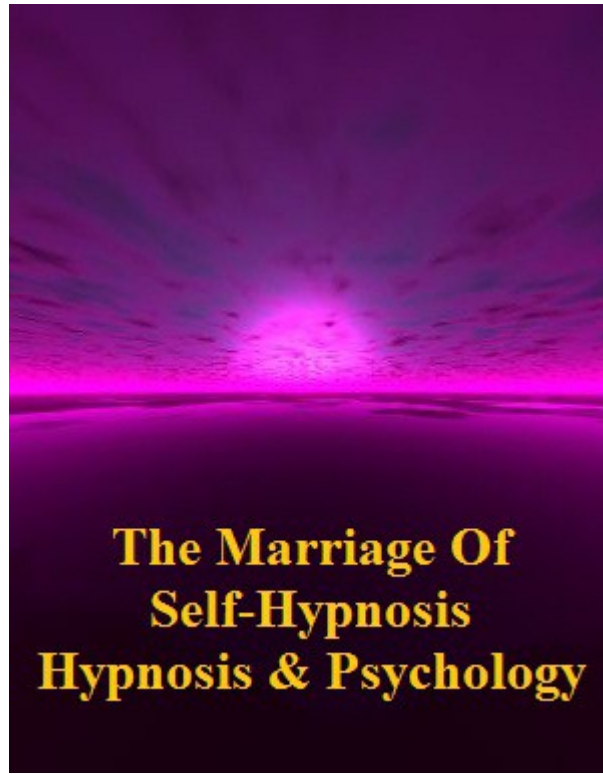


# The Marriage Of Self-Hypnosis Hypnosis & Psychology



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## **Awaken your senses through self hypnosis**

The modern world has brought people a lot of preoccupation. It made living faster yet complicated, it made interactions wider yet shorter, and it made communication easier yet brief. Despite the so many preoccupations brought by media created by people, there are also those who would want to get back to their original self and connect with it in the most basic possible means. One of these is self hypnosis. Defined as a "process involving a hypnotist and a subject who agrees to be hypnotized," self hypnosis is characterized by intense concentration, extreme relaxation, and high suggestibility to both parties.

Experts say that the self hypnosis is versatile. In fact, its versatility can be quite unparalleled. Today, self hypnosis can take place in various social settings and continue to change social settings dramatically. Unlike before where settings of self hypnosis are quite limited, today the sessions between the hypnotist and the subject can take place in common places such as clinics, showrooms, classrooms, and even to open spaces and establishments.

Other experts use self hypnosis in order to recover suppressed memories of people who have had bad experiences to help them overcome the problems that they are dealing with right now while other psychologists and hypno-therapists use hypnosis to discover hidden truths from a person's ordinary consciousness. This is done by tapping into the unconscious state or mind where information are believed to dwell.

### **GETTING INTO SELF HYPNOSIS**

Many perceive that self hypnosis as a trance-like altered state of a person's consciousness while others believe that it is a way of accessing a person's unconscious mind that is filled to suppressed memories, repressed multiple personalities, various magical insights, and unforgettable memories of the past life. But, in the world of psychology, self hypnosis is considered as altered state and gateway to knowledge about one's self and the universe he or she is living in.

Today, self hypnosis is not only used for treating various behavioural problems but also for self-enhancement and improvement. If you are planning to get into hypnosis or self-hypnosis, there are so many things you need to consider. Experts say that self hypnosis is one of the excellent ways of taking control over one's life. In fact, it can be used as means of disciplining yourself if you want to achieve a specific goal. For some people, self-hypnosis is advisable if you want to achieve something and utmost dedication and discipline is needed. Hypnosis introduction can benefit those who would want to lose or gain weight; those who want to boost their self-confidence; and those who would want to overcome their fears or phobias because it can help them contemplate a lot on the things that they need to do.

If you are planning to get a course on self hypnosis, you can expect that it can teach you to reach your subconscious mind through bypassing your conscious mind as well as how to communicate with your subconscious mind, methods of

creating your own hypnosis scripts and visualizations, how to design and use affirmations, the effects and use of symbols on the subconscious mind, how to understand which methods will be most effective for you personally, deepening your trance state and using visualizations, adapting to scripts to suit various problems, how to change your personal history and plan a more effective future and how to understand your dreams as well.

## **Basic methods for self hypnosis**

As defined, self-hypnosis—also called "auto-hypnosis"—refers to a form of hypnosis where self-induction is used. Here, the person who practices self hypnosis uses "auto-suggestion" or self-suggestion to be able to adjust or overcome certain conditions or situations. In most cases, self-hypnosis is used as a therapeutic supplement along with hypnotherapy.

Before getting into self hypnosis the best way to go is to research about it thoroughly first. Through research, you can get extensive information about the practice and you will have a better understanding how it would benefit you the most. You can do your research by getting online and surf websites that offer information aligned with the practice. Because of the easy access to information today, you can get almost anything you need to know about it in an instant. In fact, with so many pieces of information about it, you might be overwhelmed. It would be better to be specific on the topics that you really would want to know about so you won't be wasting your time searching for seemingly list of sites.

Aside from the Internet, you can also get information on various books as well as different magazines. Here, you can find interesting articles that can give you a better understanding of the practice especially on the methods that can be used according to the level of skills of the person.

If you are planning to [conduct self hypnosis at home](#), it is best to ask people who have been practising it for the basic methods that you can use. If you personally know people who are doing self hypnosis, it is best to get first hand information from them. Although you can get it also from the practitioners outside, it is still better if you get the facts straight from the people that you know. By doing this, you can get the best tips and advice on how to start with the practice and carry on with it for your personal as well as spiritual growth. Once enough information has been gathered, one can now start with self hypnosis.

### **Methods that are being used in self hypnosis**

Experts in this field say that for self hypnosis to be successful, one should rely on the basic methods and learn them well. A considerable amount of knowledge on the basic methods will somehow help him or her be more familiar with the process and

eventually be able to do it easier.

Today, most of the self hypnosis methods and techniques that are used may include induction procedures, methods for communicating with the subconscious part of the person's mind and suggestion formulation and application. Here are two of the most commonly used methods for self hypnosis:

1. Self Hypnosis induction script. This refers to the induction talk for people who will be practising self-hypnosis. For many people, they can use this as a guide to thinking their way down. In many instances, this is being recorded and can only be listened to during the practice itself.

2. Auto-questioning. This refers to the set of methods and techniques that are used to get information right from the person's subconscious mind. Many people who practice self hypnosis use its subset, ideomotor questioning the most because the information gathered here are primarily used for correcting suggestions to change as well as acceptance and confirming of the person's subconscious.

## **Frequently asked questions about self-hypnosis and their answers**

### **Is it true that you can find out more about yourself when you do self-hypnosis?**

Yes. Because you will be dealing with the subconscious, you may discover some facts about yourself that you may not know before. This is not some mystical fact or some unconscious secret. For the most part, you will become enlightened on the things that you sometimes hide from yourself. You will even realize hidden motivations and repressed feelings that in some ways can help you become a better person.

### **Is it safe?**

When in the hands of professional hypnotists, it is. The problem is with most reports is the fact that they blame the procedure when it is the individual's fault. News of hypnosis sessions going awry is not the fault of hypnosis as a science but amateur and fake hypnotists. That is why it is important to research the background of hypnotists first before a person even makes an appointment. Remember that this person will have control of your mind for while. If that is not reason enough to really make sure they're legitimate, I don't know what is.

## **Can self-hypnosis make a person highly suggestible and easily influenced in real life?**

Yes to the first question and no to the next. Regular practice of self-hypnosis can improve a person's response to hypnosis. Sessions will be easier and faster and they will be able to make the most out of their self-hypnosis procedures. You will however be only highly suggestible during your own self-hypnosis sessions. This is because your brain has gotten used to it but if you hypnotize yourself for a completely different thing, it will be back to square one. This is also not something that will spill over your daily grind. People will not become easily influenced just because they practice self-hypnosis. Besides the better that you understand how "suggestions" work, the more you will know how to resist other people's subtle attempts at manipulating you.

## **What are things that you can use self-hypnosis with?**

Some of the most common things that people use self-hypnosis for is changing an existing mindset and personality. A person for instance who easily angers can learn to be patient through self-hypnosis. The same goes with a person who cannot stop talking or gossiping. Students have also used self-hypnosis to improve their grades and enhance learning. Hypnosis is after all can improve one's memory and level of concentration. There are some who have claimed that it also works wonders with relieving pain in the body. Hypnosis can make a person forget about the pain or not feel the pain at all. Although only a few cases of addiction have been associated with self-hypnosis, it has been linked to smoking cessation. Reports however on its effectiveness are still mixed and there is still a need for new data.

## **Can it improve sports performance? If yes, can it strengthen a person?**

Some people have also claimed to using self-hypnosis to improve their performance in sports. This however does not make a person stronger. It cannot affect or change a person's physical make-up. However the change in the performance may be brought on by an improved level of concentration as well as a more fearless attitude. Fear can sometimes make us hesitate even when we are already doing what comes naturally to us.

## **Managing stress through self hypnosis**

The stress levels of people now are much higher compared before. This is one of the reasons why more and more of them are finding ways to manage stress so as not to affect their overall health. One of the ways that people—especially those that have super stressful jobs—prefer is self hypnosis. This is because the practice can help them relieve and manage stress the most natural means possible.

## **Why use self hypnosis?**

When the word "hypnosis" is mentioned, many people are hesitant to try it because of the common misconception that it can manipulate one to do things beyond his or her wishes. Not many of them realize that this is not always the case. If truth be told, hypnosis—through self hypnosis—can be one of the best therapeutic tools that a person can use. This is because people can use this in overcoming their fears. It will also be able to help them in withstanding pain and manage varying levels of stress that they experience in their lives.

Nowadays, the horror of hypnosis is being changed because of the rise in awareness in its seemingly endless possibilities by using it in a therapeutic way. In fact, more and more establishments now are quite open to give hypnosis services to people. This is to prove that hypnosis can be a good thing if it is practiced or conducted by a licensed or a professional hypnotist. It is good to take note the are various types of hypnotists. In the industry of hypnosis, types of hypnotists include showroom hypnotists that usually work in bars and clubs and whose subjects are those people whose idea of good time by joining hundreds of people in places where alcohol is used as a social lubricant and clinical hypnotists, on the other hand, are those who deal with people that have problems and those who consider hypnotherapy as a means of relieving pain and overcoming addiction, fear and confusion.

But, if you still don't have enough trust to other people in hypnotizing you because they might cause you to do something without your consent or proper awareness, it is best to conduct self hypnosis. This is because you are quite sure that nobody would try to hurt you or make fun of you since you will be conducting it yourself. Aside from ensuring that you are safe, you will also be able to save lots of time and some money since you won't have to travel all the way to a certain clinic and pay for the services of the hypnotist. All you have to do is do some research and you will learn how to use your own voice during the process.

## **Self hypnosis as a stress buster**

Many people are finding it best to use self hypnosis as a stress buster because it does not really require so much time, money or effort. In fact, many people would agree that self hypnosis can be one of the easiest means of relieving stress by means of being in a relaxed state where you can directly address the tensions that you feel and somehow trigger your body's response to relaxation. This is helpful to be able to avoid chronic stress that may lead to many health problems. It can also help you achieve a healthier life because it can lead you to develop good habits that can veer you away from activities that have harmful effects not only to your physical body but to your emotional state as well.



## **The benefits of self hypnosis**

Nowadays, people are now going back to older and natural practices because they know that the modern times have been causing them too much stress. Of all the means of relaxation out there, more and more people are looking forward to experience the benefits of self hypnosis. Because of its effectivity in terms of calming the mind and developing a person's level of intuition, self hypnosis has now being performed not just a means of clearing the mind and inner reflection but also to heal various illnesses in the mind, emotions, and physical aspects.

### **Self hypnosis and its benefits**

One of the most celebrated benefits of self hypnosis is that it greatly helps the person's physical state. Among the physical benefits of self hypnosis involve the heart through a deep rest because it decreases the person's metabolic rate as well as the heart rate, which leads to the reduction of workload for the heart. Also, self hypnosis can lower the levels of a person's cortisol as well as dissolving the chemicals that are closely associated with everyday stress. Other physical benefits of self hypnosis also include reduced free radicals in the body by eliminating oxygen molecules that are unstable, decreases a person's high blood pressure, develops the ability to have more resistant skin, improve air flow to the lungs to aid easy breathing, and delays biological aging in older people.

When it comes to psychological factor, self hypnosis aids in increasing the person's brain wave coherence, decreasing anxiety levels, often irritability, deep-set depression, and swing of moods, improves the person's memory as well as his or her learning ability, increases the person's ability for self-actualization, increases the person's feeling of youthfulness and rejuvenation as well as vitality, leads to positive outlook in life and joyfulness, and increases a person's emotional status and stability. Other noted benefits of self hypnosis for an individual and his or her community include:

- relaxation to the person's the body, mind, and soul,
- rejuvenation of energy to face the heavy challenges and stress ahead,
- healing of various illnesses that are closely-associated with the mind and the body,
- making a more stable person in terms of emotions,
- developments of relaxed family life and instilling positive outlooks in life to younger people,
- enhances the person's ability to make his or her mind function properly,

- letting a person discover his or her inner self, this in turn releases the creativity in the,
- it helps people to free themselves from various vices and addictions such as alcohol and cigarettes as well as in various medications such as tranquilizers and narcotics,
- it also helps a person to gain higher self-confidence, thus, resulting to stronger power of the will,
- it can be an effective and safe way of discovering one's self instead of focusing the attention to other unhealthy practices, and
- it aids in the development of the power of the mind.

