

Casebook of clinical hypnosis

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112. Nocturnal cry and fright

SUBJECT: woman.

PROBLEM: nocturnal cry with screams and fright ("I don't know the reason of this behavior, but it happens every night, sometimes several times during the same night").

APPROACH: simple hypnotic uncovering ("you don't know the reason, but your unconscious does. We don't need to discuss this matter further"); preliminary talk terminated after five minutes; immediate employment of hypnosis.

RESULT: one session; spontaneous hallucination (during her trance) of a scaring and weird mask; sudden insight of the woman at home, revealed later to me during a phone call ("it was not a mask.. it was my face with gauze bandages.. I was looking my face at the mirror.. I have had an accident at home, and a doctor dressed the burns on my face").

FOLLOW-UP (1 month): casual encounter in the street (I'm feeling a lot better.. some times I emit a little cry, but at worst it happens once during the week, and it stops there.. formerly, on the contrary, I became frightened, and it happened several times per night").

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111. Hypno-birthing

SUBJECT: woman.

PROBLEM: urgent request to be hypnotized because of an imminent childbirth ("within about seven days I will be mother.. I need to do some hypnosis, because my preceeding childbirth has been very long and extremely painful, so now I'm very scared").

APPROACH: "we won't have enough time for a complete training, so the main goal will be to have the baby as rapidly as possible.. now, you said that you cannot return to my office, so we have just one occasion.. and you never had any hypnotic training, so you must rely completely on your unconscious mind, and develop a trance so deeply that you will be able to handle the whole childbirth". Intense hypnotic training, without interruptions.

RESULT: very good trance depth, and excellent understanding of the idea that it was mandatory to exploit this short training in the most effective way.

FOLLOW-UP (3 months): childbirth occurred just three days after the session; her phone call after three months: "I wanted to tell you that in the night of the childbirth at about 2 I felt some pain, and I went to the bathroom, and then I watched the tv until 4:30 just to distract myself. Then with my husband I took the timing of the contractions, and we found 12 contractions in 1 hour, so he wanted us to go to the hospital. I was so quiet that between one contraction and the other I was singing while hearing the radio in the car. After the medical exams I was told that my dilation had already reached seven centimeters or even more, and that the childbirth was really imminent. After one hour I already had the baby. Fortunately my husband has been resolute in his decision to go to the hospital.. I risked to complete the childbirth at home by myself! The contractions were very strong, but the pain was so short that it could be forgotten immediately. I didn't receive any drug, and I didn't let the doctor use the hook to broke my waters. With just three pushes I completed the entire childbirth. I did it in five minutes, but the clock was saying that an entire hour had passed".

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110. Too demanding

SUBJECT: woman.

PROBLEM: 35 years of insomnia; benzodiazepines and tricyclics very unsatisfactory (4-5 hours of intermittent sleep); very anxious personality, high blood pressure because of the drugs (risk of glaucoma); poisoned by X (a drug that today is considered very dangerous); break down after

father's death; laziness; hypnosis with "a psychologist definitely unable to hypnotize and charlatan in hypnosis"; her demand of some hypnotic miracle.

APPROACH: hidden inductions, in order to respect her hyper-vigilance and also to handle a rather worrying increase of her aggressiveness towards me (the hypnotist); appearance of wide amnesias (foggy recall of the procedure), time distortion, and dissociations, with intense physical abreactions which she continued to deny despite their evidence.

RESULT: hypnotic demonstration of the presence of traumatic unconscious (repressed) material (not recognized, of course, neither by her physicians nor by her psychologists).

FOLLOW-UP (3 months): general improvement, but also complete unwillingness of the client to continue her work, that she considered too demanding for her.

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109. Too many drugs

SUBJECT: boy.

PROBLEM: uncertain behavior, with excessive swings of mood; many drugs and psychotherapy, but without results; request of trying with hypnosis.

APPROACH: experimental hypnotic induction; trance initially slowed by intense perspiration and moments of disorientation, and then interrupted.

RESULT: evident inhibitions of his reactivity (a typical effect when too many drugs are used); interruption of the experiment after half an hour of attempts: "your nervous system is filled up with drugs, your perspiration is excessive, and you have difficulties even in your speech; you are too drugged pharmacologically and you cannot work with hypnosis; ask to your psychiatrist if he is willing to cooperate by reducing your drugs in order to let you develop a good trance".

FOLLOW-UP (2 weeks): psychiatrist's refusal not only to cooperate, but also to talk with me for a possible hypnotic work with his patient; my decision of cease immediately the work ("you would loose your time and money without results"); no further news.

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108. Anal pruritus

SUBJECT: woman.

PROBLEM: intractable anal pruritus (negative dermatological and gastro-enterological tests, useless pharmacological treatments of any conceivable type); rather rigid and closed personality, but nonetheless still pleasant; evident psychosomatic nature of her symptoms (completely unrecognized by her physicians, with a consequent loss of time and money, and prolonged damages to her life and to her mental health).

APPROACH: simple explanation of the situation ("nerves can send itching signals when they are excited from the outside, for example when a wound is healing, or from inside, when the nervous system is excited for its own reasons"); indirect hypnosis (after her complete opposition to any formal and recognizable induction, and even to any instruction about hypnosis); hidden technique and consequent substantial reduction of her itching; extreme astonishment of the client; immediate reinforcement: "and now you have learned that pruritus can become bearable"; trance extension and deepening.

RESULT: substantial fall of her pruritus after the preliminary talk; about two days of complete freedom from her pruritus after the first session, and then reappearance of that "hot burning and tingling"; her admission, during the second session, of becoming able again, after a long time, to cry and shed tears, followed by her comment: "but I didn't want to reveal it to you for some reason"; spontaneous trance, several abreactions, and then, on coming out of the trance, complete amnesia of these reactions ("why my eyes and my cheeks are so much wet?"); strong decrease of her pruritus; uncovering of a very deep suffering for a personal issue (omitted for privacy) that she had wrongly considered of little importance; her decision of stopping the

hypnotic work, and final determination in leaving everything unchanged; evident psychiatric problem, erroneously diagnosed and erroneously treated by all the physicians as a mere dermatological symptom.

FOLLOW-UP (7 months): no further news.

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107. Obesity

SUBJECT: man.

PROBLEM: obesity ("my lungs are under pressure, my back is painful, I have no care of myself, I ceased to use drugs and diets because they are useless.. I always eat, and so I don't know what is hunger, and in addition I'm a glutton; I would like to refrain, because I don't want the food to be the main thing; I need an automatic weight loss.. I want to lose no less than 30 kg").

APPROACH: accurate selection of the starting point ("let's begin from the greediness, which is like an addiction"); insistence on his personal responsibility; employment of a somnolent trance, very suitable and relaxing for him; almost complete absence of suggestions during his trance; extreme stress on the concept of "lazy hypnotic comfort"; sessions very spaced in time, with more and more marked deepening of his trance.

