of you with the palms facing each other and a couple of centimeters apart. Look at the gap and say "Close... Close... Close..." repeatedly at a comfortable speed.

A typical result is that over a period of a minute or so the hands **do** move together until they touch. To check this try it on other people (for students it is essential that you do). In that case *you* can speak the words as you both watch the hands.

In this way you will discover that there is again a range of responses. An average closure time is a couple of minutes. In some people it will happen in seconds. In others nothing seems to happen before you run out of patience. Occasionally someone will resist and there will develop a trembling in the arms as one set of muscles acts to pull the hands together and another acts to separate them. Another rarer response is for the hands to fly apart. But in each case you or your friends should find a strange feeling of things happening which are not willed.

The conclusions I would expect you to be able to agree with are the following simple ones.

- 1) Words can lead directly to muscular action.
- 2) It takes a little time for this to happen.
- 3) The time taken and the nature varies from person to person.
- 4) It makes little difference **who** is saying the words.

As a third example you might see how **words can lead to activity in the sense of touch**. In particular they can make an itch arise.

All you do is to repeat to yourself. "There is something itchy on my nose." Pause. "There is something itchy on my nose." Pause, and repeat for up to a couple of minutes. Then repeat the same thing with others, with either the person or you saying the words. The most likely result is for an itch to be reported and perhaps scratched within that time, but again you should find considerable variation. The time taken will vary from seconds to longer than the time allowed. Some people will find an irresistible urge to scratch because the feeling is so intense. For others it will be quite mild. Oddly enough in some people the itch may arise somewhere other than the nose. But as a result of these experiences I expect that you will be able to agree with the simple observations:

- 1) Words can lead directly to sensory impressions.

- 2) It takes a little time for this to happen.
- 3) The time taken and their nature varies from person to person.
- 4) It makes little difference **who** is saying the words.

After doing these three examples we can perhaps pause a moment and consider what is going on inside the brain and body in these cases. In each case the immediate effect of the words is to arouse activity in those parts of the brain that deals with words, for simplicity let us call this the verbal system. Then, some time later, we found that either a picture arose - which means that there was activity in the visual cortex of the brain, or muscular movement arose which would have been triggered by activity in the motor centres of the brain or a sense of itching arose which means that there was activity in some part of the sensory cortex. So that activity in one system - the verbal system - led to activity in another system.

This is not a very strange fact. If you reflect on it you will see many examples of it in your life. If you see someone's face (visual) then it is likely, if you have heard it before, that you will find their name (verbal) coming to mind also - and for some people this is quick, some slow, and for some very nearly impossible. A particular smell may conjure up both a picture of what has caused it and a word to describe it and so on. So this mutual activation of different parts of the brain is a commonplace and yet it is this very commonplace that is at the root of understanding the foundations of hypnosis.

In the above three examples we have started with words. Now move on to see the effect of mental pictures. Here is a way of seeing if **a picture can lead directly to a muscular action**. Let your hand rest freely on a surface such as table, chair-arm or your leg. Picture a thread tied to the end of your index finger. Picture the other end of the thread being held by someone you like, whose hand is about a metre above yours. They are trying to lift your finger without you feeling the thread at all. Keep the picture in your mind for a few minutes, closing your eyes if it helps you to picture things.

A typical response is for nothing to happen for a while, and then the finger starts to twitch slightly and then slowly to lift up into the air. (This type of response is sometimes called "finger levitation" in books on hypnosis.)

Again students especially should try this out on others in various ways. You can ask them to repeat it as you have done it. Or you can be the "friend" lifting the finger by means of an imaginary thread which you are holding. You can expect to find that the time taken varies, and the nature of the movement can also vary from very jerky to very smooth. In some cases there may be a sideways movement rather than a vertical one. At the end of a series of such trials you can decide if you agree that:

- 1) Mental pictures can lead directly to muscular activity.
- 2) It takes a little time for this to happen.

3) The time taken and the nature varies from person to person.

Now how about seeing if **pictures can give rise to feelings**. When you consider the billions of dollars made by a film industry whose main purpose is to create images that will arouse emotions of a variety of kinds, it should not be very surprising that this can happen. But it is as well to try something on the following lines to explore the ways in which internally generated mental images can do the same thing.