The list goes on about the benefits of self hypnosis in an individual and to his or her community. In so many cases, these are positive benefits but once self hypnosis has not been used properly, people should be aware of the side effects. To avoid this from happening, people who are planning to get serious in meditation self hypnosis should always consult a professional before performing the practice.

## **The highs and lows of self-hypnosis**

Self-hypnosis is a new procedure that is taking the country by storm. Despite being relatively new compared to the usual hypnosis procedures with professionals, self-hypnosis has enjoyed a lot of buzz in recent years. This is perhaps due to the fact that it is completely different from what people usually expect from hypnosis procedures which is a lot of control.

Although the same control can still be seen in self-hypnosis, that control will largely come from the patients themselves. There is no more hypnotist involved that can manipulate you into doing things that you don't want to do and not know that you are doing at all. This time the control and the power to change will be all in your hands. The procedure actually answers two of the things that critics question about hypnosis itself.

The first one is the idea that a person other than yourself is controlling you and is entering your mind. Mind control is something that people still fear about until now. With self-hypnosis, there will be no hypnotist. Although they will be there to teach you the basics and guide you through the procedure as well as check on your progress, all the hypnosis will be in your hands. You will have control of your own mind, which is how things should be even in real life.

The next thing is the fact that you are not some kind of patsy that will just sit around and let things happen to you through the hypnotist. Now there is an effort coming from the patient itself. Change is no longer something done to you. Now you can do it yourself. A lot of the critics of hypnosis in the first place comes from the fact that people are not actively involved in the process. They are only recipients of the cure instead of being the problem solvers themselves.

This is especially true when it is used to curb a bad habit or get over an addiction. When attempting to change, a person should work hard at it otherwise, it will not be a change that comes from something internal. As they say easy come, easy go. Self-hypnosis however changes this fact as the patients themselves are active problem solvers being the hypnotist themselves.

One downside of self-hypnosis is the fact that it is done by an amateur— the patient who will probably know nothing about hypnosis except that fact that it can somehow solve his problem. Although the hypnotist will be there to guide you, an amateur will still be the one to handle everything and when you really think about it, will any sane person let an amateur get hold of their minds even if those persons are themselves? This is why one of the things that are often asked about self-hypnosis is its safety. According to experts, it is as safe as any hypnosis procedure, maybe even safer because at least this way, you can be sure that you are dealing with someone who is not there to con you.

Another disadvantage of self-hypnosis is the slow progress. Still, responses of people will also depend on whether they are receptive to the task or not. There are people who are more suggestible than other people and those who are not so suggestible will surely find it hard to find change.

## **The low-down on Self-Hypnosis**

One of the techniques being used right now anywhere from fighting off addictions as well as in improving concentration and learning is self-hypnosis, which is one form of hypnosis that allows the person to take on the responsibility for the procedure. This, for some, is vastly preferable as some sectors are still not comfortable placing a person under the control of another. With self-hypnosis, the control is entirely in the individual's hands.

One of the most common problems that self-hypnosis is used for is for self-improvement. People who want to improve their social skills or manage their anger better can utilize self-hypnosis to unlearn or relearn what they need to. There are also some in the medical fields that use this procedure in order to lessen the impact of pain and physical symptoms. Self-hypnosis after all can fool the brain and make it believe that there is no more pain.

Critics of the procedure have however argued that the change in behaviour and in overall well-being is not true and is only temporary. It is only there as long as self-hypnosis is effective but the change is only artificial and the root of the problem is only masked and not removed.

Still fans of this procedure have attested to its effectiveness especially in getting rid of bad habits and freeing themselves from chronic body pain. Besides, as they would argue, these people have learned these bad habits and that self-hypnosis will only make unlearning it easier and faster. Still, if you feel that you are comfortable with a professional controlling you, it is recommended that you have a professional perform the hypnosis instead of doing it yourself. Besides having full control over the procedure, they will also be more in the know regarding it.

To get started with self-hypnosis, you will of course need a professional hypnotist to guide you. These people will be the ones to help you with the instructions and the procedure. The whole procedure is different for every person. Some people will find it easier to manage while others can completely lose into it. After all, they will basically depend on the subconscious and will need to have the strength of mind to deal with it.

Self-hypnosis may not however be as effective as being done by a professional but the peace of mind and independence that you get from knowing that you are in control can mean a lot to some people. This knowledge of having the power to change yourself sometimes make up for the limitations that self-hypnosis brings to the table. The progress for instance with self-hypnosis may not be as fast with one professionally done. But as most patients have already implied, slow but sure is better than making a major change through the hands of an incompetent hypnotist.

There is no need to worry about safety. Just because you are doing it does not mean that it is any less safe. There is no truth to the claims that self-hypnosis can open the mind for the devil to enter or that people can get crazy because of it. A person under self-hypnotic state will have the same safeguards as with ordinary life. Actually, there is not much difference. The difference lies in the segment of the person's personality that he or she wishes to change.

All in all self-hypnosis is an effective tool in curbing bad habits and lessening pain but the jury is still out on whether it can go mainstream.

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## What is self-hypnosis?

Today, more and more people practice self hypnosis even at the comforts of their own homes. Although this can be done, it is best to do with if one has knowledge or background on the practice. To know more about self hypnosis, a research must be done before actually trying it or practising it at home. Research on self hypnosis can be done by using the Internet and looking for online sites that offer information on the subject. With just one click on any search engine, thousands of references may appear on the screen. Look for those sites that can link you to what would you want to know about the practice so you won't have to waste time in searching all those links.

Aside from doing an online research, you can also get information from various books and magazines. There are actually so many health magazines that come up with features on self hypnosis because they believe that this can greatly help the overall well being of a person. If you know people who have been practising self hypnosis, you can also ask them for some tips on how to start with it and how to make it easier for you.

One great way of being informed about self hypnosis is knowing how it started or where did it originate so you will have a better understanding of the practice. There were so many people who were considered as pioneers when it comes to self hypnosis. Many of them were influential in the practice and somehow formed what it is today just like Scottish physician and surgeon named James Braid who claims to discover self hypnosis or hypnotism in 1894. After discovering it, he first taught it to several clients before actually tried it to himself. His theory in self hypnosis says that but "feeling is the very truth" once you tried to use it when dealing with physical or emotional problems.

In the beginning of 20th century, Émile Coué had his take on self hypnosis as well. Many say that he is an influential figures when it comes to the subsequent development of the practice. He came up with the theory on "conscious auto-suggestion" which eventually became renowned around the world for being an effective self-help system. His detachment from the concept of the usual "hypnosis" were passed to his followers like as Charles Baudouin who is one of the pioneers of modern hypnotherapists.

German psychiatrist Johannes Schultz also became a well known figure in the field of hypnosis when he developed "autogenic training". This specific training is designed for relaxation and was made to public awareness when it was first published way back in the year 1932. The influence of Schultz in this approach was fellow German hypnotist named Oskar Vogt.

Hypnotherapist and early behaviour therapist Andrew Salter also contributed a lot in self hypnosis when he published his first major academic journal on self-hypnosis that talked about the three techniques of auto-hypnosis in 1841 involving "auto-

hypnosis by post-hypnotic suggestion", "auto-hypnosis by memorised trance instructions," and "fractional auto-hypnosis".

### **Who can benefit from self hypnosis?**

Experts say that when used or practised properly, self hypnosis can benefit everybody. This is everybody—who undergo different levels of stress and those who need motivation for personal development or to increase performance in strenuous activities such as sports. Self hypnosis can also be used for extensive modern hypnotherapy which can be done through a learned routine or through listening to a CD where the routine is recorded.

### **What self-hypnosis is all about**

Self-hypnosis has become one of the hottest ways to help people cope with their addiction. Of course, this is not something that you can use for instance when you are addicted to drugs or when you have a bad case of mental disorder. For the most part, self-hypnosis works for addictions that are not deeply-rooted and does not involve any forms of withdrawal.

One of the most common uses of self-hypnosis nowadays is towards self-improvement and personality shift. If you want for instance to suddenly become more patient and manage your anger well, this is the procedure for you. The same goes with people who want to excel academically by enhancing their memory and concentration skills. Self-hypnosis is also found to be effective when it comes to helping relive pain after a medical procedure or when pain is one of the symptoms. There are some who have even used self-hypnosis to quit smoking although it was not completely effective in all of the cases. According to experts, the effectiveness of the procedure will still depend on the individual's own personality and response. There are people who are much easier to hypnotize than others.

Despite its more modern uses, self-hypnosis or hypnosis in general has been part of the world's history since time immemorial. The Egypt for instance found this a good thing and likened it to spiritualism. The Church however do not condone the use of hypnosis and have even been mentioned in the past as one way to open the mind to the devil. New age believers however feel that hypnosis is an untapped science that can help the humankind when utilized better.

Contrary to what most believe, self-hypnosis is safe, perhaps even safer than professionally administered hypnosis because you are basically in control of your own mind. You are not surrendering complete control to the hypnotist. This is good especially if you are not really sure on the abilities of your hypnotist. Doing it

yourself can however have a downside. One of them is its slow rate of response. You may need to wait awhile before you can actually notice a change in your behaviour. You may have to work real hard for it as opposed to sitting pretty in the company of a professional hypnotist.

This “your own effort” bit is most often what attracts people to self-hypnosis. If you must remember, one of the earlier criticisms against hypnosis is the fact that patients are not essentially changing their behaviour but having someone tweak it for them. There is no hard work involved nor there is an intrinsic change to speak of. However, even with the emphasis on doing it on your own, you still need the guidance of a professional hypnotist. In fact before starting the session, you need to get instructions from them. They will also answer all your questions and guide you through your sessions. There is still professional involvement in the sense that they will be monitoring your progress.

On what is more effective, self-hypnosis or professionally-administered, the jury is still out. According to industry experts, a lot depends on the patient who may respond well or not well to a hypnosis session. Still, the mere fact that you can have complete control over yourself even during a hypnosis session already makes self-hypnosis the better choice for most people.

## **What you want to know about self-hypnosis**

Self-hypnosis is a new trend that is fast gaining support not only from the new age community but even from the ordinary people. This is perhaps because the procedure has somehow managed to remove what people are mostly against in hypnosis—the participation of an outside person who will be controlling your mind or the hypnotist.

With self-hypnosis, you are basically the one who is going to work on your own hypnosis. Although you will be guided by a professional who will be teaching you the ropes to start the hypnosis session and will be monitoring your progress throughout the period where you will be conducting the procedure, you will largely be responsible for your own sessions. The control is all in your hands. Because of this, all the talk about being in control of another person is no longer relevant. Now, there is no more fear of being manipulated or being made to do things that you do not want to do. After all, you will be the one to hypnotize yourself.

Still, self-hypnosis is a new thing and a lot of people are still cautious on getting into it. It works largely like the ordinary self-hypnosis sessions except that you will be the one to do it on your own. You can make suggestions to yourself depending on the change that you want to enforce in yourself.



**Self-hypnosis** is especially useful for people who want to quit bad habits but have become so used to it that it becomes a routine and a part of their automatic reaction system. Bad habits like cursing or shouting can be removed with a little bit of hypnosis. Another area that self-hypnosis can work well is in improving the concentration levels of people. This is especially useful for people who are into work that needs heavy concentration and those that are into sports.

Speaking of sports, some people also find that self-hypnosis works effectively in improving the performance of people in sports. This is not to say that it somehow strengthens their bodies or gives them unusual precision. Self-hypnosis is not about those things. It cannot change what is already there like your physical strength or your talent. What it can change though is your ability to focus on the task and your fearlessness. After all, fears can remove a lot from a person's performance because it allows us to feel and think instead of just doing what your instincts tell you.

**Self-hypnosis** also purportedly works in the realm of medicine. It is used to relieve people from certain symptoms and sometimes even numb them from pain. Self-hypnosis can "unswitch" a receptor in the brain that allows us to feel the pain or experience the symptoms. These things will still be there, the only difference is the brain and therefore your body will not feel them anymore. That's what is called using your mind over matter or in this case, your body.

Unlike hypnosis though, self-hypnosis can take some time to take effect. As most people who have done the procedures, progress will be a bit slow because remember you will be doing all the procedures and admittedly you are not a professional hypnotist. Patients will need time to even get used to the idea or be able to do the procedure itself. This is why some still prepare the usual form of hypnosis.

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## A Brief History of Hypnosis

Where does hypnosis come from?

Discover the roots of hypnosis with this brief history of this fascinating subject.

Evidence of hypnotic-like phenomena appears in many ancient cultures. The writer of Genesis seems familiar with the anaesthetic power of hypnosis when he reports that God put Adam "into a deep sleep" to take his rib to form Eve. Other ancient records suggest hypnosis was used by the oracle at Delphi and in rites in ancient Egypt (Hughes and Rothovius, 1996). The modern history of hypnosis begins in the late 1700s, when a French physician, Anton Mesmer, revived an interest in hypnosis.

1734-1815 Franz Anton Mesmer was born in Vienna. Mesmer is considered the father of hypnosis. He is remembered for the term mesmerism which described a process of inducing trance through a series of passes he made with his hands and/or magnets over people. He worked with a person's animal magnetism (psychic and electromagnetic energies). The medical community eventually discredited him despite his considerable success treating a variety of ailments. His successes offended the medical establishment of the time, who arranged for an official French government investigating committee. This committee included Benjamin Franklin, then the American ambassador to France, and Joseph Guillotine, a French physician who introduced a never-fail device for physically separating the mind from the rest of the body.