RESULT: amazement after the first session ("I have no longer that aggression toward food.. very strange.. it's really a mystery!"); removal of bread and brioches; loss of 4 kg in two months ("I refrain without refrain.. it couldn't be better.. but how it is possible?"); further loss of 4 kg after the second session ("it's amusing for me to bewilder people.. they wonder why I eat a lot less, and they don't understand!"); spontaneous hallucinations with his eyes open (the face of a very loved person) during his fourth and last session, with intense emotional elaborations.

FOLLOW-UP (1 year): further big loss of weight (information received from another client who came for the same problem); no further news.

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106. Forgotten memories

SUBJECT: man.

PROBLEM: repressed traumatic material; psychotherapy useless ("practically a placebo"); eccentric personality with intelligence above the average; "I have a schizoid psychosomatic structure because of a negative uterine imprinting.. I want to employ hypnosis for a physical change, because I am strongly reactive only against X [a member of his family], and my body is oppressed, it's like a raped body".

APPROACH: simple hypnotic approach; very fast and intense trance, with strong physical acting-out, with the client 'speaking' through his body (details omitted for privacy).

RESULT: recovery of a repressed memory of a physical contact with his mother, and recognition, for the first time, of the disproportion between his enormous emotional reaction and the minimal, almost insignificant, physical contact; appearance (during the second session) of several other emotions linked to certain personal experiences of flirt and love (beautiful and positive in themselves, but felt as negative and oppressive); hypnotic emotional correction completed during the third session; hypno-synthesis of the whole work done in the office, with many self-suggestions.

FOLLOW-UP (1 year): goal accomplished ("during these months I have recollected many many other memories, and at last I'm feeling relaxed, with neutral emotions, and I have some corporal satisfaction").

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105. Psychosomatosis

SUBJECT: boy.

PROBLEM: psychosomatic disorder; medical student; troubled personality (not transparent, manipulatory, and dishonest); "I have clinical symptoms without remission: insomnia, swollen belly, tics, tinnitus, a feeling of constriction in temporal and orbicular muscles, and a skull that seems too big; I tried several psychotropic drugs, but they are only palliatives, and I have never seen any solution of the problem; my blood exams are normal, neurological examinations are negative, and even the electroretinogram and audiometric exams are normal; psychiatrists are puzzled, osteopaths and posture technicians found nothing of importance; even the dentists who examined me didn't find anything clinically significant; I have no pain at all, and my nervous system seems more over-excited than exhausted; paradoxically, I have the feeling that this problem is simple to solve, maybe because the severity of the symptoms comes from its location, which prevents me from studying; I was better when I had anginose pain in my thorax; now I'm no longer fearful nor anxious, as if the symptoms had moved from the mind to the body, and this made me mentally stronger; I cannot accept that physicians continue to say that I have nothing.. when they don't see clinical findings then they say that nothing is wrong, but they are wrong; I study with difficulty, and it is like reading inattentively, as if there were some worries in the background; my brain seems drugged, and it thinks excessively: I am a neurotic with complexes; it would be enough for me to rediscover the confidence in passing my university exams, but in order to learn I must be well; in short I'm blocked, I'm withdrawing, I'm ruining myself".

APPROACH: employment of the following orientating question: "either anxiety or symptoms.. you cannot escape from this.. therefore, when you will be well, what will you do?"; hypnotic dissociation ("phenomenal.. I'm feeling doubled, I'm spectator of myself").

RESULT: appearance of intense tremblings and anxiety during the hypnotic dissociation, with strong client's amazement ("I am astonished.. I really didn't expect this.. I cannot understand why I developed the anxiety.. I didn't think at all about it.. and I was not asleep.. on the contrary, I was two persons at the same time, I was watching the anxiety, but I was unable to overcome it.. now I know that I'm awake, but I see a light all around, and I'm telling me that I can solve the problem, it's there, I'm almost ready, but something is blocking me, I cannot, I feel my skull under a growing constriction, I feel that I must necessarily be in hypnosis, and certainly not awake!"); deepening of his conscious hypnoanalysis, suggestion of changing his posture to avoid boredom; spontaneous beginning of healing ("now I feel an expansion in the skull, I feel better.. I'm very very calm.. now it's like an anesthesia, I'm a lot more tired than before, almost sleepy.. I don't know how it is that I am able to talk"); request of utilizing some unconscious ability of acting without symptoms; hypnotic work stopped until the next day because of the tremendous fatigue; my comment: "you developed a deep trance many times.. I have counted at least 12 trances"; second session: no formal employment of hypnosis; client's comment, typically medical: "beyond the collapse of the symptoms, not only I feel less tense and less ruminative, but also I noticed an improvement that I would define profound, not physical.. yesterday in hypnosis I tried to distract myself, but I found myself unable to do that, and I was very concentrated with an highest performance, and I could not believe it.. the most impressive thing is not the decrease of symptoms, but the return of my mental control, which was absent until then.. before now, my head seemed to be into a revolving washing machine, while now my thoughts stop by themselves, and I like very much this automatism.. I thought that hypnosis meant to fall asleep and to awaken healed, but on the contrary it has been a total but vigilant abandonment, something fully physical, completely new, and very pleasant because the mind was more lucid than ever.. the only symptom of hypnosis has been a low ability to see.. everything was out of proportion and distorted".

FOLLOW-UP (2 years): no further news; session paid only in minimal part; promise ("don't worry, give me the coordinates of your bank account, and I will send you the money") never kept.

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104. Anxiety and depression

SUBJECT: woman.

PROBLEM: anxiety and depression; "after my childbirth I became very depressed, and I vomited everything; I received some anti-depressants and sedatives, but without results; then I started again to overeat, and I know that I use the vomit against my nervousness, and I'm very fatigued, and I neglect myself.. I simply would like to leave back this bad period of my life".

APPROACH: usage of very brief and fragmentary hypnotic techniques during the spare moments of silence of this woman, by focusing her attention towards the primary importance of herself.

RESULT: remarkable quietness after the first session, and complete disappearance of her vomit after the second and last session.

FOLLOW-UP (8 months): vomit disappearance within 3-4 weeks after the first session, without relapses; good return to normality ("now I eat quietly, and this is no longer a worrying issue for me.. at last I'm well").

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103. Lichen, insomnia, colitis

SUBJECT: man.

PROBLEM: conversion disorder (anxiety expressed as lichen, insomnia, colitis); intelligence clearly above the average; more than ten years of psychotherapy and drugs, but with unsatisfactory results; significant shifts of mood from too low to too high self-esteem; "I want to have a healthier belly and to improve the quality of my sleep".

APPROACH: hypnotic utilization of his remarkable personal energy; involuntary contractions of his abdomen during the trance, very surprising for him; hypnotic acting-out of strong conflicts and rage; almost complete loss of his sense of time ("it's incredible.. completely inexplicable!"); emotional insight after self-hypnoanalysis.