The simple approach is to picture a person or situation that normally arouse strong feelings in you. The person could perhaps be someone that you hate or love or fear. The situation could perhaps be one that you find erotic or embarrassing or exciting or frightening. In any case after you have decided on ONE (do not jump about) keep the picture or pictures of your chosen topic in front of your mind for a minute or two. As usual students should also get a number of other people to do the same exercise.

The normal reaction is for a quickening of the breath and an increase in heart rate and adrenaline production together with the particular sensations associated with the particular emotion that you have chosen. You are likely to find that different people respond in a range of ways. In some there is only a very slight effect. In others it can be quite dramatic and rapid. The scenes chosen will of course also be very different.

At the end of this you should have been able to confirm for yourself that:

- 1) Mental pictures can lead directly to emotional activity.
- 2) It takes a little time for this to happen.
- 3) The time taken and their nature varies from person to person.

Now we might try the effect of a picture on a sense: perhaps asking if **a mental image can affect the sense of balance**. The following is one possible way. Think of a situation in which you are rocking or swinging, such as in a small boat, a hammock, a swing, a rocking chair, a rocking horse and so on. Sit comfortably upright and picture the chosen situation for a few minutes. Notice any sensations of movement. You can try a similar thing on others. You should not be surprised by now to find people responding differently. Some will not only feel themselves moving but you will also see their bodies move. At the other extreme some will report nothing. Again check to see if your experiences confirm the ideas that:

- 1) Mental pictures can stimulate activity in the sense of balance.
- 2) It takes a little time for this to happen.
- 3) The time taken and their nature varies from person to person.

At this stage the pattern I have outlined should be quite clear. It amounts simply to this. Activity in one part of the brain (verbal, visual in the examples we have done) can lead to activity in other parts (visual, emotional, motor (connected to muscles), sensory (connected to a sense), in the above examples). The speed and nature of the connection varies from person to person.

A musical sound can activate a picture. A taste can activate a picture or a word. A number can link to a colour for some people. A colour can link to a feeling. A feeling (e.g. of fear) can activate the digestive system and lead to nausea. A touch (as of an animals fur) can arouse a feeling of pleasure or of fear (in different people). The total list is very long, depending on how finely we discriminate the different mental systems. For example vision can be subdivided broadly into perception of shape, of colour, of movement, and some people (painters?) will find it easier to trigger off a perception of colour than of speed while for others (racing drivers?) it will be the reverse. But each of these divisions can be subdivided. For example the part of the visual system that deals with shapes can distinguish the shape of a dog from that of a cat. There are people for whom one of these shapes links to the emotion of fear while the other links to the emotion of love.

THE KEY FEATURES THAT IT SEEMS TO ME COMES OUT OF THESE SIMPLE EXAMPLES IS THAT THE HUMAN BRAIN IS VERY COMPLICATED, WITH MANY PARTS OR SUBSYSTEMS. FURTHERMORE EACH OF THESE IS POTENTIALLY ABLE TO AFFECT THE OTHERS. BUT EACH INDIVIDUAL PERSON HAS THE SUBSYSTEMS CONNECTED IN A SOMEWHAT DIFFERENT WAY.

What is the use of considering these simple examples? It is twofold. The first is that it gets us into a way of thinking that is very valuable when it comes to analysing and solving a person's problems. A phobia, for example, can be understood as the existence in a particular person of a connection between the picture or idea of something and the emotional system of fear. If the idea becomes active in the mind then it activates the fear. In order to do anything about this it is best to start with a clear idea of what exactly the nature of the connection is. As another example of a similar thing, think of the way in which in some people it is possible using hypnotic techniques to help them to overcome an unwanted habit of smoking by connecting the thought or smell or taste of tobacco smoke with the activation of the nausea response. This can be made so clear and strong in some people that it is more than enough to ensure that they stop smoking. It should be clear that the creation of such a connection is essentially the same sort of thing that you have already explored in this section.