1795-1860 James Braid, an English physician, originally opposed to mesmerism (as it had become known) who subsequently became interested. He said that cures were not due to animal magnetism however, they were due to suggestion. He developed the eye fixation technique (also known as Braidism) of inducing relaxation and called it hypnosis (after Hypnos, the Greek god of sleep) as he thought the phenomena was a form of sleep. Later, realising his error, he tried to change the name to monoeidism (meaning influence of a single idea) however, the original name stuck. 1825-1893 Jean Marie Charcot a French neurologist, disagreed with the Nancy School of Hypnotism and contended that hypnosis was simply a manifestation of hysteria. There was bitter rivalry between Charcot and the Nancy group (Liebault and Bernheim). He revived Mesmer's theory of Animal Magnetism and identified the three stages of trance; lethargy, catalepsy and somnambulism.

1845-1947 Pierre Janet was a French neurologist and psychologist who was initially opposed to the use of hypnosis until he discovered its relaxing effects and promotion of healing. Janet was one of the few people who continued to show an interest in

hypnosis during the psychoanalytical rage.

1849-1936 Ivan Petrovich Pavlov - Russian psychologist who actually was more focused on the study of the digestive process. He is known primarily for his development of the concept of the conditioned reflex (or Stimulus Response Theory). In his classic experiment, he trained hungry dogs to salivate at the sound of a bell, which was previously associated with the sight of food. He was awarded the Nobel Prize for Physiology in 1904 for his work on digestive secretions. Though he had nothing to do with hypnosis, his Stimulus Response Theory is a cornerstone in linking and anchoring behaviours, particularly in NLP.

1857-1926 Emile Coue, a physician who formulated the Laws of Suggestion. He is also known for encouraging his patients to say to themselves 20-30 times a night before going to sleep; "Everyday in every way, I am getting better and better." He also discovered that delivering positive suggestions when prescribing medication proved to be a more effective cure than prescribing medications alone. He eventually abandoned the concept of hypnosis in favour of just using suggestion, feeling hypnosis and the hypnotic state impaired the efficiency of the suggestion.

Coue's Laws of Suggestion

The Law of Concentrated Attention

" Whenever attention is concentrated on an idea over and over again, it spontaneously tends to realise itself"

The Law of Reverse Action

"The harder one tries to do something, the less chance one has of success"

The Law of Dominant Effect

"A stronger emotion tends to replace a weaker one"

1856-1939 Sigmund Freud travelled to Nancy and studied with Liebault and Bernheim, and then did additional study with Charcot. Freud did not incorporate hypnosis in his therapeutic work however because he felt he could not hypnotise patients to a sufficient depth, felt that the cures were temporary, and that hypnosis stripped patients of their defences. Freud was considered a poor hypnotist given his paternal manner. However, his clients often went into trance and he often, unknowingly, performed non-verbal inductions when he would place his hand on his patient's head to signify the Doctor dominant, patient submissive roles. Because of his early dismissal of hypnosis in favour of psychoanalysis, hypnosis was almost totally ignored.

1875-1961 Carl Jung, a student and colleague of Freud's, rejected Freud's psychoanalytical approach and developed his own interests. He developed the concept of the collective unconscious and archetypes. Though he did not actively use hypnosis, he encouraged his patients to use active imagination to change old memories. He often used the concept of the inner guide, in the healing work. He believed that the inner mind could be accessed through tools like the I Ching and astrology. He was rejected by the conservative medical community as a mystic. However, many of his ideas and theories are actively embraced by healers to this day.

1932-1974 Milton Erickson, a psychologist and psychiatrist pioneered the art of indirect suggestion in hypnosis. He is considered to be the father of modern hypnosis. His methods bypassed the conscious mind through the use of both verbal and nonverbal pacing techniques including metaphor, confusion, and many others. He was a colourful character and has immensely influenced the practice of contemporary hypnotherapy, and its official acceptance by the AMA. His work, combined with the work of Satir and Perls, was the basis for Bandler and Grinder's Neuro-Linguistic Programming (NLP).

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## **An overview of hypnosis**

[Hypnosis is state of mind](#) where an individual is subjected to controlled thoughts and behaviour. Hypnosis involves two persons - the persons being treated to experiment is called subject while the one conducting the experiment is called hypnotist. Hypnotist takes the subject into the mental state, often termed hypnotized, and tries to get response from her. Hypnosis is possibly one of the most debated disciplines in the world. There are so many theories associated with this stream of studies. The basic debate hovers around the state aspect - one school of thoughts suggests that hypnosis is a state of mind while the other school asserts it to be a non-state.

Practitioners of state theory suggest that the mind can be transformed into an altered setting. In other words, mind of the subject can be taken to another plane, and controlled by the practitioner. Those from non-state theory claim that hypnosis as a phenomenon can be observed as a culmination of focus or attention, and doesn't necessarily lead to transformation of mind to another state. However, it is sufficient for us to know that hypnosis is a process of induction and observing effects of the same.

There are many myths and misconceptions associated with hypnosis. Some people opine that hypnosis cannot be affected on persons with strong will power. Champions of hypnosis feel otherwise - they claim that people with strong will power actually make up good subjects. This can be attributed to their higher level of intelligence.

Lot of research has been done on hypnosis. This research on a scientific basis stems from Psychological research. Hypnosis is often treated as a part of peripherals of psychology. Scientists have been trying to find the most ideal way of hypnotizing a person. Some have been successfully doing it with words, some others with the help of triggers like clock or a pendulum.

[Hypnosis is finding its way](#) in many applications to treat patients. Hypnotherapy is one such discipline. Some practitioners use this technique to solve psychological disorders of the patients. Clinical hypnosis is another application area of hypnosis.

According to practitioners of clinical hypnosis, physical as well as mental illnesses can be treated and cured with the help of clinical hypnosis. Mass hypnosis is used for prayers or magic shows. Hypnosis applied to forensic science is called forensic hypnosis. It is not only employed in the procedures, but also accepted in the legal perspective.

## **Are you afraid to die?**

When we hear the word “death” we imagine a skeleton dressed in a black coat that is

coming to take you. What is death to a person: a fatal break of their flight or a blessing that is expected to come as soon as it is possible? This article will be a useful hint for those who want to decide for themselves, what they feel towards death.

In the free evening you sit comfortably in your armchair and read an exciting book. Suddenly the clock strikes ten and you listen carefully to every strike of it. It seems like these are the last seconds of your life passing by and a strange feeling appears deep down in your gutter, but you are not able to define what is it. The feeling appears when you think of death. So, what is the truth? What do you feel to that moment that is going to come eventually?

Many researches have been done in psychology to define the most common feeling towards death. According to the majority of the scholars, it is fear. Only in one term paper outline of a student there was another feeling mentioned. It was indifference. We can determine what the feeling depends on. Certainly, it depends on a personality and his/her outlook. Those who haven't accomplished everything that was planned think that they should live until they do what they were destined to in this life. People are afraid of death when they imagine the way they die. Will it hurt? What will I feel? Fear to die makes them outsiders, for they are convinced that communication will bring a lot of severe maladies and close themselves in their little worlds. Love can also be a factor. You will not agree to shorten your life if you know that there is somebody who loves you more than anything and will not agree to leave this person. And finally, when it comes to those who are willing to die and desperately want it to happen very fast, a couple of factors can also be found. This can be also a nice term paper idea. Psychology is very interested in motivations of actions of people.

Why are people ready to say good bye to life? We can find several reasons. If a person is tragically unhappy and there is nothing in his/her life that can satisfy, he/she will commit suicide. This is a trait of an extremely weak personality and if found they should be closely watched over by relatives and friends.

A person can decide to commit suicide because of extreme circumstances. Once a person is in the corner and there is no way out, he/she can give up and leave this world for the situation is absolutely unbearable. When one has experienced a big loss, he/she is also ready to commit suicide. This is the easiest way to kill the pain inside and join whomever they have lost.

People, who are mentally sick, are also able to commit suicide. They don't think about what they leave behind because their brain functions are out of order. At times of clear conscience they decide to relief themselves out of misery their ill mind creates. Those who already know that they don't have much time left can also be close to suicidal thoughts, though some of them can cherish every second left over anything a common human can imagine.

Suicide is an awful sin and nobody has the right to commit it, for we were given a life

and are not to waist it, even if some problems appear. Those, who are brave, open-hearted, and successful, are not afraid to death and are always ready to look her into the eye. Those who don't think of it are indifferent and those who are stressed out and think of it all the time will eventually be afraid. It is better to accept the future and not to try to fool yourself. You are going to die one day. Isn't it better to die a happy person?

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# Are You Under Mind Control? Why Not?

## How do you determine if you're under mind control?

It's an interesting question that you can pass around at a party or among friends.

The fact is that you just don't know. In fact everything you are doing could be a response that fits perfectly into another persons plans.

If you take that as a possibility you could simply just give up and yield to the fact that NOTHING is truly within your control but there is a healthier option.

It's quite simple, just ask yourself "Am I acting or am I reacting?"

If you are reacting then you are respond to something outside of your control and trying to gain some control back, a potential sign of some form of mind control.

No one likes to feel powerless and out of control.

The solution? To do something intentional and positive that is NOT a response to the external environment.

I want to emphasize the word "positive" here because an intentional negative/destructive act has to act on or destroy something pre-existing. It would be then something to which you are reacting.

This is much harder that it might seem because it requires four qualities that most "sheeple" find hard to implement. They are:

1) Thought.

People don't like to think, in general. That is why we have an unconscious (reactive) mind so it will do most of our actions for us. Most of us rely on it entirely too much or in the wrong way and allow it to dictate our every move by letting our emotions guide us. Advertisers, politicians, spouses and other manipulators know this and often seek to control you by fear, anger, threats and frustration. Thought requires that you determine what would be your best emotional response.

2 ) Creativity.

Creativity can be difficult because it requires taking action that is not linked to some external stimulus. This, of course requires thought, but one can train themselves and

their unconscious mind to be very creative. Think of what Salvador Dali was able to do. Nothing he did in the field of art could easily be compared to anything prior to him. The same was true with his life.

### 3) Action.

Action takes effort. People (sheeple?) tend to not want to act instead they react and conserve their energy. What they don't understand is that by taking creative action in the manner described creates energy. Going back to Salvador Dali as an example, his life was FULL of energy that he created. When his peers in the high brow field of art tried to control him he would turn his response into a new form of performance art. In so doing he would baffle the people trying to influence him and entertain everyone else.

### 4) Courage.

Why courage? Because when people recognize that they cannot control you through fear and anger they will severely escalate their attempts through threats and maybe even violence.

To free yourself from any form of mind control is no easy task. But nothing so rewarding is easy.

When I wrote the book "Perfecting Mind Control - The Unauthorized Black Book of Hypnotic Mind Control" I wanted to appeal to peoples most base desires for control and then turn the whole process into one of creating greater freedom, flexibility and joy. Throughout the book I encourage the reader to do the hypnotic processes on themselves first in order to truly understand the power.

When any smart person would find out is that there is nothing evil and controlling about "Perfecting Mind Control - The Unauthorized Black Book of Hypnotic Mind Control" instead it's about personal liberation.



# Critique and Defence of Psychoanalysis

## [The Essentials Of Psycho-Analysis \(Vintage Classics\)](#)

Harold Bloom called Freud "The central imagination of our age". That psychoanalysis is not a scientific theory in the strict, rigorous sense of the word has long been established.

"I am actually not a man of science at all. . . . I am nothing but a conquistador by temperament, an adventurer."

(Sigmund Freud, letter to Fleiss, 1900)

"If you bring forth that which is in you, that which you bring forth will be your salvation".

(The Gospel of Thomas)

"No, our science is no illusion. But an illusion it would be to suppose that what science cannot give us we cannot get elsewhere."

(Sigmund Freud, "The Future of an Illusion")

Harold Bloom called Freud "The central imagination of our age". That psychoanalysis is not a scientific theory in the strict, rigorous sense of the word has long been established. Yet, most criticisms of Freud's work (by the likes of Karl Popper, Adolf Grunbaum, Havelock Ellis, Malcolm Macmillan, and Frederick Crews) pertain to his - long-debunked - scientific pretensions.

Today it is widely accepted that psychoanalysis - though some of its tenets are testable and, indeed, have been experimentally tested and invariably found to be false or uncorroborated - is a system of ideas. It is a cultural construct, and a (suggested) deconstruction of the human mind. Despite aspirations to the contrary, psychoanalysis is not - and never has been - a value-neutral physics or dynamics of the psyche.

Freud also stands accused of generalizing his own perversions and of reinterpreting his patients' accounts of their memories to fit his preconceived notions of the unconscious . The practice of psychoanalysis as a therapy has been castigated as a crude form of brainwashing within cult-like settings.

Feminists criticize Freud for casting women in the role of "defective" (naturally castrated and inferior) men. Scholars of culture expose the Victorian and middle-class roots of his theories about suppressed sexuality. Historians deride and decry his stifling authoritarianism and frequent and expedient conceptual reversals.

Freud himself would have attributed many of these diatribes to the defence mechanisms of his critics. Projection, resistance, and displacement do seem to be playing a prominent role. Psychologists are taunted by the lack of rigour of their profession, by its literary and artistic qualities, by the dearth of empirical support for its assertions and fundamentals, by the ambiguity of its terminology and ontology, by the derision of "proper" scientists in the "hard" disciplines, and by the limitations imposed by their experimental subjects (humans). These are precisely the shortcomings that they attribute to psychoanalysis.

Indeed, psychological narratives - psychoanalysis first and foremost - are not "scientific theories" by any stretch of this much-banded label. They are also unlikely to ever become ones. Instead - like myths, religions, and ideologies - they are organizing principles.

Psychological "theories" do not explain the world. At best, they describe reality and give it "true", emotionally-resonant, heuristic and hermeneutic meaning. They are less concerned with predictive feats than with "healing" - the restoration of harmony among people and inside them.

Therapies - the practical applications of psychological "theories" - are more concerned with function, order, form, and ritual than with essence and replicable performance. The interaction between patient and therapist is a microcosm of society, an encapsulation and reification of all other forms of social intercourse. Granted, it is more structured and relies on a body of knowledge gleaned from millions of similar encounters. Still, the therapeutic process is nothing more than an insightful and informed dialogue whose usefulness is well-attested to.