RESULT: intense involuntary motor activations and disactivations of his abdomen during the first session; bowel improvement after the second session, but with unaltered lichen and also a worsening of his nail biting; "strange situation of well-being" without consequences despite two days of overeating in a restaurant; discovery, during the third session, of a true deep fright of his pauses and inactivities; decision to interrupt the work ("I didn't notice any improvement in my bowel.. on the contrary, today it is worse than the usual.. but the paradox that shocks me is that my mood is a lot better than before, and this is a thing that I am definitely unable to understand").

FOLLOW-UP (6 month): no further news.

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102. Smoking reduction

SUBJECT: woman.

PROBLEM: chain smoking; "my mouth is like an ashtray, my teeth are decaying, and I have a chronic bronchitis, but if I try to stay away from smoking then I crave and dream cigarettes even during the night, and I begin again to smoke immediately.. moreover, if I quit I'm afraid I will gain weight".

APPROACH: questions about how she wanted to get rid of her smoking habit ("I want a gradual path, decreasing to no less than 3-4 cigarettes a day, because I'm definitely not ready to quit"); hypnotic work aimed to smoking reduction as much as possible, in accord with her conscious unwillingness to quit; trance deepening and 'meditation' about smoking.

RESULT: smoking decreased from 40 to 15 cigarettes a day after the preliminary session (where the client entered in trance many times); further reduction down to only 5 cigarettes a day after the first hypnotic session; "my craving lessened a lot.. I discovered that my nervousness comes from my period and from my problems with my husband"; several abreactions during her trance in the second and last hypnotic session.

FOLLOW-UP (2 months): smoking still at 5 cigarettes per day; no further news.
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101. Obsessive thoughts

SUBJECT: woman.

PROBLEM: obsessive thoughts: "since several weeks I see the window and I want to jump from it; or I walk along the street while thinking: 'what if I fall down?'. I saw a child on a little wall and I thought: 'what if he falls? What if I pull him down?'. There was a pregnant woman, and my thought was: 'what if I punch her womb?'. These thoughts are scaring me; a neurologist prescribed me some drugs because she thinks that I have some phobias; I followed her advice, but I didn't have any benefit; I have a lot of anxiety, I'm exhausted, and the churches frighten me; I want to be happy and to have the mind free from these horrible thoughts".

APPROACH: acceptance of her terms for the hypnotic work; initial training aimed at learning how to be more quiet; hypnotic emotional self-correction of her fear of being unable to get rid of the obsessions; hallucinatory review of several scenes in presence of many windows, and posthypnotic suggestion to replicate hypnosis at home; extension and deepening of the trance.

RESULT: bad thoughts still heavily present, but certainly less obsessive and less aggressive after the first session; "I feel lightly the obsession of the window, let's say from 10 now it's 7, and I have been very very well for an entire day, with those bad thoughts blunted or almost inexistent"; further improvements after the second session ("Sunday I didn't have those thoughts.. it has been wonderful.. now they fluctuate from 7 to 5"), after the third session ("the window is now neutral, and now I even have a good relationship with all the windows"), and after the fourth and last session ("now my thoughts are stable, reduced down to 3, so low that now I stay at home with pleasure, while in the past I always wanted to escape.. but now I have learned how to handle this").

FOLLOW-UP (1 year): no further news, no further contacts.

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100. Psychogenic vomiting

SUBJECT: woman.

PROBLEM: psychogenic vomiting; "several years ago I had a postpartum depression, and for 5-6 days a week I was unable to eat, and I vomited; I have been told that I have anxiety and depression, and I had to take several drugs, antidepressants, tranquilizers, and antispasmodics, but without results; I have been told that I vomit to fight my nervousness, but I don't see a way to escape from this, and I cannot continue in this way".

APPROACH: hypnosis employed to give more strength against the problems of life, and then "let's see what will happen".

RESULT: discovery of a need (necessary but sufficient for helping her) to keep in mind the experiences of success and love in her life; development of a good self-protection during the second session (extensive amnesias and hypnotic dissociations, very interesting because spontaneous); disappearance of her vomiting, and personal goals reached after the third and last session.

FOLLOW-UP (6 months): completely free from vomiting, quiet relationship with food, stable resumption of her work (interrupted because of anxiety and depression).

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99. Obsessive-compulsive disorder

SUBJECT: man.

PROBLEM: obsessive-compulsive disorder; bully victim (in family, at school, and then at work)

during the childhood and adolescence; "I have developed many fears, with absurd feelings of guilt; I have been treated by a psychologist, a psychiatrist, and also a psychotherapist, and all of them say to me that I'm a child that refused to grow, and I feel guilty, I'm tired, I would like to be happy and I know that I have already lost my youth, I want to cry but I know that I won't do it, and I smoke to harm myself; I have always been jovial, despite my countless problems during my early years".

APPROACH: hypnotic utilization of his low self-esteem and of the fact that now he doesn't care about his life; good trance; considerable personal effort in his sessions, with excellent improvement in his personal work.

RESULT: resumption of his sport activity after the first session ("I don't know how, but the anxiety decreased at normal levels, and I'm realizing that I obsess people with my behavior"), moderate reduction of his "obsessive automatisms" ("I feel good at 70%, and I'm sorry for past horrors"); two weeks without obsessions after the second session ("excellent days.. I discovered that I have a lot of aggressiveness, and that I want to say 'stop' to this self-injury"); even larger periods of serenity after the third and last session ("I'm fine at 80%, and even my back is improving; I have cut down the 99% of my anxiety, and I have many creative stimuli").

FOLLOW-UP (3 months): a message from him: "I told you that I was born to laugh.. now I'm like that again"; no further news.

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98. Fibromyalgia

SUBJECT: woman.

PROBLEM: fibromyalgia, probably related to emotional issues (4 years of psychoanalysis).

APPROACH: hypnotic utilization of her positive feeling toward the fibromyalgia ("it opened to me new sights, it's a growth") and of the fact that in her opinion is unacceptable to be born to suffer; formal, overt, well-explained inductions (in order to satisfy her very analytical and rational mind).

RESULT: good hypnotic control of pain since the second session (pain from 9 to 7 in the most painful parts, and from 7 to 3 in less painful body parts); spontaneous extension of her work, from symptoms to personality, after the accidental discovery of her "bad closure" during a non verbal approach, where she reacted with an intense fear when my fingers were gently moving her forearm from one position to another; spontaneous insight during the third session ("I feel that my physical problem represents a grief.. but now it is only a soreness rather than a pain, and I'm a lot better"); experimental demonstration of the fact that her symptoms are a somatic expression of some anxieties related to physical contact, because they are very sensitive to the way of hugging or being hugged (details omitted for privacy).

FOLLOW-UP (9 months): satisfactory and stable results.