You might perhaps say to a friend who smokes. "Experience as clearly as possible the most significant aspect of smoking to you." (For some it would be a picture, for others a taste or a smell, or the sense of holding one in fingers or mouth, or of the feeling in throat, or lungs or body.) "Then just notice if this leads to a sensation of nausea." You need only say enough then to keep their minds on the possible association for a minute or two. Then, as in the other little things we have done, you will find some smokers experiencing a strong feeling of nausea, others a mild one and others none at all in the time. With the first class of people the experience can be strong enough significantly to reduce their desire to

smoke even if they do not stop. Although we will later find ways of intensifying this sort of thing, you should by now see something of the value of starting with the simple approach of this chapter.

I have said that there are two reasons for looking at these simple phenomena. The second is that they, or things like them, appear in older books on hypnosis in one of a number of guises. The two chief ones are as parts of an "Induction Procedure" or as "Tests of Hypnotisability".

I will discuss these different ways of looking at them so that you may compare those views with what I am terming the Morganic approach.

It can be helpful to know that in the past there were two schools of thought about hypnotic phenomena which were labeled "State" and "Trait". Those who belonged to the State school maintained that hypnosis was a "state" that people could be "put into". I suppose that they thought of it as being like a "state of sleep" or a "state of fear". This approach naturally encouraged you to think of what the hypnotist had to do in order to put someone into that state. And each hypnotist or hypnotherapist had his (or, very rarely, her) own procedure, which consisted of stringing together a number of steps each of which was an item of the kind mentioned above, or of a slightly different class that we will meet in the next chapter.

A hypnotist might start by using words to act directly on the muscles of clasped hands to make them lock together. He might follow this up by getting someone to stand vertically and then acting on the sense of balance to make them feel that they were falling, while simultaneously using words to activate all the muscles of the body to make it rigid. He would then catch them and lower them, rigid, to the floor. Further steps were taken of a similar kind. The cumulative effect would be to create and enhance the idea in the mind of the "subject" that they would do whatever he said. This then made it possible for the hypnotist to suggest increasingly amusing responses. (It is perhaps worth noticing that he would never, however, have the power that the army sergeant achieves over months of training: HE can use one word to get a man to walk forward into a hail of death-dealing bullets.)

Opposed to the State theorists were the Trait theorists who said that far from it being the case that power lay in the hypnotist, all that was happening was that a natural capacity or trait in the subject was involved. On this view hypnotisability is something like introversion, or IQ, or musical ability: it is something that pertains to an individual, and can be measured by various tests. And what are those tests? Well, they turned out to be the same sort of thing that we have seen above. A typical Test would consist of a short sequence of items of this kind, and a scoring method: "Score 1 if the hand move significantly together within 2 minutes." People who collected a high score on such a test were regarded as being very hypnotisable. Those with a low score were regarded as being poorly hypnotisable. An example of such a test is given in [Chapter 8 of The Principles](#).

Entertainment hypnotists, a band not renowned for their interest in theory, acted as if they came from both camps. In the earlier steps of their acts they would use one item - usually the one of forcing hands to stay clasped - to select from the audience those who they could expect to make the best subjects. Implicitly this is saying, "I can't do anything without a good subject." But then they proceed as if, "This

is all my doing. I am putting you into a state of hypnosis."

In recent decades the State vs. Trait argument has died down, with neither side having won a victory. Most practising hypnotherapist would accept that there is some truth on both sides and get on with their main job of helping people.

You can now compare the two ideas above with my pragmatic view that it is totally normal for the many subsystems of the brain and nervous system to be interconnected in different ways and at different times. If you want to say that that it is a trait of a given person that a particular pair of subsystems interact in a particular way, then I would largely agree. You will have observed some of this. I would, however, argue that it is possible to learn to alter the nature of the connections, so the trait cannot be regarded as totally fixed. Any learning experience is an example of this on some scale. When you learn the name of some object you are in fact creating a new connection between the verbal and visual parts of your brain, for example.

If on the other hand you want to call what happens when only a particular collection of subsystems is active "an hypnotic state" then you are free to do so, though I would simply note that it has proved impossible to find ONE such collection, so that you have simply found one of many possible "hypnotic states". In practice I avoid the use of the word "state" myself because of this vagueness, preferring to be more precise and instead to describe what is happening in a particular person at a particular time by a fairly detailed list of what systems are active and inactive, and how they are interconnected.