Both psychological and scientific theories are creatures of their times, children of the civilizations and societies in which they were conceived, context-dependent and culture-bound. As such, their validity and longevity are always suspect. Both hard-edged scientists and thinkers in the "softer" disciplines are influenced by contemporary values, mores, events, and interpellations.

The difference between "proper" theories of dynamics and psychodynamic theories is that the former asymptotically aspire to an objective "truth" "out there" - while the latter emerge and emanate from a kernel of inner, introspective, truth that is immediately familiar and is the bedrock of their speculations. Scientific theories - as opposed to psychological "theories" - need, therefore, to be tested, falsified, and modified because their truth is not self-contained.

Still, psychoanalysis was, when elaborated, a Kuhnian paradigm shift. It broke with the past completely and dramatically. It generated an inordinate amount of new, unsolved, problems. It suggested new methodological procedures for gathering empirical evidence (research strategies). It was based on observations (however scant and biased). In other words, it was experimental in nature, not merely theoretical. It provided a framework of reference, a conceptual sphere within which new ideas developed.

That it failed to generate a wealth of testable hypotheses and to account for discoveries in neurology does not detract from its importance. Both relativity theories were and, today, string theories are, in exactly the same position in relation to their subject matter, physics.

In 1963, Karl Jaspers made an important distinction between the scientific activities of Erklären and Verstehen. Erklären is about finding pairs of causes and effects. Verstehen is about grasping connections between events, sometimes intuitively and non-causally. Psychoanalysis is about Verstehen, not about Erklären. It is a hypothetico-deductive method for gleaning events in a person's life and generating insights regarding their connection to his current state of mind and functioning.

So, is psychoanalysis a science, pseudo-science, or sui generis?

Psychoanalysis is a field of study, not a theory. It is replete with neologisms and formalism but, like Quantum Mechanics, it has many incompatible interpretations. It is, therefore, equivocal and self-contained (recursive). Psychoanalysis dictates which of its hypotheses are testable and what constitutes its own falsification. In other words, it is a meta-theory: a theory about generating theories in psychology.

Moreover, psychoanalysis the theory is often confused with psychoanalysis the therapy. Conclusively proving that the therapy works does not establish the veridicality, the historicity, or even the usefulness of the conceptual edifice of the theory. Furthermore, therapeutic techniques evolve far more quickly and substantially than the theories that ostensibly yield them. They are self-modifying "moving targets" - not rigid and replicable procedures and rituals.

Another obstacle in trying to establish the scientific value of psychoanalysis is its ambiguity. It is unclear, for instance, what in psychoanalysis qualify as causes - and what as their effects.

Consider the critical construct of the unconscious. Is it the reason for - does it cause - our behaviour, conscious thoughts, and emotions? Does it provide them with a "ratio" (explanation)? Or are they mere symptoms of inexorable underlying processes? Even these basic questions receive no "dynamic" or "physical" treatment in classic (Freudian) psychoanalytic theory. So much for its pretensions to be a scientific endeavour.

Psychoanalysis is circumstantial and supported by epistemic accounts, starting with the master himself. It appeals to one's common sense and previous experience. Its statements are of these forms: "given X, Y, and Z reported by the patient - doesn't it stand to (everyday) reason that A caused X?" or "We know that B causes M, that M is very similar to X, and that B is very similar to A. Isn't it reasonable to assume that A causes X?".

In therapy, the patient later confirms these insights by feeling that they are "right" and "correct", that they are epiphanous and revelatory, that they possess retrodictive and predictive powers, and by reporting his reactions to the therapist-interpreter. This acclamation seals the narrative's probative value as a basic (not to say primitive) form of explanation which provides a time frame, a coincident pattern, and sets of teleological aims, ideas and values.

Juan Rivera is right that Freud's claims about infantile life cannot be proven, not even with a Gedankenexperimental movie camera, as Robert Vaelder suggested. It is equally true that the theory's etiological claims are epidemiologically untestable, as Grunbaum repeatedly says. But these failures miss the point and aim of psychoanalysis: to provide an organizing and comprehensive, non-tendentious, and persuasive narrative of human psychological development.

Should such a narrative be testable and falsifiable or else discarded (as the Logical Positivists insist)?

Depends if we wish to treat it as science or as an art form. This is the circularity of the arguments against psychoanalysis. If Freud's work is considered to be the modern equivalent of myth, religion, or literature - it need not be tested to be considered "true" in the deepest sense of the word. After all, how much of the science of the 19th century has survived to this day anyhow?

Check Out: [The Essentials Of Psycho-Analysis \(Vintage Classics\)](#)

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## Dark Hypnosis man busted & sent to jail

How a man used hypnosis to get free meals! Unbelievable!!

Did you know that "pattern interrupts" are a hypnotist's secret weapon to getting direct access to someone's unconscious mind?

In fact they're so powerful that many years ago a man, who was eventually caught and sent to jail, was using them to STEAL from tons of restaurants.

More on that in a bit...

Pattern interrupts are so powerful because they work like this...

You break someone's expectation of how a normal, everyday event should proceed by doing something highly unusual instead.

This creates momentary confusion of their conscious mind and opens a brief doorway to their unconscious mind.

At that precise moment you can then give instructions to their unconscious mind.

And it can be DEVASTATINGLY effective.

Take the man who was banged up in jail for using them. Turns out this dude was easily scamming restaurants left, right and centre. He'd go into expensive restaurants and begin to give an order to a waiter. Halfway through he'd do a pattern interrupt on the unsuspecting waiter. During the moment of confusion he'd give an instruction to 'forget the bill', then continue with the order as normal. 9 times out of 10, he'd simply walk out of the restaurant after eating all their nice chow and drinking their fine wine. And without paying a dime!

Of course when you use this kind of hypnosis power criminally, you'll eventually end up getting busted.

And good job too.

But it doesn't take away from the fact that pattern interrupts are an incredibly powerful way to access peoples' unconscious minds whenever you need to.

In fact the friends of the greatest hypnotist of all time, Milton Erickson, use to REFUSE to shake his hand when they'd meet him!

That's because he'd often have fun using pattern interrupts on them and then instructing them to do little tasks for him.

Mind you that crafty old wizard had so many conversational hypnosis tricks anyhow - if he really wanted to chat with their unconscious minds he could easily have done so - and without them realizing it either!

That's the beauty of conversational hypnosis - people believe the instructions YOU give them are their idea.

Which is pretty handy!

If you'd like to discover more about pattern interrupts with conversational hypnosis and learn ALL the secret tricks and KILLER techniques of the great Milton Erickson then there's only one place to surf over to now.

Check Out: [The Essentials Of Psycho-Analysis \(Vintage Classics\)](#)

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## Debunking Psychics

Many "psychics" are plain scammers.

We exposed some of the common tactics used by phone psychics.

Have you ever been curious about your future? Have you ever called a phone psychic to get some answers?

If you wonder how “psychics” work, read on. This article is for you.

Most “psychics” are plain scammers. They use cold reading to make calculated guess about the sitters. Cold reading is an interactive psychological technique which extracts information from a person through verbal and non verbal cues. More often than not, psychics utilize known psychology techniques that can apply to almost anyone. An example would be claiming the sitter is cursed and he or she could lift that curse for a fee, because most people visit a psychic when they are down and depressed, “being cursed” is a quick, convenient reason to blame. Paying the fee to lift the curse would be the quickest solution to their complicated life problems.

There seems to be several common factors in psychic readings. The psychic usually:

- + Skillfully extracts information from non verbal cues such as breathing patterns, voice, dress, skin colour, and body language.
- + Makes statements that seem to give information when they are actually out to fish for it. E.g. Prompts feedback from sitters by saying “I see a man in uniform, why would that be?”
- + Feeds back to the subject what the latter wants to hear
- + Makes general “Barnum statements” such as “You are worrisome on the outside but insecure on the inside.”

The sitter of the reading is the key to a 'successful' reading. The sitter's willingness to connect vague 'clues' came up by the psychic will often decide how successful the reading is. Many sitters who try to contact their deceased loved ones are very motivated in the first place, and will take the psychic's message as a sign that he or she have made contact with the other side. That is why psychics subtly encourage cooperation before and during the reading. Once the psychic gains the trusts of the sitter, the latter usually actively supply information and clarifications.

Although facial expressions and body languages could mean differently to people from different cultural backgrounds, many psychologists believe that certain facial and body expressions are universal to the mankind.

How to tell dominance: People who dominates have a tenancy to stand up with an erected body, speaks slowly and rarely, and look people in their eyes for an extended period of time. Because of the demonstrated link between testosterone and aggression, people with square jaws ( testosterone induced feature) are thought as more domineering and aggressive.

How to tell submissiveness: Submissive people touches themselves a lot when they are confronted with a difficult situation. This is because human have an inborn mechanism acquired very early on in life to link physical touching with comfort and safety.

Most important to keep in mind: Real, powerful psychics don't advertise on the back of a supermarket magazine and do readings for \$1.99.

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## Diagnosing Personality Disorders

Personality traits are enduring, usually rigid patterns of behaviour, thinking (cognition), and emoting expressed in a variety of circumstances and situations and throughout one's life (typically from early adolescence onward).

Personality traits are enduring, usually rigid patterns of behaviour, thinking (cognition), and emoting expressed in a variety of circumstances and situations and throughout one's life (typically from early adolescence onward). Some personality traits are harmful to both oneself and to others. These are the dysfunctional traits. Often they cause discomfort and the person bearing these traits is unhappy and self-critical. This is called ego-dystony. At other times, even the most pernicious personality traits are happily endorsed and even flaunted by the patient. This is called "ego-syntony".

The Diagnostic and Statistical Manual (DSM) describes 12 ideal "prototypes" of personality disorders. It provides lists of seven to nine personality traits per each disorder. These are called "diagnostic criteria". Whenever five of these criteria are met, a qualified mental health diagnostician can safely diagnose the existence of a personality disorder.

But important caveats apply.

No two people are alike. Even subjects suffering from the same personality disorder can be worlds apart as far as their backgrounds, actual conduct, inner world, character, social interactions, and temperament go.

Diagnosing the existence of a personality trait (applying the diagnostic criteria) is an art, not a science. Evaluating someone's conduct, appraising the patient's cognitive and emotional landscape, and attributing motivation to him or her, is a matter of judgement. There is no calibrated scientific instrument that can provide us with an objective reading of whether one lacks empathy, is unscrupulous, is sexualizing situations and people, or is clinging and needy.

Regrettably, the process is inevitably tainted by value judgements as well. Mental health practitioners are only human (well, OK, some of them are...:o)). They hail from specific social, economic, and cultural backgrounds. They do their best to neutralize their personal bias and prejudices but their efforts often fail. Many critics charge that certain personality disorders are "culture-bound". They reflect our contemporary sensitivities and values rather than invariable psychological entities and constructs.

Thus, someone with the Antisocial Personality Disorder is supposed to disrespect social rules and regard himself as a free agent. He lacks conscience and is often a criminal. This means that non-conformists, dissenters, and dissidents can be pathologized and labelled "antisocial". Indeed, authoritarian regimes often incarcerate their opponents in mental asylums based on such dubious "diagnoses". Moreover, crime is a career choice. Granted, it is a harmful and unpalatable one. But since when is one's choice of vocation a mental health problem?

If you believe in telepathy and UFOs and have bizarre rituals, mannerisms, and speech patterns, you may be diagnosed with the Schizotypal Personality Disorder. If you shun others and are a loner, you may be a Schizoid. And the list goes on.

To avoid these pitfalls, the DSM came up with a multi-axial model of personality evaluation.

Check Out: [The Essentials Of Psycho-Analysis \(Vintage Classics\)](#)

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## How to Make Miserable Decisions

If you've ever been around someone who is persistently miserable you'll find that they have a working strategy for making their experience unpleasant for themselves.

This article will give a few explanations why they use a strategy that makes them miserable, how that process works, and if this describes you, why you might want to change. It will also describe what you'll have to sacrifice if you no longer want to be miserable.

Also, if the benefits of being miserable are enough you'll learn how to continue to make choices and decisions that contribute to your misery.

### **The Benefits of Misery.**

It's hard to believe that there are benefits to feeling bad but the fact is that there are. Some of these benefits include:

- \* Uniqueness. If you are suffering you at least can see yourself as special and even persecuted.
- \* Righteousness. If you are miserable because of something outside of your control you can hold it up as a banner and proclaim that you must be right to have such an enemy.
- \* Blame. As long as your misery can be something external to you then you can blame it for all your problems. This releases the burden of self-reflection and change.
- \* Familiarity. Sometimes misery is the only thing that seems familiar. Getting rid of it would mean launching yourself in a completely unfamiliar territory and might mean new things about yourself that you had never considered before.
- \* Misery is easy. There are very few people who go through life and are naturally happy. Those that are have found a strategy that works for them often after a lot of effort. It takes some work to change one's thinking process.

How to make decisions that make you feel miserable.

- \* Ask a series of miserable questions of yourself like
  - "What could go wrong about today?"
  - "What do I have to feel guilty about?"
  - "Why do bad things always happen to me?"

"Why am I feeling so terrible?"

\* Make vague and unreasonable expectations and goals.

By making a goal or expectation unreasonable you'll make it impossible to achieve. By making them vague you'll never know exactly if you achieve them and you'll always be able to say "No, that's not what I meant."

\* Think the worst first.

For any event that occurs you have a million ways of thinking about it. Go for the worst possible interpretation. For example, if you walk into a store and teenagers are outside laughing and smoking cigarettes they are probably laughing at you.

\* Cling to past hurts.

