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THE FREEDOM SERIES: Segment 1.01

PRELIMINARY EXERCISES

As you will soon discover, the Freedom Exercises are simple and straightforward, though quite subtle in their effects. Nonetheless, years of teaching have proven that optimal progress and success comes by beginning the journey at the ‘starting-gate’, rather than entering by a later byway. We have found great truth in the adage, ‘haste and waste ruins the wedding pie.’

Subsequently, the first exercise we offer is a rapid technique for entering into and coming out of hypnosis. Why hypnosis? Why not silent contemplation, one-pointedness, mindfulness training, or insight meditation (“vipassana”)?

The reason being that teaching self-hypnosis is quick, easy, and immediately useful. We have found that beginning with contemplation, one-pointedness, mindfulness exercises, or insight meditation is cumbersome to the student as skills are learned slowly. Slow progress is conducive to the sowing of seeds of self-doubt and defeat.

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Alternatively, progress in self-hypnosis is immediate and early success serves to lay a solid, granite foundation for later exercises building upwards toward the desired, enlightened edifice. Plus, best of all, everyone can experience the normal state of hypnosis.

As a prelude to this first exercise, we take a moment to explore the history of hypnosis as a psychobiological intervention. The first inklings of the hypnotic potential of mankind appear to have arisen around the time that creatures realized that they possess a dream life. Substantial evidence of early hypnotic inductions and interventions can be found in the hieroglyphics inscribed in early dynastic Egypt temple walls and papyri; in association with Serapis and Imhotep, Egyptian gods of Medicine.

However, the first major Western medical system organized around the diagnostic and therapeutic utilization of dreams, visions, and suggestion arose during the Hellenic period, being realized in special temples and grottos under the auspices of Aesculapius, Greek god of medicine. It is likely that Aesculapius was a mortal physician practicing prior to creation of the epic poem, the *Iliad*.

However, in the *Iliad*, Homer honors him as the son of Zeus.

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Aesculapius represents the healing aspect of the medical arts; his wife Epione (soothed pain), his daughters Hygieia (goddess of health, cleanliness, and sanitation), Iaso (goddess of recuperation from illness), Aceso (goddess of the healing process), Aglæa (goddess of beauty, splendor, glory, magnificence, and adornment), and Panacea (goddess of universal remedy).

By the 5th century BCE, the medical system of Aesculapius was well established within the Hellenic world and came to include some 200 healing centers, or *Asclepieia*, in Greece, Italy, and Ionia. Treatment consisted of a generally arduous journey to a healing center located in a secluded, picturesque environs with mineral baths, recreational facilities, healthy food, and places of worship. All who sought treatment were admitted, regardless of the ability to pay. The Aesculapian healers, the *Therapeutae*, considered ‘a physician as a person to whom any ill person could look to for relief and consolation.’

At each *Asclepia*, a patient was ritually purified and allowed to make an offering to Aesculapius. Such purification consisting of a one day fast and abstinence from wine for three days. In the evening following completion of the purification, offerings, and ritual bath, the patient was placed into the holy sanctuary of the temple, the *Abaton*, to await a visit by the god. Such visits

typically occurring in the image-prone, hypnagogic stage immediately prior to falling asleep or in the dreamy, hypnopompic stage immediately preceding awaking. When Aesculapius appeared to the patient, he would either cure or prescribe treatment.

Many cures were ascribed to *Aesculapian* dream therapy; the blind, deaf, lame, impotent and barren, and those afflicted with innumerable maladies having left many stone images or written accounts of their cures upon the temple walls.

The medical systems of Aristotle, Hippocrates, and Galen are rooted in the experimental findings of the medical system; all three convinced that imagination and strongly held beliefs play a central role in health and sickness. Galen was one of the first practitioners providing a detailed outline of the relationship between the mind and body. He proposed that the images and dreams of a patient provide valuable diagnostic information. For example, images of loss, grief, or disgrace indicate an excess of melancholy; and images of fear or fighting an excess of cholera. Galen was aware of the vicious cycle created by an imbalance in the four humors; such imbalance producing corresponding images aggravating the unbalance. Until such cycle was broken, no cure was available. Modern medicine

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would speak in terms of psychoneurohormonal disturbances, organ dysfunction, and psychiatric imbalances.