There IS a family resemblance in what is going on in the minds of people who are regarded as being "hypnotised" and that is characterised by the fact that most of the systems that deal with the outside world are inactive and that there is a tight focus on those internal systems that remain active. However this is a broad generalisation not a precise definition. Within this broad generalisation you can have people who are in fact aware of intense internal pictures, perhaps of the past, or of a part of their body (one client saw himself walking through his soot-caked lungs), or of certain sensations, or of feelings, or of the absence of sensations, or of floating, or of nothing except my voice, or of scents, or of a dead relative and so on. The brain waves of such people will be quite different; their experiences will be quite different; their internal chemistry will be quite different. There is too little that they have in common to make it very useful to use just the one word to describe them.

Nevertheless the generalisation that they all tend to have a focused or limited awareness compared with normal, outward oriented functioning makes a useful step towards the matter of the next chapter. You have probably already noticed in the above experiences that they are most effective if the mind is focused. If there are no distracting thoughts. If there is nothing else distracting happening. In other words it is best if there is no other mental activity. If other mental and physical activity is switched down or off.

In the next chapter we will be exploring in the same practical way examples of this to complete our survey of the elementary building blocks of the practice of hypnosis: the fact that changes in the activity in one subsystem can lead not only to an increase in the activity of another, but also to a decrease.

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Chapter 1S. Supplimentary Material on Simple Connections.

I assume that you have first read the simpler [Chapter 1](#). If not it is best to read it first.

In that chapter we focussed on how two major systems in the brain - the verbal one and the visual one - could be used to activate other systems.

Now these are the most common starting points from which to make changes, but it is as well to be aware of other possibilities, which we will next explore.

It is also necessary to say that in practice it is seldom the case that we can be certain that these two can be said to be active without the other. It is conceptually useful to distinguish the two. And in some people we may be able to activate one without the other.

To be continued....

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Chapter 2

Switching off systems.

In the previous chapter we looked at ways in which activity could be switched on which were sometimes obvious and at other times rather unfamiliar. And we concluded that the effect was easiest if the mind was relatively focused at the time. We can perhaps picture focus as being like throwing a spotlight onto a singer on the stage, with all the other lights in the house switched off. In a focused mind the spotlight of attention would be fixed on one theme while there are no distracting other thoughts or mental activity.

In this chapter we will be exploring this area of how to **switch off** various systems.

We will start with **reducing the activity of the muscular system and its related nervous system**.

There is one very important fact about muscle tissue that is worth bearing in mind in this context. It has no direct Off switch! ANY electrical message, whether delivered via the nerves or via wires switches a muscle On: it makes it contract. There is no electrical signal that can direct a muscle to expand. That is the reason why throughout the body muscles occur in pairs. You have one muscle to curl a finger and another to straighten it. You have one muscle to bend the knee and another to straighten it. When you are walking your body runs through a sequence of first tensing one muscle and then the other. The one that is NOT being tensed gets stretched by the action of the other. Then the action is reversed.

Incidentally much chronic or long lasting muscular pain is a result of a pair of muscles being SIMULTANEOUSLY active or tense. They are each pulling against the other, but nothing is moving. This can often be seen in "stressed" people, in which there are two mental systems also fighting against each other: something we will see later in this book.

If you have clearly in mind this basic physiological fact that ALL electrical activity reaching the muscles cause them to contract then it will make clearer the basic notion that you cannot ORDER a system to switch off, but that if you stop it being activated then it will slowly subside into a resting or nearly inactive condition.

The first exercise in this chapter is something that might be familiar to you. It is a relaxation technique that is sometimes called "progressive relaxation". Something similar can be met in ante-natal clinics; stress-relief courses and so on. But it is also a common starting point for many hypnotists. The simple idea is that you pay attention to a particular muscle or muscle group and think "relax", NOT in a spirit of "For heaven sake, RELAX! I tell you. RELAX!!" but rather of, "I am asking nothing of you now and so you can stop doing anything, you can go to sleep." Alternatively you can use the word "sleep" rather than "relax". It is not that YOU are going to sleep but that a group of muscles are going to sleep.

(A very common misconception about hypnosis is that it feels like going totally asleep. Some people are

disappointed if they do not feel that they have lost consciousness.)