Progress can be easily inhibited when you use past hurt or slow you down. These can take the form of lingering on why your life has been so terrible or even by saying "We've never done it that way before. Why start now?"

### **Why you might want to stop feeling miserable.**

\* Without a doubt misery is the number one cause of suicide. If you want to live you want to get rid of your misery.

\* You will have more power (much, much more) and control over your life if you stop all the misery producing processes and take responsibility for your life.

### **How to stop making miserable decisions.**

\* Set reasonable goals using the S.M.A.R.T. goals process. If you don't know what this is do a google search.

\* Know when your emotions are trying to influence away from your goals and work to keep your focus.

\* Agree to take responsibility for your life and especially for your emotions. This is very hard work but very rewarding.

### **What you will have to give up when you stop making miserable decisions.**

\* You will have to give up on the belief that your suffering makes you unique. The fact is suffering is ordinary and boring to most people. We've all experienced it and there is little you can say about your suffering that will make us think of you for very long. What is exceptional and unique is someone who makes no excuses for their life and decides to excel and feel joy AS A CHOICE.

\* You will have to give up blame. This means blaming anyone or anything. It means even giving up blaming yourself.

\* You will have to give up on fear and timidity. Only boldness and audacity can overcome a long-standing habit of misery.

**Final note.**

While all of this may seem vary callus and cold it's important to point out that this is not an essay by which you should judge other people but only yourself. Bad things do happen to good people and it's a good idea to help them when you can. On the other hand, if you find someone who is persistently and habitually miserable it's generally a good idea to keep your distance from them lest they infect you with their misery and, believe me, they can do that more easily than you think.

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## **How To Tell If Someone Is Lying**

How to tell if someone is lying? There are ways. Use them with caution, though, as all lie detecting methods fail at times.

How to tell if someone is lying?

Carefully. All methods of lie-detecting, including polygraph machines, are regularly fooled or used improperly, resulting in mistakes. There are a few good ways described here, but try to confirm the truth by other means as well, such as confession or investigation of the facts.

You should compare behaviour in the person under suspicion to their "base" behaviour, if possible. In other words, if they always have shifty eyes, then this trait can't be considered as an indication of lying. On the other hand, if they are normally very calm under pressure, but start shifting in their chair after certain questions, that may indicate lying. Because all techniques fail at times, you should use several indications before assuming the person has lied.

### **How To Tell If Someone Is Lying By Testing Responses**

One way to test for lying, is to measure a persons desire to avoid a subject, which will sometimes indicate dishonesty or guilt. If you think the person is lying, change the subject quickly. A lying person will often go along easily, and may even visibly relax. An innocent person is more likely to be slightly confused by the change and want to finish their thoughts.

Another lie detecting technique is to suggest something that would make a guilty person feel uncomfortable and watch for a response. Suppose your wife Jane says she was at her mother's house, and you think she is lying. Rather than saying, "I'm calling your mother to verify this," you could use a subtle approach. You might say, "That reminds me, I'm going to stop by your mother's house today to fix that door for her."

If your wife was lying, the idea of you seeing her mother should make her nervous. She may give you reasons why you shouldn't go there. Of course, if your relationship has reached the point where you feel the necessity to resort to these techniques, a simple lie may not be the worst of your problems. Still, sometimes you need to know, so here are a few more ways to tell if someone is lying.

They are using your words. Using your exact words to respond can be an indication of lying. You say, for example, "Did you leave this here?" and they respond, "No, I did not leave this here."

They use un-contracted words. A lack of contractions is more common when lying. For example, instead of saying "I didn't sleep with her," a man might say, "I did not have sexual relations with that woman." Again, compare to base behaviour, though, as some people may not use contractions often anyhow.

Over-compensation. Often when people lie, they try too hard to be natural, and they give more detail than is necessary.

Forced smiles. A real smile involves more muscles, while a forced smile will use just the muscles around the mouth. The lie here may only be about their feelings, of course.

Let them talk. The more a person talks, the more likely you are to catch them in a lie (if they are being dishonest), especially when you learn the indications to watch for. These are just a few of the ways how to tell if someone is lying.

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## Improving Yourself Through Self-Hypnosis

Getting past the misconceptions people have about how hypnosis works, and how it can help the listener achieve their goals through training the subconscious mind.

Most people are familiar with the term hypnosis, and for many it elicits negative feelings because of how Hollywood projects it through B-rated films. The hypnotist portrayed as a pocket watch waving practitioner assuming complete control over their subject has been a common portrayal that's still ingrained in the minds of many.

With movies showing people being 'put under' and often doing questionable things outside their control, it's no wonder that many are skeptical, or fearful, of its power to change their lives for the better.

The term hypnosis comes from the Greek word 'ypnos', meaning sleep, and this has caused a misconception that when you are hypnotized you are asleep and unconscious. This is simply not the case. When you are under hypnosis, you enter a deeply relaxed state, but you are in fact awake and aware of everything around you.

It is true that when you are in a hypnotic state that you become more susceptible to suggestions, and this where auto-suggestion comes to work. Auto-suggestion, also known as autogenic training, is a means by which you can train your subconscious mind to focus on and be open to what is being heard. When trying to improve one's self, this is a good way to get past the mental barriers and doubts that can hold us back from accomplishing our goals.

Those concerned about being hypnotized and made to do something they don't want to do need not worry, while you may be more susceptible to suggestions being made while in a hypnotic state, you won't lose the critical defences and standards you normally have.

If you choose to utilize self hypnosis techniques, here are some things to bear in mind to help you get optimal results from your efforts:

### **Determine your objectives first.**

It's usually better if you concentrate on one main objective at a time, since this helps you put more focus on it, and thereby increases the probability of success. Do you want to lose a bad habit? Or do you want to excel in a particular field of your academics?



**Discipline yourself.**

Any self help development program calls for your time and attention. Create a regular schedule for your sessions and find a place where you can be relaxed without disruptions.

**The present is what counts.**

You should always use the present tense when verbally or mentally affirming your desired goals. Affirmations should start with 'I am' and not 'I will'. Positive affirmations are aimed at making positive changes in your life right now, as in today and right at this moment; therefore they should speak of and in the present.

**Practice makes perfect.**

While every individual session helps, most self hypnosis techniques take repeated sessions before the affirmations fully ingrain themselves in the listeners subconscious. Depending on your particular program, you may need to continue with a self hypnosis program as long as 30 days in order for the autogenic training to be fully accepted.

Hypnotherapy sessions are powerful ways to train your mind to help you achieve your goals, and despite what the movies might have you believe, are not something that need to be feared.

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## In Defence of Psychoanalysis

No social theory has been more influential and, later, more reviled than psychoanalysis. It burst upon the scene of modern thought, a fresh breath of revolutionary and daring imagination, a Herculean feat of model-construction, and a challenge to established morals and manners. It is now widely considered nothing better than a confabulation, a baseless narrative, a snapshot of Freud's tormented psyche and thwarted 19th century Mitteleuropa middle class prejudices.

Most of the criticism is hurled by mental health professionals and practitioners with large axes to grind. Few, if any, theories in psychology are supported by modern brain research. All therapies and treatment modalities - including medicating one's patients - are still forms of art and magic rather than scientific practices. The very existence of mental illness is in doubt - let alone what constitutes "healing". Psychoanalysis is in bad company all around.

Some criticism is offered by practicing scientists - mainly experimentalists - in the life and exact (physical) sciences. Such diatribes frequently offer a sad glimpse into the critics' own ignorance. They have little idea what makes a theory scientific and they confuse materialism with reductionism or instrumentalism and correlation with causation.

Few physicists, neuroscientists, biologists, and chemists seem to have ploughed through the rich literature on the psychophysical problem. As a result of this obliviousness, they tend to proffer primitive arguments long rendered obsolete by centuries of philosophical debates.

Science frequently deals matter-of-factly with theoretical entities and concepts - quarks and black holes spring to mind - that have never been observed, measured, or quantified. These should not be confused with concrete entities. They have different roles in the theory. Yet, when they mock Freud's trilateral model of the psyche (the id, ego, and superego), his critics do just that - they relate to his theoretical constructs as though they were real, measurable, "things".

The medicalization of mental health hasn't helped either.

Certain mental health afflictions are either correlated with a statistically abnormal biochemical activity in the brain – or are ameliorated with medication. Yet the two facts are not ineludibly facets of the same underlying phenomenon. In other words, that a given medicine reduces or abolishes certain symptoms does not necessarily mean they were caused by the processes or substances affected by the drug

administered. Causation is only one of many possible connections and chains of events.

To designate a pattern of behaviour as a mental health disorder is a value judgement, or at best a statistical observation. Such designation is effected regardless of the facts of brain science. Moreover, correlation is not causation. Deviant brain or body biochemistry (once called "polluted animal spirits") do exist – but are they truly the roots of mental perversion? Nor is it clear which triggers what: do the aberrant neurochemistry or biochemistry cause mental illness – or the other way around?

That psychoactive medication alters behaviour and mood is indisputable. So do illicit and legal drugs, certain foods, and all interpersonal interactions. That the changes brought about by prescription are desirable – is debatable and involves tautological thinking. If a certain pattern of behaviour is described as (socially) "dysfunctional" or (psychologically) "sick" – clearly, every change would be welcomed as "healing" and every agent of transformation would be called a "cure".

The same applies to the alleged heredity of mental illness. Single genes or gene complexes are frequently "associated" with mental health diagnoses, personality traits, or behaviour patterns. But too little is known to establish irrefutable sequences of causes-and-effects. Even less is proven about the interaction of nature and nurture, genotype and phenotype, the plasticity of the brain and the psychological impact of trauma, abuse, upbringing, role models, peers, and other environmental elements.

Nor is the distinction between psychotropic substances and talk therapy that clear-cut. Words and the interaction with the therapist also affect the brain, its processes and chemistry - albeit more slowly and, perhaps, more profoundly and irreversibly. Medicines – as David Kaiser reminds us in "Against Biologic Psychiatry" (Psychiatric Times, Volume XIII, Issue 12, December 1996) – treat symptoms, not the underlying processes that yield them.

So, what is mental illness, the subject matter of Psychoanalysis?

Someone is considered mentally "ill" if:

His conduct rigidly and consistently deviates from the typical, average behaviour of all other people in his culture and society that fit his profile (whether this conventional behaviour is moral or rational is immaterial), or

His judgement and grasp of objective, physical reality is impaired, and

His conduct is not a matter of choice but is innate and irresistible, and

His behaviour causes him or others discomfort, and is

Dysfunctional, self-defeating, and self-destructive even by his own yardsticks.

Descriptive criteria aside, what is the essence of mental disorders? Are they merely physiological disorders of the brain, or, more precisely of its chemistry? If so, can they be cured by restoring the balance of substances and secretions in that mysterious organ? And, once equilibrium is reinstated – is the illness "gone" or is it still lurking there, "under wraps", waiting to erupt? Are psychiatric problems inherited, rooted in faulty genes (though amplified by environmental factors) – or brought on by abusive or wrong nurturance?

These questions are the domain of the "medical" school of mental health.

Others cling to the spiritual view of the human psyche. They believe that mental ailments amount to the metaphysical discomposure of an unknown medium – the soul. Theirs is a holistic approach, taking in the patient in his or her entirety, as well as his milieu.

The members of the functional school regard mental health disorders as perturbations in the proper, statistically "normal", behaviours and manifestations of "healthy" individuals, or as dysfunctions. The "sick" individual – ill at ease with himself (ego-dystonic) or making others unhappy (deviant) – is "mended" when rendered functional again by the prevailing standards of his social and cultural frame of reference.

In a way, the three schools are akin to the trio of blind men who render disparate descriptions of the very same elephant. Still, they share not only their subject matter – but, to a counter intuitively large degree, a faulty methodology. As the renowned anti-psychiatrist, Thomas Szasz, of the State University of New York, notes in his article "The Lying Truths of Psychiatry", mental health scholars, regardless of academic predilection, infer the etiology of mental disorders from the success or failure of treatment modalities.

This form of "reverse engineering" of scientific models is not unknown in other fields of science, nor is it unacceptable if the experiments meet the criteria of the scientific method. The theory must be all-inclusive (anamnetic), consistent, falsifiable, logically compatible, monovalent, and parsimonious. Psychological "theories" – even the "medical" ones (the role of serotonin and dopamine in mood disorders, for instance) – are usually none of these things.

The outcome is a bewildering array of ever-shifting mental health "diagnoses" expressly centred around Western civilization and its standards (example: the ethical objection to suicide). Neurosis, a historically fundamental "condition" vanished after 1980. Homosexuality, according to the American Psychiatric Association, was a pathology prior to 1973. Seven years later, narcissism was declared a "personality disorder", almost seven decades after it was first described by Freud.

## Misdiagnosing Narcissism - Asperger's Disorder

(The use of gender pronouns in this article reflects the clinical facts: most narcissists and most Asperger's patients are male.)

Asperger's Disorder is often misdiagnosed as Narcissistic Personality Disorder (NPD), though evident as early as age 3 (while pathological narcissism cannot be safely diagnosed prior to early adolescence).

In both cases, the patient is self-centred and engrossed in a narrow range of interests and activities. Social and occupational interactions are severely hampered and conversational skills (the give and take of verbal intercourse) are primitive. The Asperger's patient body language - eye to eye gaze, body posture, facial expressions - is constricted and artificial, akin to the narcissist's. Non-verbal cues are virtually absent and their interpretation in others lacking.

Yet, the gulf between Asperger's and pathological narcissism is vast.

The narcissist switches between social agility and social impairment voluntarily. His social dysfunctioning is the outcome of conscious haughtiness and the reluctance to invest scarce mental energy in cultivating relationships with inferior and unworthy others. When confronted with potential Sources of Narcissistic Supply, however, the narcissist easily regains his social skills, his charm, and his gregariousness.