The *Aesculapian* medical system survived the inroads, domination, and persecution of Christianity. While, Aesculapius was left behind, the foundation stones of his medical system, i.e., mutual respect, healthy food and environs, moderation with intoxicants, recreation, and hygiene remained to be absorbed by the early Christian physicians. In the seaport of Aegeae in Roman Syria, the brothers, Saints Cosmos and Damien, worked tirelessly to provide medical care for all those in need, until the Diocletian prosecution in 278 CE. Later churches dedicated to these two saints accepted all ill persons for treatment. The primary method of diagnosis was by incubation sleep, a variant of Aesculapian divine sleep. I imagine some sort of herbal medicine was followed in treatment.

A review of the ancient history is useful as it provides information as to the hypnotic essential factors necessary for returning a person to a fitting state of health, i.e., preparation, ritual, offerings, and trance session. For instance,

1. Patients voluntarily choose to proceed with medical hypnosis.
2. Attending medical hypnosis sessions requires travel, personal effort and commitment.

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3. Practitioners of hypnosis provide an environs which is inviting, warm, safe, confidence producing.
4. Patients or hypnotic subjects are instructed as to the nature of hypnosis and what can be expected using it. Questions are encouraged and misinformation fully corrected.
5. When the time is appropriate (practitioners watch the patient for activation of his or her natural rest cycle), instructions are given conducive to the patient for entering into a relaxed state where imagery is easily accessed and adroitly guided.
6. Practitioners use guided imagery and give suggestions apropos to each individual patient.

BASIC SELF-HYPNOSIS TECHNIQUE

I think we have enough information to introduce you to our first practice exercise in inner growth. The purpose of this exercise is several fold:

1. First, you experience first hand just how easy it is to enter into and exit hypnotic trance. You will quickly discover that you are in control of your conscious experience, in trance or not.
2. Second, you discover that producing a trance experience is not magical or difficult; rather, it works like a mathematical equation or a natural law of physics. It something the brain 'just does.'
3. Third, you discover that trance sessions generally recharge your emotional and somatic batteries, increase confidence and hope for improvement, and decrease unnecessary emotional liability, riding your mind of oppressive thoughts and worries.

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4. Fourth, you become familiar with all technical issues involved in learning and applying self-hypnosis.

Keeping the above in mind, let us begin. In this first exercise, I will lead you into and out of hypnosis several times. You will notice that this method is very conducive for entering quickly into a relaxed state. The eventual goal is to teach you how do hypnosis on your own.

Step 1. A comfortable place to sit down is most conducive to trancework. It is better to sit upright with a well-supported back than slouch in a chair.

Slouching restricts breathing and blood circulation, diminishes creativity, and inhibits intuition. Your hands should rest comfortably in your lap, palms down and separated. Feet firmly upon the ground. A good posture, coupled with a symmetric placement of the hands and legs, stabilizes the proprioceptive input to the body. Your two feet and buttocks providing a near unmovable tripod . . . a tripod keeping you upright no matter how relaxed you become. I will wait for a moment or two to allow all of you to find a comfortable sitting position.

Step 2: Now that you are resting more comfortably and more securely, please take in a slow, deep, effortless inhalation . . . hold it momentarily and exhale slowly, freely and without resistance. As you exhale, notice any muscular tension

. . . maybe in the shoulders? . . maybe in the neck? . . maybe in both? . . feel the upper body and arms relax so nicely . . . as the body settles into the seat of the chair. As the eyes close . . . the body relaxes even more . . . sensory data from the external world is of no immediate importance. . . anyway. Notice how the rate of breathing changes with relaxation . . . slowly inhaling . . . slowly exhaling . . . breathing finding its own rhythm . . . constant . . . body resting comfortably . . . securely . . . all is well.

Inhalation and exhalation . . . so effortless . . . free of muscle straining . . . easy breathing . . . no particular cares or worrisome thoughts . . . no worrisome feelings . . . Relaxation always follows from simple and soft actions.

As you listen to my speaking, you will notice that each word is informative and relaxing. My voice will not disturb or distract you from your personal cycle of inhalation and exhalation. Focus all of your attention upon my soothing words . . . extraneous room noises fading away to silence . . . just you and I . . . just I and you. . . all is well . . . you are safe . . . I am watching over you . . . my only concern is your well being . . . showing you how skillful and how competent you truly are . . . No cares and no concerns are within or without right now . . . such disturbances are for later times . . . much later after this day is done. This period

of gentle inhalation and exhalation marking your own decision to enter into a short period of self-hypnosis and psychoneurological brain restructuring.