You can proceed like this. Sit or lie comfortably. Let your mind rest on your right hand. Think "sleep" or "rest" or "relax" or some other word that you find particularly appropriate. Then repeat it with pauses, just as we have done for other things in Chapter 1. If you are working on yourself you will of course be continuously aware of progress. If you are working on another it is helpful to ask every so often, "How is it going?" so that you know what progress is being made.

Continue for a few minutes. At the end of that time you should find that your hand does indeed feel very relaxed, and more relaxed than when you started. Again it is essential for students and useful for others to try the same thing with others, both with them saying their chosen word and with you doing it for them.

And you should find the pattern of responses that should have arisen so often that I will call it the Standard Finding: there IS a response; it takes time and it varies from person to person. There is no magic in this. It is simple and natural.

Note that although we have focused attention on the hand, what has primarily stopped happening is the activity in the nerves leading towards the muscles of the hand. And this has resulted in a drop in the activity of the muscles themselves because they have stopped receiving "contract" messages.

Once you have demonstrated for yourself the ability to switch off all right-hand related activity you can proceed to some other group of muscles such as the left hand and repeat the process, with yourself and with others. And you will not be surprised by the Standard Finding: that these muscles too will slowly get less and less tense, less and less active. You may also notice the now familiar small variations between people. In some, for example, the process is accompanied by a series of small twitches. In others there may be feelings of warmth or cold or tingling and so on which accompany the process.

Beyond that you can continue to pay attention successively to all other major muscle groups, relaxing each in turn in the same way. As far as I know there is no magic about what order you do this in. Some people like to start with the feet, then calves, then thighs, then lower body, then back, then chest, then shoulders, then upper arms, then lower arms, then hands, then neck, then face and then scalp. Others will reverse it. But I have often jumped about with just the same effect. When working with others I will ask how things are progressing and if any particular group of muscles feels tense. That group will then get more attention, coming back to it repeatedly in between relaxing other, easier groups.

Neither is there some magical pattern of words which are automatically better than any other for a given person. But if you have experienced hypnotherapy or progressive relaxation you will generally have found that far more complex patterns of words are used than I have presented above. We might find something like, "And as you relax, every nerve, every muscle, every organ is entering a state of bliss, of total peace." Or they might be like: "You are sinking deeper and deeper, deeper and deeper into a state of total relaxation, total peace. And as you relax you will feel SO secure, SO safe, SO contented, that you will feel able to relax deeper and deeper." What is the function of such sentences?

I would like you to observe that what is really happening here is **that words are being used to arouse certain feelings**: feelings of peace, safety, contentment and so on. This is a perfectly good procedure. We have seen in Chapter 1 that words can activate feelings. IF **the feelings activated have the effect of reducing activity in the nerves leading to the muscles** then this will naturally speed the relaxation up.

But for students particularly it is very useful to be aware of what you are trying to do with a particular person. By all means use emotional, poetic language, but do so knowing that you are using it for a specific purpose.

Another kind of approach that you will find mixed in with some relaxation procedures is something like this. "Picture yourself lying on golden sands." Pause. "The sun is shining warmly and you feel totally relaxed." Pause. "You are on holiday and all tension is going from your body." and so on.

It should be fairly clear that what is happening here is an attempt to activate certain pictures in the mind: pictures of being on holiday, in this case. IF it is the case that those pictures are associated with being relaxed then this can be worth doing. We are then **using pictures to inactivate the muscles**, in a way similar (but opposite) to what has been done in Chapter 1.

However students, in particular, should note exactly what they are trying to do. In particular you should be asking yourself, "Do I KNOW that these pictures lead to relaxation." This can actually be very important! There are some people who HATE lying on the beach in the sun. All the suggested picture will then do is to activate a great desire to move away and muscular tension will result.

Explore these three avenues for yourself.

I will suppose that you have first tried the direct path from words to muscular system as described above. Ideally you should try the two other approaches on other days. If you run them one after another then you will start the second on a person who is already uncommonly relaxed from the first, and so you will not be comparing like with like.

You can then try to use words purely to arouse certain pictures which are associated with relaxation. The broad pattern is the same whether you are trying things on yourself or on others. First of all we need to know a situation that you or they find relaxing. This might be anything. Common scenes include the beach, a cosy fireside, a woodland dell, a garden, a childhood bedroom, sitting with a pet, lolling in a bath and lying in bed, but it could be anything.