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97. Migraine and tension headache

SUBJECT: girl.

PROBLEM: migraine with tension headache, both intractable. Useless therapies in four pain care centers; acupuncture ineffective; drug intoxication; "pulsing" migraine for 3-4 days a week, and permanent headache with facial pain every day; "I have spent tens of thousands of euros in vain".

APPROACH: general preparatory hypnotic training, gradual production of intense dissociations, physical alterations, and body disorientation; unexpected development of abreactions and complete, spontaneous hallucinatory phenomena (described by her in this way: "I wanted to tell you a curious thing.. even with my eyes open I can't see anything, I don't see you nor the room, it's all a strange fog, and I only see some faces that don't seem familiar to me.. I'm perfectly conscious, but the situation is this.. now I feel a lot of anger, and also a great fear"); fragmentary

but very meaningful hypnoanalysis; optimal hypnotic learning for pain control at home. RESULT: complete absence of pain for four days after the first session (with her great astonishment for that), but then return of pain practically like before, despite certain asymptomatic periods never seen before ("something has changed, but I don't know yet what it is"); hypnotic pain reduction after the second session ("it has been very strange, because when the pain begins then it grows, but after our session it stopped, and the next day I have been fine, but then the pain came back, and sometimes I tried to resist it"); definite reduction of the average pain (from 8 to 6) after the third session, where she developed a deep trance and strong emotional abreactions; pain stabilization around the moderate level (6) reached previously, unexpected normalization of her menstrual period, and reappearance of the interests for the normal daily life after the fourth session; migraine pain stable at 6 after the fourth session, but with continual increase of good days (spontaneous lack of pain) and decrease of symptomatic days; return to work, interrupted since a quite long time because of the disabling pain; pain definitely under control.

FOLLOW-UP (8 months): no further contacts with the client.

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96. Conditioning from trauma

SUBJECT: boy.

PROBLEM: disabling post-traumatic stress; client very informed (but sometimes misinformed) on psychiatry and hypnosis; intelligence clearly over the average; aggressive, directive, resentful, and very polemic personality; "with the psychologists i gave up.. I didn't even dare to talk about it.. then I tried with some drugs from a psychiatrist, but I ceased immediately because I felt a lot worse than before; it is ten years that my unconscious is wounded.. i must solve this inner conflict and find a way to stop my reaction to X (a very specific and frequent event, omitted for privacy); psychotherapy has been completely useless; I had four sessions with a psychiatrist psychologist who was expert in Ericksonian hypnosis, but nothing.. he was unable even to get catalepsy, he failed in the hand levitation, and not knowing what else to do he told me to go into a trance in my own way.. in my opinion I needed a hypnotic regression toward the triggering cause, but he clearly was not capable".

APPROACH: utilization of his resentment through the usage of that same failing technique that he knew (arm levitation); involuntary rising of a finger followed by other involuntary movements and by the appearance of a troubled breathing (anxiety); hidden trance deepening in the second session, with the development of other hypnotic phenomena: dissociation ("I feel myself disconnected"), time distortion (40 minutes perceived as 10 minutes), and powerful catalepsy, almost shocking for him ("what's that! I cannot move my right arm!!!"); his comment: "now I feel very anxious, but I don't know the reason"; hypnoanalysis until quietness; third session: my insistence on the usage of a hypnotic reconditioning-deconditioning and his firm opposition and demand to do a regression to the cause; seven unsuccessful attempts of regression ("the trance is too light"); "I feel that I didn't touch the point, I feel that I have not solved.. it seems an isolated mechanism, fixed into the body, automatic"; agreement on working the next time in deep trance; fourth session: apparent induction for arm levitation (accordingly to our agreement), but covertly aimed to dissociation; fast development of several hypnotic phenomena (dissociation, muscular alterations, persistent amnesia), unstoppable spontaneous deepening of the trance down to impressive levels, with physical evocation (acting-out) of his trauma, and sudden appearance of retches followed by his verbal comments; complete posthypnotic amnesia for his retches and his comments; extensive time distortion (more than four and half hours of session; full incredulity in realizing that his train to go home departed more than two hours ago), but serenity in recognizing that he has been in a very deep trance; work completion with a strategy against X and suitable for his homework.

RESULT: after the first session, "improvement only psychologically; I'm more calm and less

obsessive, but now I have less control on anger and pain; physically the symptom Y (omitted for privacy) has worsened, and after the session the shiver that I use to get rid of Y didn't work, and for a while I have found myself undefended"; my comment (unexpected): "this doesn't explain your psychological improvement"; after the second session: "I have less anger.. Y, the physical reaction to X, is still there, but I had an insight, and I have seen again the traumatic episode: now I know for sure that the cause of my reaction is just X.. I must go back in time and understand that now it is useless.. I must eradicate it out of the sexual sphere, otherwise it will ruin all my life"; after the third session: abundant exchange of emails with quarrels about my methods ("you use a superficial and ineffective approach, in my opinion it is wrong"); my acceptance of his instructions but at the following conditions: "1) you want a very deep trance, but this in your case requires time; for me it's ok, but if your trance doesn't show signs of intensification in a short time I will refuse to go on; 2) we will do hypnoanalysis only if a very deep trance has been developed, as you requested; 3) we will use the method of regression to cause, following exactly your request; 4) only in a deep trance you will function in an adequate way, but if you have some fear or if you don't trust in me completely, then you will remain in a light trance"; after the fourth session: very deep trance (accordingly to his desires), and, paradoxically, total loss of interest for the hypnoanalysis (regression to the cause) that he so ardently called for; his proposal of deconditioning himself from X through a conscious procedure (as I proposed to him since the beginning); his refusal of Pavlovian deconditioning, but acceptance of the Skinnerian deconditioning; detailed explanations for his homework; excellent results in a very short time.
FOLLOW-UP (3 months): "I'm deconditioning.. I have the control.. now I can do it by myself"; full satisfaction for me and for him (an excellent hypnotic subject, despite the contrary appearance).
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95. Migraine with aura

SUBJECT: man.

PROBLEM: typical migraine with aura, since childhood; examined by more than 50 (fifty) physicians; nausea and vomit for entire hours; one attack every two months (aura, visual disturbances, tingling, then violent symptoms like a terrific indigestion); tac showing atrophic spots in the frontal and subcortical brain; legs with reactive chondropathies; definite willing to use hypnosis against those very serious attacks (he has been hospitalized two times because of those attacks despite all the drugs used); asthenia, insomnia.

APPROACH: simple induction; hypnotic training to condition muscular responses; concentration exercises; training against tension ("during the night I feel that my sleep is full of anxiety").

RESULT: nocturnal dream activity restored after the first session; greater general quietness; surprising control of a symptomatic but abortive attack after the second session ("I'm very astonished, it never happened before.. after 5 minutes with the usual symptoms the attack didn't come any longer, while the rule is that after those symptoms the attack arises inevitably, leaving me destroyed.. but after this strange start, this time I found myself just tired, and I felt fine"); completion of the hypnotic work ("I'm calm.. in case of need, I know where you are!").