Step 3: Breathing in and out . . . sensations arise as the air flows into and out of the nostrils . . . a soft . . . pleasant tide of healthy air. . . feel the upward and downward movements of sternum and abdomen. . . this is peaceful hypnosis . . . Soon . . . I shall begin counting downward from 100 to 95. Notice how the body continuously and effortlessly relaxes . . . deeper and deeper . . . into hypnosis . . . further and further . . . as the numbers descend . . . deeper and deeper with each descending number. . . 100 . . . 99 . . . 98 . . . 97 . . . 96 . . . 95 . . . near perfect relaxation.

Step 4: Resting in hypnosis . . . inhaling and exhaling . . . relaxing . . . more and more . . . deeper and deeper . . . with each and every exhalation . . . sinking into a deeply relaxed . . . carefree state of body-mind. Breathing . . . natural . . . unlabored.

Saying softly, ‘in’ with an inhalation and ‘out’ with an exhalation . Focus upon the gentle outward and inward motion of the abdomen or sternum with each complete each breath. Thoughts are surely present—just allow them to come and go, fading as quickly as they arose, for such is the nature of thoughts and images.

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Thoughts are like the incoming tides, rolling over the coral sand beach for a few seconds and then retreating back into the endless sea. They are of no importance in this particular exercise. If such distract you, just allow your attention to return to your breath and the motion of your abdomen or sternum.

Now . . . so focused upon the rhythm and depth of breathing. Did you know that in hypnosis I can easily show you how to redirect your attention? Let me demonstrate. Notice how the bottoms of the feet seem to extend beyond the soles of the shoes, feeling the hardness of the floor. Sitting securely in the chair, body sunk into its surface, perfectly at rest. So relaxed, so stable, so secure, without a care in the world needing attention.

As you are now so relaxed and open . . . notice how easy it is to open your innermost heart so to allow the noblest of feelings to flow into heart . . . filling heart as if heart were a golden goblet receiving the most holy of wines. As the cup fills . . . heart fills. . . warm and tender feelings of altruism, compassion, joy, expansive generosity. Truly it is far better to give joyfully of what you have to one in need. . . as the poor widow gave to her God . . . to give . . . only. . . for the sake of giving. . . as the God of your Heart and the God of your Realization gives onto you day and night.

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Step 5: So peaceful and relaxed. Hypnosis or trance is just another normal state of brain-mind . . . for trance happens to us without our conscious brain awareness every 90 to 120 minutes, each and every day . . . all we did today was to bring a modicum of consciousness to your daily rest-activity cycle. In a moment, another period of counting downwards will occur so to deepen your state of focused relaxation . . . take a deep and when you hear me say 95, slowly exhale as I count downwards . . . 94 ... 93... 92... 91... 90.

Allow time for a few more breathing cycles.

Step 6: Now, please take another inhalation of fresh air and energy into your body . . .

1... 2... 3..., eyes open and fully present.

After everyone has opened their eyes and stretched, ask everyone to make a big yawn and ready themselves for another inner journey. After everyone is settled, begin as follows:

Step 7: I am going to count downwards once again from 100 to 95. As I count, allow your conscious brain awareness to fade into the background as your body settles once again into a satisfying trance. 100 . . . 99 . . . 98 . . . 97 . . . 96 . . . 95 . . . deep into trace . . . deep into relaxation. No cares and no concerns . . . just

relaxed . . . listening to my voice. Continue to breath in and breath out, noting each inhale and exhale softly.

As you are now so relaxed and open . . . notice how easy it is to open your innermost heart so to allow the noblest of feelings to flow into heart . . . filling heart as if heart were a golden goblet receiving the most holy of wines. As the cup fills . . . heart fills. . . warm and tender feelings of altruism, compassion, joy, expansive generosity. Truly it is far better to give joyfully of what you have to one in need. . . as the poor widow gave to her God . . . to give . . . only. . . for the sake of giving. . . as the God of your Heart and the God of your Realization gives onto you day and night.

Allow about one minute and then bring them back to the room.

I am going to count downwards once again from 94 to 90 and I would like each of you to allow your awareness to sink ever deeper into relaxation, into peace and quiet . . . take in a deep breath and when you hear me say 95 slowly exhale as I count downwards . . . 94 . . . 93 . . . 92 . . . 91 . . . 90. So perfectly relaxed.

Ready yourself so to return to normal consciousness. 1 . . . 2 . . . 3 . . . eyes open, wide awake, feeling great.

