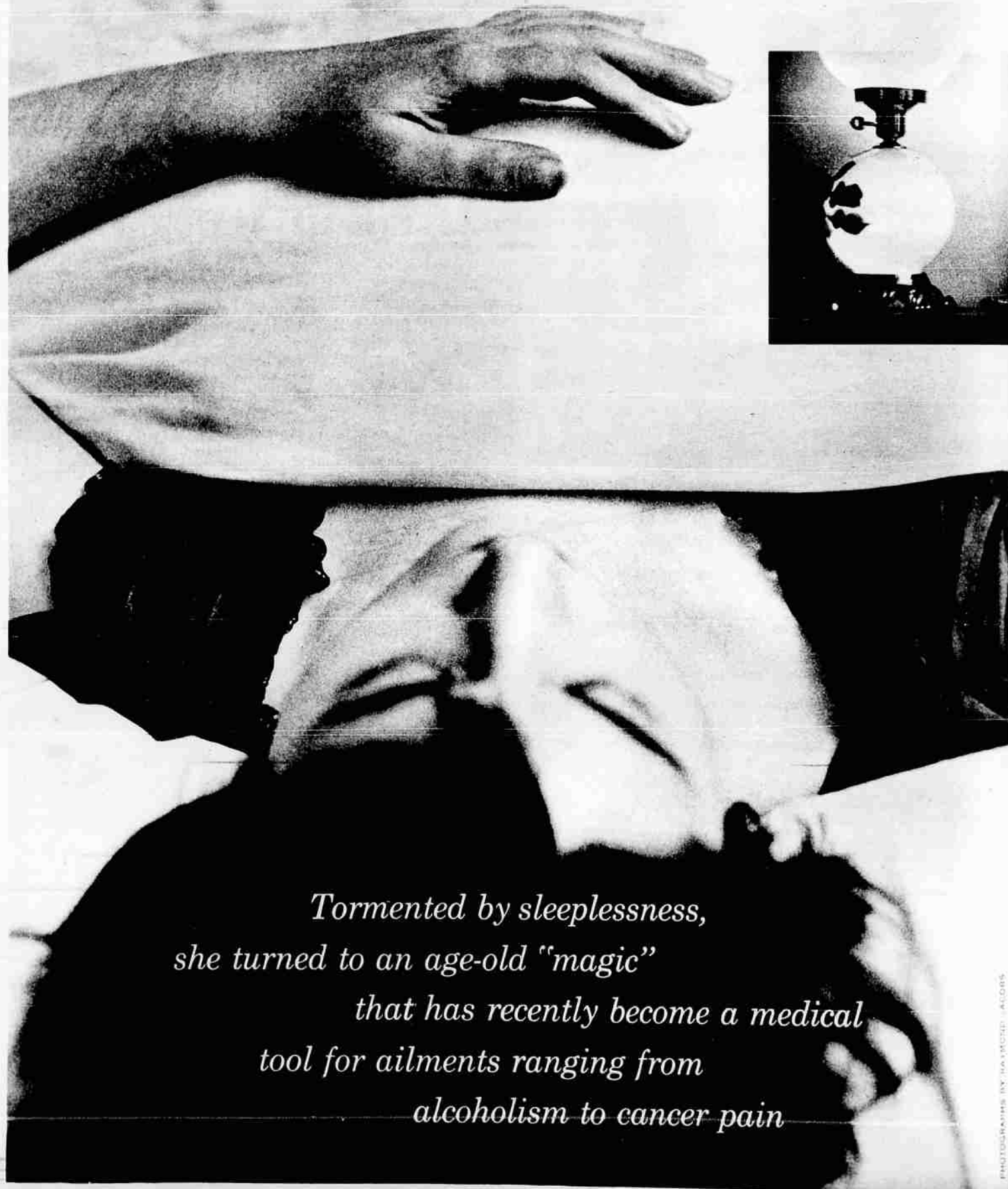
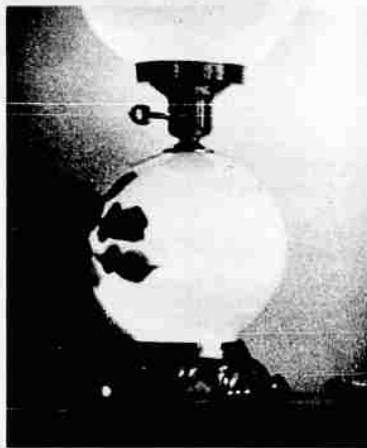




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alcoholism to cancer pain*



I LEARNED TO HYPNOTIZE MYSELF

By FRANCESCA LIBERTE

COULD I HYPNOTIZE MYSELF BACK TO SLEEP?

It was 3 a.m.—the time I'd come to think of as the Awful Hour. It was the hour I would awake every night—though my body still begged for much-needed sleep—and remain awake till morning. As I thrashed about wildly, tormented by nerves nearing the breaking point, I came to understand how frantic insomniacs could drug themselves to death.