FOLLOW-UP (8 months): no further contact from him.

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94. Traumata and sexual block

SUBJECT: man.

PROBLEM: traumatic change in early childhood from a serene life with grandparents to a violent life with parents (especially his father); psychogenic impotence; apathy with peaks of out-of-control anxiety (smoking, drinking, nail biting, masturbation); psychoanalysis and psychotherapy with no results; request of getting rid of his tension.

APPROACH: banal hypnotic induction, strong disorientation, silent hypnoanalysis; request to

"sabotage even the self-sabotage"; idea of a strong paternal DNA, but used wrongly; induction through an explanation of the planned hypnotic work; repeated regression, good dissociation and hallucinations, protective recovery of his "scared inner child"; work on the sexual block through a simple explanation in trance ("you said to me that your mother didn't want to do it, but she had to do it with your father, and this has happened many times.. it's interesting that some day you too had to do it unwillingly with that girl that you told me about, so you have failed in your erection.. fantastic.. at last, for the first time, you have rejected a sexual scheme that is not yours but of your mother.. a first partial failure of maternal schemes and a first partial success of your own schemes").

RESULT: confusion for an entire week, but then insomnia without nightmares, and definite improvement after the first session; "the memory is there, but the burden has gone"; development of a strange curiosity mixed with disorientation during the second session; emergence of a "new exciting energy" after the third session ("I felt that you respected my intentions, and that you didn't do what you wanted to do, and this has been for me an injection of trust, so I gave you the go-ahead after few minutes. And when you told me to find the child that I wanted to find, then I have seen him, and all at once all the things that I did for twenty years in an indescribable pain had suddenly a meaning.. it was that thing closed within me that made me behave like that.. now I know that I'm all right.. it has been the most beautiful experience of my life"); sexual block solved after the fourth session ("that old guilt now is my point of strength.. my sexual battle started from there, but I didn't understand that until now").

FOLLOW-UP (7 months): big permanent advantages after the brief but intense personal hypnotic work; intense, unrestrained sexual activity.

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93. Experiencing hypnosis

SUBJECT: woman.

PROBLEM: anxiety, rigidity, family problems; explicit desire of experiencing hypnosis, but with evident professional interest (being a therapist and having had unsatisfactory trance experiences).

APPROACH: utilization of her tremendous neck rigidity as a psychosomatic measure of her general anxiety; failure of every attempt of inducing hypnosis through methods recognized by her, but full success with some hidden techniques unrecognized by her; intense deepening of her trance; single session because of her distance from my office and maybe also because of her limited interest (in my opinion she was mainly interested in studying my hypnotic approach, because she uses hypnosis with her patients).

RESULT: increasing feeling of coldness, complete inability to raise her hands despite her efforts (spontaneous, non suggested block), false belief of being out of the trance, but big astonishment for finding her neck completely free from tension.

FOLLOW-UP (3 months): no further news from her.

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92. Rapes and blows

SUBJECT: girl.

PROBLEM: traumatic events (rapes and blows); anxiety, anguish, insomnia, "strange and scaring" alterations of her behavior (omitted for privacy); drugs completely useless.

APPROACH: hypnosis with formal induction; direct aggression to her complaint and associated hypnoanalysis.

RESULT: excellent hypnotic responses; deep trance, very fast improvements within just three sessions.

FOLLOW-UP (6 months): complete normalization of daily life.

91. Stutter and blocks

SUBJECT: man.

PROBLEM: stammer since a long time; psychotherapies useless; logotherapy useless; drugs useless; introverted personality, mental block, attempts of suicide in order to escape this unbearable stuttering; useless hypnosis previously done with the famous psychiatrist Prof. Granone ("he threatened me.. I escaped"); "I am a reactive depressed, and I have a lot of anger because this problem happened to me and not to someone else".

APPROACH: hypnotic utilization of the evidence that the anger worsens the symptoms and the speech; self-hypnotic training, hypnoanalysis, trance deepening, regression with free associations.

RESULT: desire to try autohypnosis at home immediately; strong hopes and optimism after the first session; emersion of the underlying emotion (tears and pain; recovery of a repressed memory about the bleeding of his mouth; short hypnoanalysis) during the second session; hypnotic demonstration of his ability of reciting a tongue twister without any error during the third session; emersion of deep-seated resentments against his mother; reduction of his drug therapy; mood greatly improved; private review of "every significant mental image"; recovery of an endless number of childhood traumata during the fourth session; speech problem halved; interest for the causes of the problem rather than for the symptom, free ability to cry during the fifth session; evident improvement of his quality of life (mood from 3 to 7); development of a healthy aggressiveness in daily life; mood in constant improvement; completion of his training in self-hypnosis during the sixth session; ability to speak almost normally; good self-confidence; hypnotic dissociation during the seventh session, in order to free himself from a mental obscure and sinister voice that reminds the past; final Skinnerian (operating) conditioning in order to make stable the results.

FOLLOW-UP (2 years): great personal satisfaction, and ability to speak almost normally.

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90. Endless fear

SUBJECT: woman.

PROBLEM: panic attacks, smoking, kidney failure, emotional traumata (betrayal, grief, divorce); five years of psychotherapy almost without results; psychological sessions "with the promise of big changes that I have never seen"; anger for the waste of money; dependent personality; "I would like to get rid of my fear, which sometimes I like because it turns me away from pain.. to understand this ever-present fear is as important as my welfare".

APPROACH: conversational induction through a lesson of neuroendocrinology about the inner works of the so called pituitary-thyroid-adrenal axis; kidney and thyroid hit by the anxiety of the nervous system; hypnotic utilization of the distinction between the useful smoking (to calm down) and the useless smoking (a vane effort to handle the inner pain); excellent trance; second session by phone, casually and informally.

RESULT: good improvement after the first session; "I have understood that my fear is an old anger against my husband"; very satisfactory handling of her anger, mood a lot more stable, relative quietness.

FOLLOW-UP (1 year): satisfactory calmness, normal life.

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89. ADHD at school

SUBJECT: child.

PROBLEM: diagnosis of ADHD (Attention Deficit Hyperactivity Disorder); lively and clever child, but labeled as problematic at school; mother rather anxious and oppressive.

APPROACH: a simple question to the child (after some time left to his blatant mother): "have you any insufficient grade?"; answer: "no, and I have also some higher grades" (words confirmed by his mother); rapid induction using a shock: "well, if you are doing well at school, then who need a cure is not you, but your teachers (child astonished, mother with her mouth wide open); this ADHD that they diagnosed to you is pure rubbish; you are a lively child, and you don't have to stare endlessly to each word that you hear at school; and because of the fact that your teachers will never accept a check up of their brain, you will do have to deal with it: from time to time pretend to be quiet, and they will buy it like chicken. And you, be thankful for having such a good child. There is no need to work with him. On the contrary, tell to his teachers to come here for some hypnosis in order to relax their nerves. Your son is good just as he is, so don't bother him.. he will see to it, and he will handle all these professors at school".