Repeat three times in total.

DISCUSSION PERIOD

Now that we are all back into our lecture room with a much improved state of mind-brain, it is time to discuss what happened during trance, any difficulties encountered and general comments and questions.

Afterwards, I shall share my personal, modern understanding of the process of hypnosis and why it is the most effective psychotherapy on earth.

Questions which the instructor should ask during the discussion:

** Would anyone like to tell how about being hypnotized? How did the experience feel? Did your thoughts wander? How do you feel now that you are in normal awareness?

** During our hypnosis work, can anyone tell me where 'self' went? Did anyone feel as if his or her 'self' present? Sometimes present and sometimes not?

** Sometimes in hypnosis, people forget what happened during the trance. Did this happen to anyone?

MODERN VIEW OF MEDICAL HYPNOSIS

Now, that you have had a taste of entering into and exiting trance, it is much easier to address the psychosomatic underpinnings of hypnosis. I must warn you that much disagreement exists in the medical field as to how best to define 'hypnosis.' Experts disagree as to:

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1. Is hypnosis a unique, altered state of consciousness or is a variant of normal daily awareness?
2. Is hypnosis ‘role playing’ performed secondary to an conscious agreement between subject and practitioner?
3. Is hypnosis an unique form of psychotherapeutic intervention or merely a useful adjuvant to other traditional forms of psychotherapy?
4. Is it possible for a practitioner to place someone into a hypnotic trance without the patient being aware?
5. Why are suggestions given in hypnosis so powerful for healing?
6. Is there such a thing as ‘active hypnosis’ or hypnosis during normal chores?

Such questions barely scratch the surface of the vast theoretical-therapeutic bubble called hypnosis—generally they just create more questions. To come to a workable understanding of hypnosis, we would need to venture and spend many years in the experimental worlds of neuroscience, psychology, evolutionary studies and so much more. As our time is limited, I will skip far ahead and tell you what I have learned doing and teaching hypnosis to doctors for some 35 years. I think it is essentially correct.

First, hypnosis is not an unique, altered state of the human mind or soul. Hypnosis describes a state of awareness that you have experienced since early infancy—though no one told you about it. For instance, most of our physical

activity, such as driving, is done in a state which I call—procedural or sensorimotor awareness or consciousness. Clearly, the appropriate circuitry of the brain is receiving, evaluating, and acting upon the immediate situation. Your body does what it needs to do without you having to actively cogitate. While, you are driving you can make a phone call or think about a more pressing matter in your life. If the trip has been uneventful, you would have stored no long-term memories as to scenery, road conditions, or even details of the weather.

And I am sure that many of you have experienced “highway” hypnosis” during which you drove safely for a long time, but have no memory of doing such. Clearly, procedural awareness was working, but the awareness we associate with our personal self was missing.

Research has shown that the physiological processes of our bodies have a temporal quality to them showing distinct periods of activity and rest. The most commonly known cycle is our circadian or 24 hr cycle comprising active awakening and more passive sleep—though, some systems are more active during sleep than wakefulness. For example, your pituitary gland demonstrates chronicity as it secretes hormones as ACTH to stimulate glucocorticoid production in the adrenal glands, TSH to stimulate T3 and T4 production by the thyroid, and

the gonadotropin hormones, FSH and LH, to stimulate the ovaries and testes to produce estrogen and testosterone primarily between 7 to 9 AM. Body temperature is coolest just before awakening and warmest in late afternoon or early evening.

Layered within the circadian rhythm is a much more rapid cycle of activity and passivity, known as BRAC or the basic rest-activity cycle. This cycle normally has a period of 90 - 110 minutes and is called our ultradian cycle. For example, during undisturbed sleep in healthy persons there are distinct periods during which you are actively dreaming and your voluntary muscular system is essentially paralyzed so to prevent physical acting out of your dream content. Such states of REM sleep alternate with deeper stages of sleep called NREM, that former lasting for less time than the latter. This ultradian cycle does not disappear when you awaken, but continues as distinct time periods during when you are very alert and active and periods when your brain activity decreases and your body becomes more quiet. Hundreds of ultradian cycles exist in our bodies. However, stress, worry, and poor health practices disrupt our cycles and can lead to acute and chronic illnesses.

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Therefore, it is my educated opinion that hypnosis is not a magical altered state, rather hypnosis utilizes or induces the CNS to enter into the rest period of our BRAC. How do I know this?