Then you arouse these pictures in your mind or the other's mind, perhaps by gently repeating certain key words. But since we are interested in how much effect the pictures alone are having on the relaxation try to avoid words such as "relaxed", "calm", "sleep" and so on that might have a direct effect. Continue for about the same length of time that you used for the direct relaxation by means of simple words and directed attention. And again feel free if you are working with another to ask for progress reports so that

you know what is going on. Then see if any clear pattern emerges FOR A GIVEN INDIVIDUAL. You may discover that one of the two approaches tends to give the better result for one person and the other for another. For, as always, people vary, and we have no way of knowing without trying.

Here is an example or two of such an approach.

"You have told me that you find the idea of a fireside relaxing. So just close your eyes and start to picture it. See the flames. Is the fire wood or coal?"

"Wood" (*When I give a supposed reply to a question which could be different then obviously what I say later would be changed following a different answer.*)

"See the wood crackling. See the glowing of the wood. And perhaps you can now also see the fireplace." (Pause.) "And any ornaments on it." (Pause.) "Tell me about what you see."

"It is an old-fashioned fireplace. There is a clock. And candlesticks. And some brass things. The mantle is wood."

"That sounds very nice. I wonder if there are candles in the candlesticks, and what is the lighting like in the room? Look around and see."

"There are some candles above the fire. Nothing else."

"And how are you sitting?"

"I am curled up in a chair in front of the fire."

"Look at the chair. Is it old or new; is it comfortable?"

"It is old and very soft. There is a cat on it with me."

"That is fine. so just go on for as long as you like, just sitting curled up with the cat. Watching the the flames." (Pause.) "The fire." (Pause) "The clock" (Pause.) "The candles' flames." (Pause) "For as long as you like."

The client may continue to enjoy the scene for a long time - I have known one to remain for up to an hour!

The purpose of the above is very clear. It is designed to arouse in the mind a very clear picture of being in a certain place. In the context of this chapter the place is chosen because it is supposed to be associated with relaxation for the given person.

In the context of hypnosis the word SCRIPT (cf [Glossary](#)) is used for something like this. However it is worth emphasising that in the above the scene is **PRECISELY TAILORED** to the tastes of the client by means of the question and answer format. This tends to make it far more effective than if the client is merely placed in a setting that the hypnotist finds relaxing for obvious reasons.

It should also be noticed that for clarity in explaining the subject the above approach has avoided not only words which relate directly to relaxation, but also words that would suggest sensations, or sounds or indeed anything but pictures.

On another day you might try an approach in which you attempt purely to activate appropriate emotions and see how effective they are in altering muscle tone.

The approach, at its simplest, is to sit or lie with eyes closed, and with an intention **NOT** to dwell on any pictures that come to mind. Instead you will be repeating to yourself "I **feel** wonderful." Pause. "I **feel** calm." Pause. "I **feel** happy." and repeat ad lib. The idea being to see if you can work solely on arousing the feelings and then see how effective they are for you in switching off muscle tone. And of course students should attempt the same on a number of other people. As a model to start with you might try something on these lines.

"Now just close your eyes and tell me how you **feel** - and by this I mean things like stressed or contented, anxious or calm and so on. This time we will not be bothering about physical sensations. Just focus on any feeling that would stop you from being relaxed. So how would you describe your present feelings in that light?"

"Nervous. Worried."

"OK. Now we are just going to emphasise the opposites to those. What would you say the opposite to 'nervous' is? Calm? Contented? Anything else?"

"Calm would be fine."

"Right. We will just keep your mind on the simple idea of being calm then." (Pause.) "Calmer and calmer." (Pause.) "Calmer and calmer" (Pause.) "Don't hurry or worry. Just keep the idea of calmness pure and simple grow." (Pause.) "Calmer and calmer." (And continue on these lines for a few minutes or more.) "Now how do you feel?"

"Calmer."

"But you could be calmer still?"

"Yes, a bit, I think."

"We can come back to that then. But first are there any other feelings?"

"I am still worried."

"What would be the opposite to that?"

(Pause) "Confident?"