RESULT: end of school problems, evident improvement of his grades.

FOLLOW-UP (1 month): son and mother very satisfied; several clients referred to me by his mother.

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88. Irritable bowel

SUBJECT: girl.

PROBLEM: irritable bowel syndrome (diarrhea, gas) since 3 years, started after an antibiotic therapy against a persistent cough (then completely disappeared but replaced by the irritable bowel syndrome); drugs useless, homeopathy useless, naturopathy useless; increasing anxiety; social distress.

APPROACH: general hypnotic training; hypnotic block of the symptom for hypnoanalytical purposes; trance deepening for a better physiological control.

RESULT: fast development of absence, dissociation, then sudden hot flashes, dizziness, nausea, transpiration, blurred vision, spontaneous trance termination with amnesia for trance events, intense feeling of indefinite anguish, her final comment: "I have digested"; sudden appearance of a persistent cough, tears, abreactions, quick insight (symptoms seen by her as an unconscious expression of an anger against some authoritarian figures of her infancy), her astonishment for these understandings coming from within; second session: symptoms cut down to 50%, fear to relapse, intense hypnotic work, frequent burps during the session.

FOLLOW-UP (4 months): very good health.

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87. Uterine cancer

SUBJECT: woman.

PROBLEM: "need of motivation" against an uterine sarcoma; patient not informed about her very severe condition; intense low back aches, extensive tiredness, desire to go around and live normally, unbearable nausea (consequent to chemotherapy).

APPROACH: utilization of her anger for the situation; hypnotic training for a physiological control, alteration of perceptions and of sense of time; development of a persistent feeling of comfort despite her symptoms; anti-emetic hypnosis during the second session, her request to learn to control better also her tenesmus.

RESULT: good recovery of her general tonicity and of her mood after the first session; stable and almost complete nullification of her nausea after the second session; chemotherapy now a lot more tolerable.

FOLLOW-UP (2 months): general conditions certainly improved, then urgent hospitalization for a sudden worsening, followed by a very rapid death.

86. Stage fear

SUBJECT: boy.

PROBLEM: always anxious, mood changing from depression to euphoria since his childhood, diagnosed as bipolar, unsatisfactory drug therapies (anxiolytics, anti-psychotic medicines), past abuse of alcohol, cocaine, and cannabis; "locked by this fear, with enormous shifts of mood"; very quick thinking, relaxation impossible; psychotherapies almost futile (psychiatry, psychology, support against abuse, etc.); immediate goal of performing well as an actor in a theater for a very important show.

APPROACH: full assurance about hypnosis safety (contrary to the general physician, his psychiatrist refused to allow the employment of hypnosis, because it is "very dangerous"); absolute resoluteness of the boy to proceed with hypnosis; complete trust in me; my request of a list of common situations where he can feel himself calm; intense, prolonged hypnotic training without pauses; single session because of his distance from my office; hypnotic utilization of the situations that he feels safe and quiet.

RESULT: stage show "excellent", perfect; great satisfaction; from hypnosis "just benefits and no adverse effects"; sadness for the disinformation about hypnosis from his psychiatrist.

FOLLOW-UP (5 months): no further news after his very positive report, sent to me by email.

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85. Chronic insomnia

SUBJECT: woman.

PROBLEM: very light and fragmented sleep since many years, constant negative expectancy and fear of staying awake during the night, absolute refusal to be drug-dependant, hyperactivity, need to program everything, physical and mental fatigue.

APPROACH: easy trance induction despite an extensive skepticism toward hypnosis, sudden discovery of the true reason for her anxiety (fright to lose her father), fear revealed by her only during the next session; her request to hypnotically devalue such pattern of fear; de-conditioning hypnosis, deeper trance, development of several emotions and of a "pleasant, relieving feeling".

RESULT: sleep slightly improved (only a little) after the first session; two nights of "wonderful sleep" after the second session, and then reduced insomnia with anxiety-free awakening; lifestyle less hurried after the third session; sleep quite satisfactory; end of the hypnotic work.

FOLLOW-UP (7 months): sleep almost normal.

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84. Irritable bowel

SUBJECT: girl.

PROBLEM: chronic symptoms (retches, colics, violent evacuations) since several years, diagnosis of IBS since five months, anger for certain offensive wrongs, sadness for these handicapping clinical conditions.

APPROACH: utilization of her curiosity for hypnosis and of her bright intelligence (definitely above average); trance development without her awareness down to deep somnambulism, session of several hours with free training, letting her explore everything; strong abreaactions during the second session, muscular spasms, automatic crying (without knowing the reason), with very abundant tears, torpor, coldness and hotness, vision impaired; feeling of having being emptied; throat and bowel both quiet; second session with hallucinations of childhood events and verbal free associations from her part; autohypnotic training for body control; third an last session

with rapid development of an intense trance with neurovegetative somatizations and hallucinatory activities with her eyes open.

RESULT: nocturnal pain attacks after the session, so intense to awaken her (this was never happened before), then an entire week with absolute wellbeing and no symptoms, then again colics and retches, but milder, then further improvement after three days; after the second session, retches reduced (in intensity) from 10 to 4-5, and colics reduced from 10 to 1-2, "almost disappeared" steadily (for five-six months); third session aimed to restore the self-hypnotic control (greatly reduced after a disturbing family problem).

FOLLOW-UP (3 months): normal life, symptoms under control, "after something like ten years or more, those spasms have almost deserted me".

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83. Irritable Bowel Syndrome

SUBJECT: man.

PROBLEM: uncontrollable diarrhea (several times every year), with minor (partially controllable) attacks weekly; diagnosis of irritable bowel; normal abdominal echography, gastro-esophageal reflux, little hiatal hernia, suspected calculi in the gall bladder; intense anxiety in absence of a toilet in the immediate environment.

APPROACH: utilization of his need of freedom and normality; immediate trance, spontaneous dissociation more intense after trance deepening; gut "as quiet as at home"; remarkable time distortion; very good mood after trance awakening; long but one-shot session because of his great distance from my office.

RESULT: immediate, extensive, and persistent well-being (no symptoms); phone call from his part after a "wonderful" whole month because of some diarrhea after a rather serious bad event within his family; immediate session by phone (about 15 minutes), with a good hypnotic trance.

FOLLOW-UP (3 months): new phone call from him, after two months since that hypnotic session by phone, saying: "I'm very well"; my request to call again in case of any news; no further contact from him.

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82. Apnea

SUBJECT: man.