Many narcissists reach the highest rungs of their community, church, firm, or voluntary organization. Most of the time, they function flawlessly - though the inevitable blow-ups and the grating extortion of Narcissistic Supply usually put an end to the narcissist's career and social liaisons.

The Asperger's patient often wants to be accepted socially, to have friends, to marry, to be sexually active, and to sire offspring. He just doesn't have a clue how to go about it. His affect is limited. His initiative - for instance, to share his experiences with nearest and dearest or to engage in foreplay - is thwarted. His ability to divulge his emotions stilted. He is incapable or reciprocating and is largely unaware of the wishes, needs, and feelings of his interlocutors or counter-parties.

Inevitably, Asperger's patients are perceived by others to be cold, eccentric, insensitive, indifferent, repulsive, exploitative or emotionally-absent. To avoid the pain of rejection, they confine themselves to solitary activities - but, unlike the schizoid, not by choice. They limit their world to a single topic, hobby, or person and dive in with the greatest, all-consuming intensity, excluding all other matters and everyone else. It is a form of hurt-control and pain regulation.

Thus, while the narcissist avoids pain by excluding, devaluing, and discarding others

- the Asperger's patient achieves the same result by withdrawing and by passionately incorporating in his universe only one or two people and one or two subjects of interest. Both narcissists and Asperger's patients are prone to react with depression to perceived slights and injuries - but Asperger's patients are far more at risk of self-harm and suicide.

The use of language is another differentiating factor.

The narcissist is a skilled communicator. He uses language as an instrument to obtain Narcissistic Supply or as a weapon to obliterate his "enemies" and discarded sources with. Cerebral narcissists derive Narcissistic Supply from the consummate use they make of their innate verbosity.

Not so the Asperger's patient. He is equally verbose at times (and taciturn on other occasions) but his topics are few and, thus, tediously repetitive. He is unlikely to obey conversational rules and etiquette (for instance, to let others speak in turn). Nor is the Asperger's patient able to decipher non-verbal cues and gestures or to monitor his own misbehaviour on such occasions. Narcissists are similarly inconsiderate - but only towards those who cannot possibly serve as Sources of Narcissistic Supply.

More about Autism Spectrum Disorders here:

McDowell, Maxson J. (2002) The Image of the Mother's Eye: Autism and Early Narcissistic Injury , Behavioural and Brain Sciences (Submitted)

Benis, Anthony - "Toward Self & Sanity: On the Genetic Origins of the Human Character" - Narcissistic-Perfectionist Personality Type (NP) with special reference to infantile autism

Stringer, Kathi (2003) An Object Relations Approach to Understanding Unusual Behaviors and Disturbances

James Robert Brasic, MD, MPH (2003) Pervasive Developmental Disorder: Asperger Syndrome

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## Misdiagnosing Narcissism - Generalised Anxiety Disorder (GAD)

(The use of gender pronouns in this article reflects the clinical facts: most narcissists are men.)

Anxiety Disorders – and especially Generalised Anxiety Disorder (GAD) – are often misdiagnosed as Narcissistic Personality Disorder (NPD).

Anxiety is uncontrollable and excessive apprehension. Anxiety disorders usually come replete with obsessive thoughts, compulsive and ritualistic acts, restlessness, fatigue, irritability, difficulty concentrating, and somatic manifestations (such as an increased heart rate, sweating, or, in Panic Attacks, chest pains).

By definition, narcissists are anxious for social approval or attention (Narcissistic Supply). The narcissist cannot control this need and the attendant anxiety because he requires external feedback to regulate his labile sense of self-worth. This dependence makes most narcissists irritable. They fly into rages and have a very low threshold of frustration.

Like patients who suffer from Panic Attacks and Social Phobia (another anxiety disorder), narcissists are terrified of being embarrassed or criticised in public. Consequently, most narcissists fail to function well in various settings (social, occupational, romantic, etc.).

Many narcissists develop obsessions and compulsions. Like sufferers of GAD, narcissists are perfectionists and preoccupied with the quality of their performance and the level of their competence. As the Diagnostic and Statistical Manual (DSM-IV-TR, p. 473) puts it, GAD patients (especially children):

"... (A)re typically overzealous in seeking approval and require excessive reassurance about their performance and their other worries."

This could apply equally well to narcissists. Both classes of patients are paralysed by the fear of being judged as imperfect or lacking. Narcissists as well as patients with anxiety disorders constantly fail to measure up to an inner, harsh, and sadistic critic and a grandiose, inflated self-image.

The narcissistic solution is to avoid comparison and competition altogether and to demand special treatment. The narcissist's sense of entitlement is incommensurate with the narcissist's true accomplishments. He withdraws from the rat race because he does not deem his opponents, colleagues, or peers worthy of his efforts.

As opposed to narcissists, patients with Anxiety Disorders are invested in their work

and their profession. To be exact, they are over-invested. Their preoccupation with perfection is counter-productive and, ironically, renders them underachievers.

It is easy to mistake the presenting symptoms of certain anxiety disorders with pathological narcissism. Both types of patients are worried about social approbation and seek it actively. Both present a haughty or impervious facade to the world. Both are dysfunctional and weighed down by a history of personal failure on the job and in the family. But the narcissist is ego-dystonic: he is proud and happy of who he is. The anxious patient is distressed and is looking for help and a way out of his or her predicament. Hence the differential diagnosis.

## Bibliography

Goldman, Howard G. - Review of General Psychiatry, 4th ed. - London, Prentice-Hall International, 1995 - pp. 279-282

Gelder, Michael et al., eds. - Oxford Textbook of Psychiatry, 3rd ed. - London, Oxford University Press, 2000 - pp. 160-169

Klein, Melanie - The Writings of Melanie Klein - Ed. Roger Money-Kyrle - 4 vols. - New York, Free Press - 1964-75

Kernberg O. - Borderline Conditions and Pathological Narcissism - New York, Jason Aronson, 1975

Millon, Theodore (and Roger D. Davis, contributor) - Disorders of Personality: DSM IV and Beyond - 2nd ed. - New York, John Wiley and Sons, 1995

Millon, Theodore - Personality Disorders in Modern Life - New York, John Wiley and Sons, 2000

Schwartz, Lester - Narcissistic Personality Disorders - A Clinical Discussion - Journal of Am. Psychoanalytic Association - 22 (1974): 292-305

Vaknin, Sam - Malignant Self Love - Narcissism Revisited, 6th revised impression - Skopje and Prague, Narcissus Publications, 2005



## MMPI-II Test

The MMPI (Minnesota Multiphasic Personality Inventory), composed by Hathaway (a psychologist) and McKinley (a physician) is the outcome of decades of research into personality disorders. The revised version, the MMPI-II (also known as MMPI-2), was published in 1989 but was received cautiously. MMPI-II changed the scoring method and some of the normative data. It was, therefore, hard to compare it to its much hallowed (and oft validated) predecessor.

The MMPI-II is made of 567 binary (true or false) items (questions). Each item requires the subject to respond: "This is true (or false) as applied to me". There are no "correct" answers. The test booklet allows the diagnostician to provide a rough assessment of the patient (the "basic scales") based on the first 370 queries (though it is recommended to administer all of 567 of them).

Based on numerous studies, the items are arranged in scales. The responses are compared to answers provided by "control subjects". The scales allow the diagnostician to identify traits and mental health problems based on these comparisons. In other words, there are no answers that are "typical to paranoid or narcissistic or antisocial patients". There are only responses that deviate from an overall statistical pattern and conform to the reaction patterns of other patients with similar scores. The nature of the deviation determines the patient's traits and tendencies - but not his or her diagnosis!

The interpreted outcomes of the MMPI-II are phrased thus: "The test results place subject X in this group of patients who, statistically-speaking, reacted similarly. The test results also set subject X apart from these groups of people who, statistically-speaking, responded differently". The test results would never say: "Subject X suffers from (this or that) mental health problem".

There are three validity scales and ten clinical ones in the original MMPI-II, but other scholars derived hundreds of additional scales. For instance: to help in diagnosing personality disorders, most diagnosticians use either the MMPI-I with the Morey-Waugh-Blashfield scales in conjunction with the Wiggins content scales - or the MMPI-II updated to include the Colligan-Morey-Offord scales.

The validity scales indicate whether the patient responded truthfully and accurately or was trying to manipulate the test. They pick up patterns. Some patients want to appear normal (or abnormal) and consistently choose what they believe are the "correct" answers. This kind of behaviour triggers the validity scales. These are so sensitive that they can indicate whether the subject lost his or her place on the answer sheet and was responding randomly! The validity scales also alert the diagnostician to

problems in reading comprehension and other inconsistencies in response patterns.

The clinical scales are dimensional (though not multiphasic as the test's misleading name implies). They measure hypochondriasis, depression, hysteria, psychopathic deviation, masculinity-femininity, paranoia, psychasthenia, schizophrenia, hypomania, and social introversion. There are also scales for alcoholism, post-traumatic stress disorder, and personality disorders.

The interpretation of the MMPI-II is now fully computerized. The computer is fed with the patients' age, sex, educational level, and marital status and does the rest.

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## Narcissism and Personality Disorders

Are all personality disorders the outcomes of frustrated narcissism?

During our formative years (6 months to 6 years old), we are all "narcissists". Primary Narcissism is a useful and critically important defence mechanism. As the infant separates from his mother and becomes an individual, it is likely to experience great apprehension, fear, and pain. Narcissism shields the child from these negative emotions. By pretending to be omnipotent, the toddler fends off the profound feelings of isolation, unease, pending doom, and helplessness that are attendant on the individuation-separation phase of personal development.

Well into early adolescence, the empathic support of parents, caregivers, role models, authority figures, and peers is indispensable to the evolution of a stable sense of self-worth, self-esteem, and self-confidence. Traumas and abuse, smothering and doting, and the constant breach of emerging boundaries yield the entrenchment of rigid adult narcissistic defences.

In my book "Malignant Self Love - Narcissism Revisited", I defined pathological narcissism thus:

"Secondary or pathological narcissism is a pattern of thinking and behaving in adolescence and adulthood, which involves infatuation and obsession with one's self to the exclusion of others. It manifests in the chronic pursuit of personal gratification and attention (narcissistic supply), in social dominance and personal ambition, bragging, insensitivity to others, lack of empathy and/or excessive dependence on others to meet his/her responsibilities in daily living and thinking. Pathological narcissism is at the core of the narcissistic personality disorder."

What happens when such an individual faces disappointments, setbacks, failures, criticism and disillusionment?

They "resolve" these recurrent frustrations by developing personality disorders.

The Narcissistic Solution – The patient creates and projects an omnipotent, omniscient, and omnipresent False Self that largely replaces and represses the discredited and dilapidated True Self. He uses the False Self to garner narcissistic supply (attention, both positive and negative) and thus support his inflated fantasies. Both the Narcissistic and the Schizotypal Personality Disorders belong here because both involve grandiose, fantastic, and magical thinking. When the narcissistic solution fails, we have the Borderline Personality Disorder (BPD). The Borderline patient's awareness that the solution that she had opted for is "not working" generates in her an overwhelming separation anxiety (fear of abandonment), an identity

disturbance, affective and emotional liability, suicidal ideation, and suicidal action, chronic feelings of emptiness, rage attacks, and transient (stress related) paranoid ideation.

The Appropriation Solution – This solution involves the appropriation of someone else's imagined (and, therefore, confabulated and false) self instead of one's dysfunctional True Self. Such people live vicariously, through others, and by proxy. Consider the Histrionic Personality Disorder. Histrionics sexualize and objectify others and then internalize (introject) them. Lacking an inner reality (True Self) they over-rate and over-emphasise their bodies. Histrionics and other "appropriators" misjudge the intimacy of their faux relationships and the degree of commitment involved. They are easily suggestible and their senses of self and self-worth shift and fluctuate with input from the outside (narcissistic supply). Another example of this type of solution is the Dependent Personality Disorder (codependents). Manipulative mothers who "sacrifice" their lives for their children, "drama queens", and people with factitious disorders (for instance, Munchausen Syndrome) also belong to this category.

The Schizoid Solution – Sometimes the emergence of the False Self is stunted or disrupted. The True Self remain immature and dysfunctional but it is not replaced by a functioning narcissistic defence mechanism. Such patients are mental zombies, trapped forever in the no-man's land between infancy and adulthood. They lack empathy, their psychosexual life is impoverished, they prefer to avoid contact with others, and withdraw from the world. The Schizotypal Personality Disorder is a mixture of the narcissistic and the schizoid solutions. The Avoidant Personality Disorder is a close kin.

In my book "Malignant Self Love - Narcissism Revisited", I described the Aggressive Destructive Solution thus: "The Aggressive Destructive Solution – These people suffer from hypochondriasis, depression, suicidal ideation, dysphoria, anhedonia, compulsions and obsessions and other expressions of internalized and transformed aggression directed at a self which is perceived to be inadequate, guilty, disappointing and worthy of nothing but elimination. Many of the narcissistic elements are present in an exaggerated form. Lack of empathy becomes reckless disregard for others, irritability, deceitfulness and criminal violence. Undulating self-esteem is transformed into impulsiveness and failure to plan ahead. The Antisocial Personality Disorder is a prime example of this solution, whose essence is: the total control of a False Self, without the mitigating presence of a shred of True Self.

I tend to believe that malignant self love underlies all known personality disorders. Granted, different attributes and traits are emphasized in each personality disorder. But they all share the foundation of a failed personal psychological and psychosocial evolution. They are all the lamentable end results of stunted and compensatory trajectories of deformed growth and development."