"Right. Then we will emphasise a feeling of confidence for a while. There is no need to force it, or even to believe it. As you will have seen with some of the earlier exercises, there need be no effort involved. Just focus on the thought of confidence." (Pause.) "Just feeling more and more confident." (Pause.) "A pure feeling of confidence just washing away the feeling of worry." (Pause.) "Confidence." (And again this can be continued for a few minutes, slowly, with no hurry.)

This type of process, which will be different for each person, can obviously be continued until we find that in response to questions about feelings the answer is in all ways conducive to relaxation.

Again you will then be able to form an idea of the extent, with a given person, this simple procedure leads first of all to feelings which could go with relaxation and secondly how well they act to trigger off relaxation.

As a result of the three different approaches you will then have an idea of the relative value and consequences of the three basic approaches: direct on the muscular system, via the imaginative system or via the emotional system.

If you are doing this work on yourself then you will thereby have developed some potentially very useful self-knowledge.

If you are a student of hypnotherapy you will have already have learned something that no other book seems to teach: some of the reasons WHY certain things appear in inductions, and therefore a far greater ability to create inductions for yourself which will be far more tailor-made to a given client.

The other valuable habit that should arise out of this groundwork is that of ASKING THE CLIENT WHAT THEY ARE THINKING/FEELING. This is something that we will return to many times. For reasons which probably stem from the old authoritarian - "you will do what I say" - ideas of hypnosis, older books tend to assume that the hypnotist is doing all the talking and the client should NOT be encouraged to say anything. There are times when, for particular reasons, this might be true, but for a far greater part of the time the value of knowing what is happening is enormously more important. In the above exercises, in which we are making no pretence that anyone is "hypnotised" and so can comment freely on what is happening, the habit of listening should be encouraged.

Once your mind starts to move in the Morganic way, of looking at the systems that you are deliberately activating to get the required response, you should feel motivated to explore other avenues. Here are some suggestions.

We have used the verbal system, but what about the musical subsystem of the auditory system of the brain? For many people the activation of this system by a particular kind of music leads to a relaxing effect. Note that the music might well not be a gentle flute. There are people who find a heavy drum-beat relaxing.

And what about the olfactory system - smell? For some people the activation of this system by certain smells can lead to relaxation: a fact used in aromatherapy.

And what about the sensory system? The touch of a human hand can in some people lead to relaxation. Aromatherapy again seems to make use of this connection, as do some other physical therapies. But why not generalise this? Just holding a hand might produce this effect. Are there some particular other touches - such as pet fur, or the touch of a furry toy - which would, in a particular person, lead to a relaxation of the muscular system.

And what about that somewhat higher system that I will call mirth? I have sometimes had the most wonderful relaxing effect on people by activating a very strong sense of amusement leading to laughter.

And what about the sensation of rocking? Or of being in water? And ... see if anything else comes to mind.

"BUT" you might be saying, "I cannot provide all those things!" Do you expect me to provide a hundred kinds of music; to train in aroma therapy and fill my room with its scents, to have a rocking chair, furry toys and so on all to hand?

And the answer is, "You can always conjure them up! IF they are significant triggers of relaxation in a person then there is a very good chance indeed that you can activate the appropriate system by the techniques we learned in Chapter 1. If someone responds to the touch of a pet, for example, then there is every chance that you can evoke the response via words or pictures, and you should have seen that music and rocking can be evoked with no expense other than a few minutes of time."

That is the wonderful economy of hypnotic techniques. Students of healing in cash-poor economies note especially can note that they need no High Tech and expensive technology, and yet are wonderfully precise: we can pinpoint very particular parts of a person's mind and body and affect them in a way that NO surgeon, NO drugs can begin to match. The techniques of hypnotherapy are powerful, precise, and capable of being developed far further than they have to date once their true nature is understood.

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Chapter 2S. Supplimentary Material on Switching Off.

The first idea that it is well worth getting into mind before we start is a key difference between organic and inorganic systems when it comes to switches. The electrical switches in your home are double action: ON and OFF. As a general rule organic "switches" in the nervous system are either ON switches OR they are OFF switches.

The cells of our nervous system - called neurons - have a quite specific action on each other. When one cell sends a message to the next it either in effect says "get more active" or "get less active" - one or the other. It cannot at some times say "get more active" and at other times "get less active".

MOre to come...

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