PROBLEM: weight loss recommended by his physician because of his hypertension and diabetes; serious nocturnal apnea (even 90 seconds) with interrupted sleep, unsatisfactory therapies at the sleep center, respiratory device insufficient, diets ineffective.

APPROACH: my comments on his daily way of breathing (involuntary ventilation very short frequent, and superficial, like an anxious breathing). Trance development without his awareness, jaws very numb, amnesic training for his eating, good time distortion, visual illusions with his eyes open.

RESULT: better eating after the first session, more calmness, loss of more than one kg of weight, evident reduction of his anxious breathing, with impressive physiological improvement in his involuntary way of breathing; hypnotic work interrupted by me because of a medical decision to intervene urgently on his diabetes through gastric surgical by-pass.

FOLLOW-UP (5 months): no news from him.

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81. Anxiety somatization

SUBJECT: woman.

PROBLEM: panic attacks, intense anxiety, tiredness, dizziness, fear to fall, feelings of warmth in

stomach and face; drugs (from a neurologist) useless; "fear of everything" since four years, "heavy head, as if it is about to fly away"; fear of having fear in public places; headaches at every period.

APPROACH: hypnotic training on the muscular tone; strong dissociation and anesthesia; suggestive reinforcing hypnosis; self-hypnosis training during the second session.

RESULT: period "for the first time without discomfort", noticeably free to go around in public places, interesting developments in her self-hypnosis ("I have seen my future and I had pleasant thoughts"); satisfactory and persistent quietness; hypnotic work ended after only two sessions.

FOLLOW-UP (3 months): good normality.

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80. Intractable anxiety

SUBJECT: adult woman.

PROBLEM: diagnosed depression with anxiety and panic (lasting six years), feelings of guilt, frequent tears.

APPROACH: spontaneous trance during the pre-talk; immediate utilization; deep trance, unconscious work on traumatic memories, hypnotic work defined by her as a "fastest game".

RESULT: better self-care since the beginning, excellent decrease of physical tensions, mood and appearance greatly improved, end of her insomnia, resolution of old conflicts, temporary anger.

FOLLOW-UP (1 year): satisfactory stabilization of her personality after 7 sessions.

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79. Carpal tunnel and bartholinitis

SUBJECT: woman.

PROBLEM: stress; "batteries to be charged"; daughter of "absent" parents; severe carpal tunnel in one arm, diagnosed in electromyography, and very painful; bartholinitis.

APPROACH: hypnosis against stress; hypnotic uncovering of an association between the pain in the arm and a grief for her father.

RESULT: arm completely pain-free for 15 days; pain present in the palm of the hand; bartholinitis solved by itself, without the usual medical incision; new image of herself.

FOLLOW-UP (3 months): pain in the arm completely vanished.

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78. After 50 years

SUBJECT: woman.

PROBLEM: depressed since fifty years; self-injuries, hysterical reactions, horrible infancy, sadness and emptiness, phobias, panic; psychotherapies useless; hypnosis useless; drugs useless; sexually abused by two psychotherapists for "therapeutic purposes"; infective hepatitis to keep under control.

APPROACH: strange transpiration (during hypnosis) only from fingertips (drops of water from them); terror of death; marked time distortion in hypnoanalysis; legs going up and down; "what's happening? (I'm escaping)"; pre-surgical hypnosis for an imminent intervention.

RESULT: intervention in hospital without any fear, for the first time; significant transaminases decrease after the hypnotic training: AST (normal value: under 31) from 268 to 134, and ALT (normal value: less than 31) from 301 to 158; prolonged hypnotic work (about 20 sessions).

FOLLOW-UP (6 months): good sleep; no drugs against her anxiety; ability to stay alone, "brain clean" after 50 years, willingness to enjoy life.

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77. Obsessed

SUBJECT: old man.

PROBLEM: physical blocks and obsessions; subject brought into my office by his family; no greetings, no words, extremely short steps in his walking, mouth clenched, breathing difficult and spasmodic; no answers to my questions (replies from her wife instead); rigid and "closed" since three years; neuropsychiatric therapies useless; psychotherapy useless; refusal to go out of his home; obsessive fear to be taken away by someone.

APPROACH: brutal; "[subject suddenly crying] (give me the cure! Give me the cure!). You must find it by yourself. (Let's go home! What I'm here for? Let's go home!). [I grasped his arm, moving it up and down]. (Let's go home! Stop it! Let's go home!). Shut up, and don't pester me! [Again up and down with his very rigid arm]. Calmness is unavoidable, and you must resign, willing or not willing". After half an hour I was sweaty for my muscular efforts, and he had his arm tired but still very tense. To his wife: "you see, your husband is using since the beginning a terrific strength, I'm doing an incredible effort.. by force of this, there is no power left for his movements.. when the muscles become tired, then the body trembles, and the person thinks that he is fearful" [at that point the tension in his arm collapses with my surprise]; second session: he says 'hello', walks more rapidly, and breaths more freely; maneuver to breath through the mouth: "now, slowly, I'm about to use my fingers to hold your nose and prevent the entrance of the air.. if you don't stop my hand, in order to avoid suffocation you will have to breath from your mouth [he hesitates, but doesn't stop my hand; I hold his nose, he stays some time in apnea, then makes a giant breathing in from the mouth, and breaths through it for few moments; the usual difficulty in breathing ceases suddenly]; repetition of the procedure [this time he opens his mouth by simply menacing the gesture]; instructions to his family to train him in that way; final suggestion based on his obsessive idea of being taken away: "take your wife out of your home before she find outside another man who will take her away".

RESULT: physical tension (block) decreased from 100 to 70 after the first session, from 70 to 50 after the second session ("I'm well, more well!" [not a mistake; it is 'more well' instead of 'better']); walking outside with his wife after the third session.

FOLLOW-UP (3 months): progressive improvements and reduction of drugs.

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76. Panic and anxiety

SUBJECT: woman.

PROBLEM: panic attacks since the adolescence; endless basal anxiety; feelings of frenzy and lack of control, rage, dizziness, headache, feeling to be ready to burst; psychotherapies useless; drugs ineffective.

APPROACH: difficult at the beginning, then catalepsy; spontaneous hallucinations about her infancy (produced on her desire to avoid my voice and go as far as possible from my office); better rapport in the following sessions; greater cooperation; more consistent results.

RESULT: fear crises only 1-2 times per week; better sleep.

FOLLOW-UP (2 months): panic attacks disappeared; anxiety under control.

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75. Traumata

SUBJECT: woman.

PROBLEM: disastrous personal history, depression intractable and refractory to every therapy; intense panic attacks, endless violence and aggressions in her family; recent morbid fears associated with "infernal, unbearable, and persistent" nightmares; nervous system very tired.

APPROACH: utilization of disturbing words (emotional switches) to induce hypnosis; progressive

desensitization.

RESULT: end of her nightmares; smoking reduced at its 30%.

FOLLOW-UP (6 months): all right (information got from her acquaintances).