## Narcissist vs. Psychopath

We all heard the terms "psychopath" or "sociopath". These are the old names for a patient with the Antisocial Personality Disorder (AsPD). It is hard to distinguish narcissists from psychopaths. The latter may simply be a less inhibited and less grandiose form of the former. Indeed, the DSM V Committee is considering to abolish this distinction altogether.

Still, there are some important nuances setting the two disorders apart:

As opposed to most narcissists, psychopaths are either unable or unwilling to control their impulses or to delay gratification. They use their rage to control people and manipulate them into submission.

Psychopaths, like narcissists, lack empathy but many of them are also sadistic: they take pleasure in inflicting pain on their victims or in deceiving them. They even find it funny!

Psychopaths are far less able to form interpersonal relationships, even the twisted and tragic relationships that are the staple of the narcissist.

Both the psychopath and the narcissist disregard society, its conventions, social cues and social treaties. But the psychopath carries this disdain to the extreme and is likely to be a scheming, calculated, ruthless, and callous career criminal. Psychopaths are deliberately and gleefully evil while narcissists are absent-mindedly and incidentally evil.

From my book "Malignant Self Love - Narcissism Revisited":

"As opposed to what Scott Peck says, narcissists are not evil – they lack the intention to cause harm (*mens rea*). As Millon notes, certain narcissists 'incorporate moral values into their exaggerated sense of superiority. Here, moral laxity is seen (by the narcissist) as evidence of inferiority, and it is those who are unable to remain morally pure who are looked upon with contempt.' (Millon, Th., Davis, R. - *Personality Disorders in Modern Life* - John Wiley and Sons, 2000). Narcissists are simply indifferent, callous and careless in their conduct and in their treatment of others. Their abusive conduct is off-handed and absent-minded, not calculated and premeditated like the psychopath's."

Psychopaths really do not need other people while narcissists are addicted to narcissistic supply (the admiration, attention, and envy of others).

Millon and Davis (*supra*) add (p. 299-300):

"When the egocentricity, lack of empathy, and sense of superiority of the narcissist cross-fertilize with the impulsivity, deceitfulness, and criminal tendencies of the antisocial, the result is a psychopath, an individual who seeks the gratification of selfish impulses through any means without empathy or remorse."

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## **Narcissistic Personality Disorder - Clinical Features**

Clinical Features of the Narcissistic Personality Disorder;

Opinions vary as to whether the narcissistic traits evident in infancy, childhood, and early adolescence are pathological. Anecdotal evidence suggests that childhood abuse and trauma inflicted by parents, authority figures, or even peers provoke "secondary narcissism" and, when unresolved, may lead to the full-fledged Narcissistic Personality Disorder (NPD) later in life.

This makes eminent sense as narcissism is a defence mechanism whose role is to deflect hurt and trauma from the victim's "True Self" into a "False Self" which is omnipotent, invulnerable, and omniscient. This False Self is then used by the narcissist to garner narcissistic supply from his human environment. Narcissistic supply is any form of attention, both positive and negative and it is instrumental in the regulation of the narcissist's labile sense of self-worth.

Perhaps the most immediately evident trait of patients with Narcissistic Personality Disorder (NPD) is their vulnerability to criticism and disagreement. Subject to negative input, real or imagined, even to a mild rebuke, a constructive suggestion, or an offer to help, they feel injured, humiliated and empty and they react with disdain (devaluation), rage, and defiance.

From my book "Malignant Self Love - Narcissism Revisited":

"To avoid such intolerable pain, some patients with Narcissistic Personality Disorder (NPD) socially withdraw and feign false modesty and humility to mask their underlying grandiosity. Dysthymic and depressive disorders are common reactions to isolation and feelings of shame and inadequacy."

Due to their lack of empathy, disregard for others, exploitativeness, sense of entitlement, and constant need for attention (narcissistic supply), narcissists are rarely able to maintain functional and healthy interpersonal relationships.

Many narcissists are over-achievers and ambitious. Some of them are even talented and skilled. But they are incapable of team work because they cannot tolerate setbacks. They are easily frustrated and demoralized and are unable to cope with disagreement and criticism. Though some narcissists have meteoric and inspiring careers, in the long-run, all of them find it difficult to maintain long-term professional achievements and the respect and appreciation of their peers. The narcissist's fantastic grandiosity, frequently coupled with a hypomanic mood, is typically incommensurate with his or her real accomplishments (the "grandiosity gap").

There are many types of narcissists: the paranoid, the depressive, the phallic, and so on.

An important distinction is between cerebral and somatic narcissists. The cerebrals derive their Narcissistic Supply from their intelligence or academic achievements and the somatics derive their Narcissistic Supply from their physique, exercise, physical or sexual prowess and romantic or physical "conquests".

Another crucial division within the ranks of patients with Narcissistic Personality Disorder (NPD) is between the classic variety (those who meet five of the nine diagnostic criteria included in the DSM), and the compensatory kind (their narcissism compensates for deep-set feelings of inferiority and lack of self-worth).

Some narcissists are covert, or inverted narcissists. As codependents, they derive their narcissistic supply from their relationships with classic narcissists.

### Treatment and Prognosis

Talk therapy (mainly psychodynamic psychotherapy or cognitive-behavioural treatment modalities) is the common treatment for patients with Narcissistic Personality Disorder (NPD). The therapy goals cluster around the need to modify the narcissist's antisocial, interpersonally exploitative, and dysfunctional behaviours. Such re-socialization (behaviour modification) is often successful. Medication is prescribed to control and ameliorate attendant conditions such as mood disorders or obsessive-compulsive disorders.

The prognosis for an adult suffering from the Narcissistic Personality Disorder (NPD) is poor, though his adaptation to life and to others can improve with treatment.

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## The Spirit of Soul

When was the last time you closed your eyes and simply paid attention to the inner world in you? As you close your eyes and pay attention to your inner self, insight is awakened. You are able to become conscious of what infuses our external world. Each of us has individual awareness or ways we interpret the world around us. Because of our unique experiences of the world, we take in multiple images across the span of a lifetime. These experiences are imprinted in our psyche and our soul.

The act of recalling these memories creates expressions or feelings in our heart. These past expressions are pondered in the inner vision of our mind and our heart as though we are re-living them in the present. In so doing, we are retrieving our soul at various points of interests that have lodged a sense of importance to our individual awareness. The movement from the world around us to the world within us is a shift in attention. This shift in our attention is a conscious choice. Here, we realize that the world around us has hidden aspects to it reminding us just how privileged we are to be aware of our awareness. This realization alone gives us identification with whom we are.

You and I are conscious beings who live in a body, but this isn't our real home. We inhabit space and time, but our real self, our authentic self, our individual awareness (soul) is a unique expression of spirit infusing our lives from an infinite number of possible correlations. We make choices every day on how our life will be lived. Each choice creates a pattern. These patterns become a statement of our character. Our character becomes a living testimony on the inner processes of our thoughts incarnating into the world we live in.

As such, the life of our soul is revealed. Every moment, we are given the opportunity to experience our soul in a variety of ways. These experiences are facets of our inner world that manifests themselves from a single expression we call spirit. The intent to focus on our past, our present, or our future desires leads us to a path. This path is a revelation of our soul seeking out an opportunity to live out our purpose. Purpose gives us meaning and hope beyond our present circumstances. It is a path into what can no longer be seen and moving our lives and our soul - into SPIRIT.

Sam Oliver, author of, "A Life in Review"

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## **The World's Greatest Lie...**

Many people have given up on their dreams... they say, "Dreaming is only for the rich. When you have money, you can dream. When you have no money, don't dream."

"Everyone believes the world's greatest lie..." says the mysterious old man.

"What is the world's greatest lie?" the little boy asks.

The old man replies, "It's this: that at a certain point in our lives, we lose control of what's happening to us, and our lives become controlled by fate. That's the world's greatest lie."

(An excerpt from *The Alchemist* by Paulo Coelho. A fable about following your dreams.)

Do you believe you have no control over your life? Are you who you are today, by choice or by fate? Will a change in your actions create a change in your life? Many people have given up on their dreams... they say, "Dreaming is only for the rich. When you have money, you can dream. When you have no money, don't dream."

That's true... not everyone is lucky enough to be born with a silver spoon. If you are lacking in funds, it's going to be difficult to start living life the way you want to. Money buys you freedom to follow your passions. But you don't have to give up on your dreams, just because you lack money. Depending on where you are brought up, you will face limitations depending on your family finance, culture, and environment. Some of us are born to have easy lives, while some are born to take a more challenging path. Perhaps the limitations and obstacles you face today are part of your journey -- you must overcome them to grow stronger on the path to achieving your goals.

When we are young, we all seem to have clear idea of what we want to be when we grow up. But somewhere along the way, these dreams get buried under the reality of daily living. The focus shifts from 'living the dream' to just 'finding a good job with a stable income'. "Survival first", as they call it. The sad part is that many people spend much of their lives doing what they don't like, so they can finally earn enough to start doing what they do like. I say, that's a great way to bury your happiness and turn into an economic slave. Doing what you dislike, day after day, will numb the sense of joy within you. Soon you will feel that your life has no greater purpose, and there is nothing to look forward to but work, work, work.... You will have forgotten how much fun it is to spend your time doing the things you like to do.

***\*~The Secret to Living Your Dreams~\****

It's painful if you don't make enough money to live comfortably. But what's more painful is if the work you do has no meaning to you. Everyday you can drag yourself to work, perform meaningless actions, and then drag yourself back home. Apart from sleeping, work takes up the majority of our time. So if you're not enjoying your work, you're not enjoying your life. And life is so short, isn't it? We probably have less than a hundred years to make our mark in this world. And you never know... you fail to look while crossing the road and BOOM! You could be gone tomorrow. So why spend your life doing something you don't like to do? We don't slog three-quarters of our lives just so we can enjoy one-quarter... we might not live that long. Realize that the essence of your life is happening right now -- you are walking a path; making your journey through life. And if the work you do, is not designed to help you fulfill your higher purpose in life, then perhaps you are walking in the wrong direction. No point taking this path... change direction.

For your dream to stay alive, you have to act on it. It's like a fire that grows brighter and stronger if you fan its flames and keep adding wood. If you leave the fire alone, never doing anything to keep it alive, it will burn itself out. When you fail to act on your dreams, they die.

A little girl called Leanne wants to be a ballerina. But her family is poor and unable to afford the fees of the fine arts dance school. Her father tells her not to dream because dreaming is only for the rich. But her mother says, "Lea, you can be whatever you want to be. As long as you put your heart into it, and never give up. Always hold on to your dreams because when there's a will, there's a way."

Leanne remembered her mother's words. She paid her way through a college degree in the fine arts, using money she earned from working full-time. She was talent scouted by the Royal Dance and Music Theatre of England, where she began her illustrious career as a ballerina. Earning in British pounds, she made more than enough to support her family and give them a comfortable lifestyle.

Leanne had a choice... to fervently believe in her dreams, and do whatever it takes to achieve it, or believe the World's Greatest Lie... that at some point in her life, she lost control, and fate took over. She had to have the courage to step up to her dreams, and not give up just because she lacked money. If she listened to her father and put her love aside because dreaming was only for the rich, then she wouldn't have lived to experience her passion. She would pass on from this world, with the music still left within her... buried under some obscure belief that she could never make money doing what she loved to do.

There is music within you, and you only need to coax it out. The daily grind forces us to forget what we love to do. Imagine you're retired... You have enough money to live comfortably, but not to splurge. How would you spend your time? What activities would you find purpose in? What would you do to amuse yourself? If you have an idea of what you would love to do but are not doing, then schedule some

time everyday to do it. Making time for what you love is just like fanning the flames of your passion -- the fire can only grow stronger. It's what will bring a sense of purpose and meaning into your life; that spark of joy and wonder.

The happiest people are those who enjoy their work. They've managed to make money doing what they love to do, just like Leanne. And this can happen for you... if you are willing to reject the World's Greatest Lie. Realize that you always have control over your actions, and therefore your results. The only time you start to fail in life, is when you stop believing in your ability to make a difference. You don't need a silver spoon; you don't need to be a genius. What you need is a sincere belief in yourself and willingness to take action towards your dreams. Believe me, you have what it takes. Just follow what British Prime Minister, Winston Churchill said in World War II: "...never give up, never give up." And you'll win the war.

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## Using Mind Control to Create an Addiction

With all the paranoia of mind control and how Neuro Linguistic Programming (NLP) can be (and is) used to "mess with peoples heads" it's high time to pull the cat out of the bag and let people know exactly what is possible.

For example, can you create an addiction in someone using Neuro Linguistic Programming (NLP)?

Yes, you can.

Before you learn the steps to do it and how to protect yourself, let me give you two warnings.

First, don't do this to people unless you are giving them a compulsion for something they want that will be good for them like exercise and healthy foods. Anything else and it may seem fun to think about but leave it at that. Only think about it, don't do it. It's just not a nice thing to do to people.

Second, To do this you have to be very good at NLP, report building and anchoring etc.

Start by eliciting what is called the NLP sub-modalities of a compulsion a person has. You can do this by asking what are some things they have compulsions for, like chocolate, and then asking "As you feel that compulsion what sort of images is your mind making? Where do you see those pictures? How big are the images? Colour or Black and White? " and so on.

Then begin to describe what you want them to have a compulsion/addiction for in exactly the same way. Describe the new compulsion as being seen in the same place, etc.

I'm not going to give you any more detail than that. It's more than enough to experiment with.

Using this pattern a person can create a compulsion for drugs, sex, money, perfection, driving fast, you name it, but you can also create compulsions for exercise, punctuality, orderliness and many so-called "good" things.

There are ways to prevent someone from covertly creating a compulsion in you. First be aware of the mental and emotional states that people are asking you to describe

and be on guard when they start to talk about compulsions.

If you suspect someone has helped covertly create an unwanted compulsion in you (good luck) the compulsion can be undone with what is called the meta yes/meta no process.