This time, however, I prayed it would be different. I'd been "trained" to use self-hypnosis by Dr. Louis Wolberg, a pioneer in hypnotherapy. Lying as quietly as my nerves allowed, I began to concentrate on the "four-point technique" I had learned in Dr. Wolberg's office.

Five hours later I had my answer. I don't know, of course, at what precise moment I drifted off, but I did. I awoke at 8 a.m., refreshed with sleep. I hadn't felt so wonderful in three years!

I was one more person who had been aided by self-hypnosis—a medical tool which has enabled scores of people to cure themselves of a myriad of disturbances from migraine headaches to high blood pressure and alcoholism.

It is a tool that some doctors believe will be as big a boon to mankind as anything discovered in medicine in the last 20 years—including the antibiotics.

Much has been learned about medical hypnosis, but the average person seldom can take advantage of it. Either he cannot afford the costs involved, or he doesn't live where services of a qualified physician-hypnotist are available, or he does not have the time that hypnotherapy takes.

This dim picture, however, is now brightened with the coming-of-age of self-hypnosis, or self-hypnotherapy. If you are a person who can be hypnotized at all, then you can be taught to hypnotize yourself—and help yourself.

I turned to self-hypnotism because I suffered from the tortures of insomnia. I had always been an excellent sleeper. But because of a personal problem, a full night's sleep became impossible. After a time, my problem was solved, but I was stuck with a bad habit—waking up every night around 3. I wouldn't drop off again until 7 or 8, the time I should be getting ready for work. I tried

everything from "shut-eye" drugs to counting sheep. None worked.

Finally, I turned to Dr. Wolberg, clinical professor of psychiatry of New York Medical College, whose two-volume work, "Medical Hypnosis," is a standard textbook.

Dr. Wolberg refused hypnosis until he learned the cause of my sleeplessness. Treating the symptom—insomnia, in my case—without treating the illness could harm the patient rather than help.

From me, Dr. Wolberg learned that my wakefulness no longer was motivated by a personal problem. It was a bad habit that needed to be routed.

This could be done through hypnosis. But it would take a series of hypnotic sessions to overcome a habit as deeply ingrained as mine. Even if I could afford it—and I could not—the doctor could not afford that much time.

The answer was to learn self-hypnosis.

Self-hypnosis, he explained, is no more harmful than putting yourself to sleep. In fact, it is the state between being awake and asleep—that wonderful zone of disembodiment all of us feel as we drift off. At this stage, the mind is highly susceptible to suggestion. So the doctor-hypnotist induces this state artificially so he can superimpose his "good" suggestion—"go to sleep," in my case—on the patient's mind.

Before the first step of hypnotizing me, the doctor requested I remove any apparel that was too tight. Such encumbrances prevent muscles from total relaxation. My pumps were a little tight, as was a suit belt. These came off, and I was ready.

There was no mystic passing of the hands, nor swirling lights. I sat slumped in a large comfortable armchair, legs stretched out, and eyes closed.

Using the following four steps, the doctor quickly had me "under":

1. He asked me to breathe rhythmically, deep and slow, clear down to my stomach. At the same time, I must put everything out of my mind and just listen to my breathing.

2. Next, he caused a progressive muscular relaxation. Starting from the forehead on down to the toes, he called out muscle by muscle, suggesting that each relax.

3. Still listening to my breathing, now with every muscle relaxed, I was told to think of something that puts me to sleep. I pictured myself lying face down on a hot beach, the blazing rays of the sun on my back.

4. He then told me he would count from one to 20, at the end of which time I would be asleep. Slowly he counted, also suggesting I would be able to sleep at night. Over and over, in different ways, he said in effect: "You are not to worry about sleep because you are going to be able to put your problem out of your mind and go to sleep."

THE INITIAL SESSION took about 25 minutes. I went home to face the night with what I hoped would be a weapon against the agony of wakefulness. I didn't have long to wait. As usual, I awoke after only the briefest sleep, and tried the "magic" of self-hypnotism. It was a heartbreaking flop!

Time after time, I had to pull my thoughts back to what I was trying to do, but my mind kept wandering. I found I simply could not concentrate. Nor could I relax—and this is why you need the help of a hypnotist. Most people cannot relax simply by talking themselves into it. Given time, however, the hypnotist can condition us to do so.

It took nearly half a dozen sessions with Dr. Wolberg before I was ready to work alone. And then, as I listened to my deep, rhythmic breathing in complete muscular relaxation while recalling Dr. Wolberg's words, I would fall asleep as I was counting to 20. I never did remember counting all the way. Long before the full count, I was blissfully asleep.

I discovered one thing: if I made myself concentrate on step No. 1, a pyramiding process naturally followed, and the remaining steps came about almost effortlessly. In time, the whole process telescoped into one procedure.

There is no pat formula for self-hypnosis, however. As in any medical treatment, each patient is given an applicable prescription. The four-step routine I learned might be entirely different from one prescribed for others.

Take the case of another of Dr. Wolberg's patients, Mrs. D., whose cigarette smoking had gone beyond normal usage and become virtually

(Continued)