Mainly, because I have observed many, many patients during hypnotic inductions. As the induction progresses, I invariably notice a gradual relaxation of facial muscles and sitting posture, slowing of respiration rate, decrease in the depth of breathing, and slowing of the rate of speech. The left side of the face tends to become more flaccid than the right suggesting that the RCH is now dominant. Such being supported by nasal breathing studies and fMRI and EEG scans. Moreover, hypnotized patients begin to exhibit increased imagery and capacity to experience new behaviors.

Also, I have observed many patients spontaneously exhibit all the above signs of a hypnotic induction during normal lengthy “talk sessions” or during history taking—without the mention of hypnosis or use of a overt induction. Subsequently, what I am observing are patients spontaneously entering into the BRAC no different than happens when patients expect to be hypnotized by me.

The reason why I am telling you about BRAC and your potential to go into spontaneous hypnotic trance is protective. It is easy to delay an ultradian cycle so

to stay in the alert phase when it is opportune. For example, watching TV commercials, shopping, reading a contract, or listening to a car salesman—these are times when decreased suggestibility is important. It is too easy to be swayed against your better feelings and judgment—so pay attention.

Notwithstanding the above, there is a reason why I choose to employ the ritual of hypnotic induction whenever the patient expresses interest. First, the word HYPNOSIS is a power word in our Western culture. It is a magical mantra. For the word hypnosis creates great expectations and cooperation in every one asking for it—greatly enhancing the good work which can be done during a BRAC period. Being a wise and enlightened psychiatrist, I use hypnotic skills on every one of my patients.

So I imagine it is helpful for us to continue to employ the term self-hypnosis for what we are now doing.

Skipping over many other questions, I want to share the most important conclusion I have come to about hypnosis. I am going to tell you how it works. It is actually quite simple when viewed from a systems prospective without worrying about its underlying physiology.

The first principle is the realization that the totality of mental life is 100 % dependent upon the neural activity of our CNS—whether or not, embodied within us is a nonphysical entity, an individualized soul. Compelling evidence is found within imaging studies, lesion studies, and disease of the CNS.

The second principle is the realization that our brains possess an ‘image operator.’ Sensory data from worldly objects is registered, transformed into neural impulses which are conducted into the CNS for processing, and eventually an ‘image operator’ back-projects 3D images into the surrounding physical space coexistent with the originating physicality.

The image operator is nonfunctional or minimally operative at birth and gains in capacity as the neonate begins to interact with the external world. As the infant grows, he or she experiences a myriad of new and repeated spatial relationships between itself and its immediate environs. Such interactions eventually providing the image operator with sufficient sensory data so to be able to produce dreams, i.e., that imagined space and temporality containing our hypothetical self, other entities, and objects.

The third principle is the realization that our existential selves do not actually reside within the physical world, rather, all of us live in a nonphysical

dreamscape or virtual world created by our image operators. Moreover, what we have come to identify as ‘our personal selves’ or ‘egos’ are, in fact, no more than social and dream artifacts encultured during childhood so to distinguish between the author and receiver of a covert action.

During sleep, we experience small segments of a larger virtual dreamscape (independent of physicality); during waking, most of the nighttime dreamscape is sequestered and replaced by a real time overlap of the physical virtual onto the physical. Sometimes, when awake, portions of our dreamscapes can intrude which are not congruent with the physical. In truth, we all live continuously in one long dreamscape as is proven by introspection.

And what is this ‘dreamscape?’ I opine that the dreamscape is the experiential theater upon which our life-long narratives are played—asleep or awake. Moreover, years of clinical experience have proven that the local events happening in our personal lives follow our cognitive beliefs, linguistic biasing, and future expectations derived from personal narratives. Such narratives depending on natural temperament, character, past joys and traumas, introjected social roles, and brain structure.

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Change the narrative and you change the local enfolding of your life story. This is what hypnosis does, for hypnosis works with the primary drivers maintaining your life narrative, cognitive beliefs and expectations, structured by words and maintained by words. A good therapist guides by having you create and experience a new dreamscape with healthier experiences, relive and reframe past experiences so to change emotive content, explain how your narrative got you to where you were when therapy began, and so on.

However, it is critical to understand that even our very own, beloved narratives have scenes and acts which we are consciously unaware.

I think this is sufficient for the moment. Next we will study emotions and how they work so you can free yourself from needless dependence upon such.

Any questions?

END