In Meta Yes/Meta No you'll start by thinking of something unrelated to the compulsion that you would say "No" to. Think of that item and bring up the very strong feeling and repeatedly say "No" in a very firm and congruent manner. Practice it until the "No!" and the feeling are deeply linked to one another. The next step is to begin saying "No!" repeatedly to the compulsion and do it with the same energy and conviction as when you started the process.

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## What are hypnotic language patterns?

Language can be used in the most helpful and dangerous ways. Language can induce joy or depression. That is the power of hypnotic language patterns.

Language is an interesting thing. The most amazing thing isn't that we get confused by it but that we're able to use it so well without confusion.

Language is such a powerful tool that, in skilled hands, it can be used to persuade, motivate, seduce and even harm.

That's right, in skilled hands (or mouths?) language can even create addictions and depression.

This power comes from learning what are called hypnotic language patterns.

Hypnotic language patterns came out of the studies of hypnosis, psychology and sales. When language patterns were first discovered the psychotherapy community realized that they could be used inappropriately. They then made a sincere effort to limit instruction of language patterns only to psychiatrists willing to pay \$2000 for the weekend training.

These language patterns entered the popular culture with weekend long “seduction seminars” that began to spring up to teach lonely and clueless men how talk women into an uncontrollable state of arousal.

Now before you start to roll your eyes in disbelief let me tell you that these language patterns did just that! There are scores of now satisfied men who will attest to their power.

An example of these seduction patterns is one in which the man simply begins talking to a woman about emotions and feelings that precede arousal. There is nothing lurid or suggestive about this because it's not about arousal or sex itself. At an unconscious level it sets the stage for warm tingly feelings that might elicit a tilt of the head, a smile and a flirtatious glance.

Seduction is only one side of how language patterns are being used. They are of course very useful in sales and influence and many a politician have hired speech writers who training in these powerful tools. Ronald Reagan wasn't known as “The Teflon President” without reason. He could woo and amuse the most uninterested audience by using language. Likewise in spite of the scandals around him Bill Clinton always was able to be liked as a person.

In recent years there have even been language pattern trainings that emphasize how to use language to induce guilt, depression and suicide. While these trainers have been condemned for “turning to the dark side” there is no limit of people wanting to learn.

These language patterns often begin by painting the dark picture of the future and describe feelings of hopelessness and despair.

But the genie is out of the bottle now and people who want power, whether it's to help or to harm, are attending seminars and trainings as well as reading the many books on the subject.

To conclude, never underestimate the power of words. They are used on you in ways that you might never imagine.

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## What Causes Poly-Behavioural Addiction?

The reasons for initially trying different socially acceptable legal drugs (e.g. alcohol, cigarettes, etc.), and/ or illegal drugs, or for that matter any addictive behaviour involvement (e.g. gambling, binge-eating, etc.) are multi-factored (e.g. peer-pressure, boredom, etc.). In the twentieth century approximately 65% (Helzer et al., 1990) of healthy American individuals (born in a family--free from a history of substance abuse for example, and raised in a positive environment with positive values and conditioning) experiment with under-age drinking and possibly smoking cigarettes at least once as adolescents or during a “college dorm - binge drinking” - phase of life.

Because human behaviour is so complex, an attempt to understand the reasons individuals continue to use, and/ or abuse themselves with substances and/ or maladaptive behaviours to the point of developing self-defeating behaviour patterns and/ or other life-style dysfunctions or self-harm is enormously difficult to achieve. Many researchers therefore prefer to speak of risk factors that may contribute, but not be sufficient to cause addictions. They point to an eclectic bio-psychosocial approach that involves the multi-dimensional interactions of genetics, biochemistry, psychology, socio-cultural, and spiritual influences.

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Risk Factors / Contributory Causes / Influences:

1. Genetics (family history) – is known to play a role in causing susceptibility

through such biological avenues as metabolic rates and sensitivity to alcohol and/ or other drugs or addictive behaviours.

2. Biochemistry – the discovery of morphine-like substances called endorphins (runners high, etc.) and the so-called “pleasure pathway” – the mesocorticolimbic dopamine pathway (MCLP). This is the brain centre or possible anatomic site underlying addictions at which alcohol and other drugs stimulate to produce euphoria – which then becomes the desired goal to attain (tolerance – loss of control – withdrawal).

3. Psychological Factors – developmental personality traits, vulnerability to stress, and the desire for tension and symptom reduction from various mental health problems and traumatic life experiences.

4. Socio-cultural/ Spiritual Factors – cultural attitudes, marital, relational, legal, financial, and religious psycho-social stressors (etc.), along with the existence of a so-called drug culture that promotes the availability of alcohol and other drugs and/ or addictive behaviours as tension reducers and/ or pain relievers.

Family genetics, and bio-psychosocial, historical, and developmental conditioning factors are difficult and sometimes impossible to be changed within individuals. The standardized performance-based Addictions Recovery Measurement System philosophy incorporates a bio-psychosocial disease model that focuses on a cognitive behavioural perspective in attempting to alter maladaptive thinking and improve a person’s abilities and behaviours to solve problems and plan for sustained recovery. Many healthcare consumers of addiction recovery services have a genetic pre-dispositional history for addiction. They have suffered and continue to suffer from past traumatic life experiences (e.g. physical, sexual, and emotional abuse, etc.) and often present with psychosocial stressors (e.g. occupational stress, family/ marital problems, etc.) leaving them with intense and confusing feelings (e.g. anger, anxiety, bitterness, fear, guilt, grief, loneliness, depression, and inferiority, etc.) that reinforce their already low self-esteem. The complex interaction of these factors can leave the individual with much deeper mental health problems involving self-hatred, self-punishment, self-denial, low self-control, low self-respect, and a severe low self-esteem condition, with an overall (sometimes hidden) negative self-identity.

There are many definitions for addiction as it is a complex phenomenon. The American Psychiatric Association avoids the term entirely. The World Health Organization defined addiction as “a state of periodic and/ or chronic intoxication produced by the repeated consumption of a natural or synthetic drug. This state of intoxication is manifested by an overpowering desire, need or compulsion with the presence of a tendency to increase the dose and evidence of phenomena of tolerance, abstinence and withdrawal, in which there is always psychic and physical dependence on the effects of the drug” (Gossop and Grant, 1990, p. 20).

Addictive diseases generally have been associated with substance abuse. More recently, the concept of addiction has been broadened to include behaviour patterns that do not necessarily include alcohol or drugs. Bradshaw (1990) defines addiction as a "pathological relationship to any mood-altering person, thing, substance, or activity that has life-damaging consequences" (p. VIII). Arterburn and Felton (1992) define addiction as "the presence of a psychological and physiological dependency on a substance, relationship, or behaviour" (p. 104). Shaef (1987) defines addiction as "any process over which we are powerless. Addiction takes control of us, causing us to do and think things that are inconsistent with our personal values, and which lead us to become progressively more compulsive and obsessive" (p. 18). She divides addictions into two broad categories: Substance addictions (e.g., alcohol, drugs, nicotine, and food, etc.) and process or behavioural addictions (e.g., gambling, food, religion, and sexual addictions, etc.).

Similar to alcohol and substance abuse disorders, process or behavioural addictions have personality factors that tend to characterize their behavioural manifestations, and their resistance to change even though they do not involve a chemical addictive substance. For example, although most people can gamble occasionally, (e.g., Saturday night poker games, betting on major sporting events with friends, and/ or playing a slot machine while on vacation, etc.), an estimated six to ten million Americans lose control.

Pathological Gambling, according to Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR, 2000) is characterized by recurrent and persistent gambling behaviour that disrupts family, personal, or vocational pursuits. It also involves continuous or periodic loss of control; a preoccupation with obtaining money for gambling; irrational behaviour; and continuation of this behaviour in spite of adverse consequences (Rosenthal, 1992).

People also develop dependencies on certain life-functioning activities that can be just as life threatening as drug addiction and just as socially and psychologically damaging as alcoholism. As noted previously 30.5% of American adults suffer from morbid obesity or being 100 lbs. or more above ideal body weight. Some do suffer from hormonal or metabolic disorders, but most obese individuals simply consume more calories than they burn due to an out of control overeating Food Addiction lifestyle pattern.

Hyper-obesity resulting from gross, habitual overeating is considered to be more like the problems found in those ingrained personality disorders that involve loss of control over appetite of some kind (Orford, 1985). Binge-eating Disorder episodes are characterized in part by a feeling that one cannot stop or control how much or what one is eating (DSM-IV-TR, 2000).

Williams (1993) suggests that religious addicts experience three of the same symptoms as other addicts: craving or the need for a fix; the loss of control; and

continual use. Johnson and VanVonderen (1991) define Religious Addiction as “the state of being dependent on a spiritually mood-altering system.” In a change intended to encourage mental health professionals to view patients’ religious experience more seriously, the DSM-IV included an entry entitled, “Religious or Spiritual Problem” (Steinfels 1994). One type of psycho-religious problem involves patients who intensify their adherence to religious practices to an obsessive-compulsive and sometimes delusional mental state of mind. I personally had the unique opportunity of writing my doctoral dissertation on religious addiction entitled, “Hawaii and Christian Religious Addiction.” During that process, I discovered a significant relationship between self-appointed, authoritarian church leaders and religious addictive beliefs, behaviours and symptoms (Slobodzien, 2004).

Likewise, Sexual Addiction affects an estimated three to six percent of the U.S. population. Sexual addiction takes many forms to include obsessions with pornography and masturbation to engaging in cyber-sex, voyeurism, affairs, rape, incest, and sex with strangers. Though solitary forms of this addiction may not be overtly risky, they can be part of a pattern of distorted thinking and identity conflict that can escalate to involve harming the self and others. An example of a Sexual Disorder (NOS) or Not Otherwise Specified in the DSM-IV-TR, (2000) includes: distress about a pattern of repeated sexual relationships involving a succession of lovers who are experienced by an individual only as things to be used. The defining elements of this kind of addiction are its secrecy and escalating nature, often resulting in diminished judgement and self-control (Carnes, 1994).

The fundamental nature of all addiction is the addicts' experience of helplessness and powerlessness over an obsessive-compulsive behaviour, resulting in their lives becoming unmanageable. The addict may be out of control. They may experience extreme emotional pain and shame. They may repeatedly fail to control their behaviour. They may suffer one or more of the following consequences of an unmanageable lifestyle: a deterioration of some or all supportive relationships; difficulties with work, financial troubles; and physical, mental, and/ or emotional exhaustion which sometimes leads to psychiatric problems and hospitalization. Addictions tend to arise from the same backgrounds: families with co-dependency including multiple addictions; lack of effective parenting; and other forms of physical, emotional and sexual trauma in childhood. Since it is impossible to expect treatment for one addiction to be beneficial when other addictions co-exist, the initial therapeutic intervention for any addiction needs to include an assessment for other addictions.

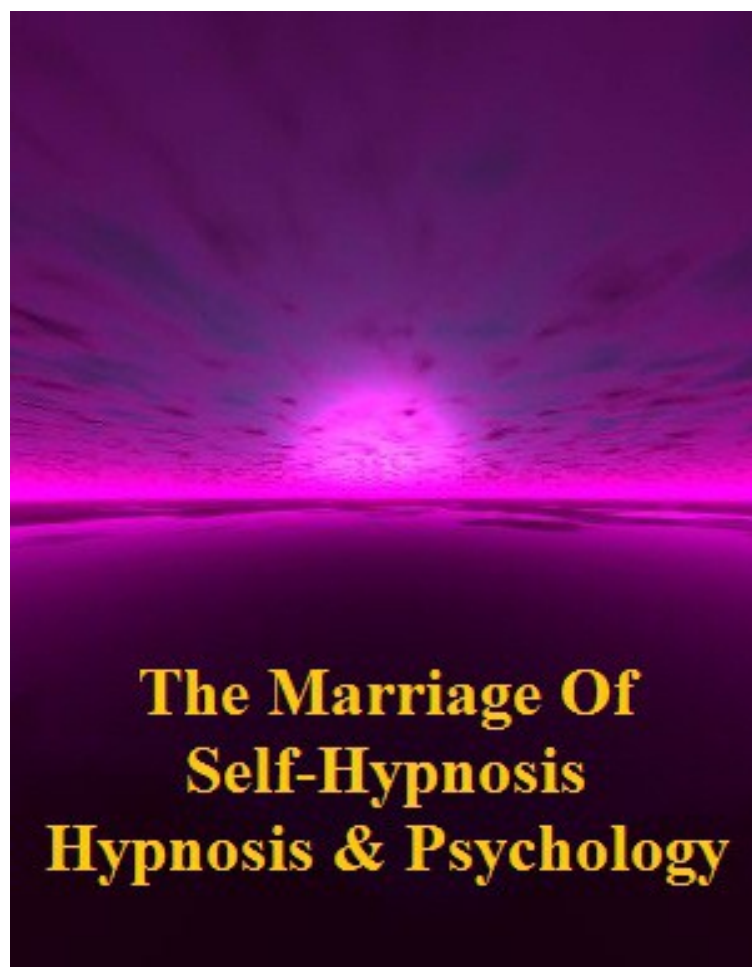
Poly-behavioural dependence is the synergistically integrated chronic dependence on multiple physiologically addictive substances and behaviours (e.g., using/ abusing substances – nicotine, alcohol, & drugs, and/ or acting impulsively or obsessively compulsive in regards to gambling, food binging, sex, and/ or religion, etc.) simultaneously.

For more info see: “Poly-Behavioural Addictions and the Addictions Recovery Measurement System”

[http://www.geocities.com/drslbdzn/Behavioral\\_Addictions.html](http://www.geocities.com/drslbdzn/Behavioral_Addictions.html)

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