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74. Block

SUBJECT: woman.

PROBLEM: inability, since twenty years, to rebel against the overbearing actions of her mother-in-law; sadness; insecurity; low self-esteem; "knot in the stomach", fear, and block at every attempt to defend herself.

APPROACH: "we could use the old schemes of submission as a safe and known ground for a cautious exploration of other schemes, completely new schemes"; symptom evocation in waking hypnosis by thinking to the mother-in-law; new evocations, but this time "with the old scheme plus something else not well defined": hypnoanalysis on unpleasing past memories; cold comments of the subject; single session.

RESULT: hypnotic development of a symptom-free condition while recalling her mother-in-law.

FOLLOW-UP (3 months): satisfactory handling of her mother-in-law.

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73. Fearful retarded

SUBJECT: boy.

PROBLEM: obsessive fear to be left alone; mental ability less than normal (60%); his insistence on a "lack of confirmations"; psychotherapies useless, drugs contraindicated because destabilizing.

APPROACH: elementary, because of the mental retard; my persistent statements in order to limit his endless fear; normal hypnotic inductions not applicable; hypnosis induced by using his fears; subject's belief that my strange procedures were highly beneficial for him; employment of flaunty and impressive (but hypnotically nonsensical and useless) rituals; subject's attention more and more enrolled; "my sight is foggy, then I'm relaxing.. my hands float in midair, therefore I'm more quiet.. hypnosis is a confirmation, so I can sleep alone"; spontaneous auto-suggestions of confirmation; continuous encouragement from my part to do that.

RESULT: good improvements; third session: "stop with this hypnosis.. now I always sleep alone, and I'm in peace. I have within me my confirmations.. other will come, is it true?".

FOLLOW-UP (3 months): parents confirm that now he sleeps alone in his bed, and is quiet.

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72. Tinnitus

SUBJECT: woman.

PROBLEM: intractable tinnitus, surgery contraindicated, ozone therapy useless; "incurable tinnitus" associated to a neurosensorial excessive hearing (sometimes actually an invalidating phonophobia); loss of 70% of the auditory ability in the right ear after cranial traumata.

APPROACH: strengthening hypnosis, symptom amelioration; construction of the pleasure of hearing her sounds (tinnitus) like a personal music coming from herself; shift of her tinnitus from one ear to the other (in hypnosis), inversion of the manual protection of the ear (defensive occlusion by finger of the left ear [the healthy one] instead of the right ear).

RESULT: ear proprioception restored permanently; tinnitus lowered from 10 to 7; excellent increase of subject's tolerance of noises; social life normal again; appearance of armpit sweating (never had before); profuse transpiration also on her hands and face (probably a release of emotional blocks); tolerance even for the infernal noises produced by me in the office.

FOLLOW-UP (2 months): satisfactory control of her tinnitus.
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71. Leaky cardias

SUBJECT: woman.

PROBLEM: anorexia, bulimia, psychogenic vomit, hiatus hernia, gastroesophageal reflux, leaky cardias (main problem); suggested a laparoscopic surgery, complete refusal of the subject, with preference for a hypnotic attempt.

APPROACH: no induction; entrance in my office in an evident trance state; immediate self-exploration; production of blocks, transpiration, coldness, tingling, hot flashes; body out of control; feeling of a sly, sinister, malefic emotion; violent physical reactions; single session because of subject's great distance from my office.

RESULT: easier swallowing; diaphragm more free; positive mood.

FOLLOW-UP (1 month): less acid reflux even without PPI drugs (antacids); nose and ears no longer hit by acid; better digestion; nervous hunger reduced; bulimia disappeared.

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70. Constant anguish

SUBJECT: woman.

PROBLEM: depression since her adolescence, lunatic father (put into an asylum), drug-addicted brothers; sister died (suicide), anxiety out of control, crises of crying, generalized and invalidating fears; drugs useless; three years of psychotherapy (more than 160 sessions) almost useless.

APPROACH: first session aimed at symptom containment; uncovering, in the 6th session, of a feeling of guilt because she was the only member of her family with an appearance of normal life.

RESULT: sleep improvement, anxiety greatly reduced; anti-hypertension drug reduced; freedom from the usual muscular block in her back; great improvement at work thanks to her better ability to protect his rights.

FOLLOW-UP (1 year): further satisfactory improvements.

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69. Depression

SUBJECT: woman.

PROBLEM: sadness and anguish; fixed idea that nothing can improve; refusal of any psychotherapy; referred by her physician for an explorative, non therapeutic hypnosis; fears; hyperhidrosis, excessive compliance, loneliness, flat life.

APPROACH: supportive hypnosis; hallucinations about quietly driving a car in presence of many harmless people; strengthening hypnosis; brief hypnoanalysis on her discovery of a sexual abuse of her father on her when she was little.

RESULT: transpiration spontaneously zeroed in the first session; better nocturnal sleep; less nervous hunger; anxiety "now different"; separation from her partner (a parasite), self-dismissal from a workplace where she has been exploited; ability to come in my office alone, without escorts, for the 6th session.

FOLLOW-UP (2 years): constant improvements; sporadic hypnotic sessions for maintenance.

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68. With me you'll fail

SUBJECT: mature man.

PROBLEM: hypertension, high blood levels of glucose, too authoritarian with himself, too much

work, intense stress, irascible and aggressive; great need of more calmness.

APPROACH: "(for me relaxation is impossible.. nobody can hypnotize me.. many have tried, but in vain; I'm not hypnotizable; I have warned you). Well, since you can only become tense, what about going in a trance while you are fully tense? And since I cannot hypnotize you, you will have to do it by yourself. Do you prefer serious hypnosis or stage hypnosis? That's the same, because neither will work, am I right?". Spot gaze induction, almost immediate trance development; "(damn, but I'm resisting, oh yes, here there is a wall.. I resist.. I resist, you can see that I'm resisting hypnosis, can't you? Do you see my resistance, don't you?). What's happening to your arm? It seems cataleptic. (Damn bitch.. do you know that I have tried in every way to stand up but I could not? Look that hypnosis.. and I was really opposite.. how did you do it?). I don't know, the nervous system is yours. (Do you know, it's truly unbelievable.. this is the first time in my life that I'm able to relax). Strange feeling, isn't it? You are not familiar with it. Thus study it for a while, in order to know it better [immediate entrance in a deep hypnosis]"; hypnotic work on sad memories selected by him; ability to awaken from hypnosis within an instant.

RESULT: good nocturnal sleep after the 3rd session; general tension halved after the 4th session; spontaneous smoking cessation.

FOLLOW-UP (3 months): learned calmness always active and available.

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67. Bad marks

SUBJECT: boy.

PROBLEM: quick decrease of performance at school; risk of repeating the year; private lessons ineffective; apparent self-sabotage followed by feelings of guilt; intolerance of external pressures.

APPROACH: "tell me what do you really need"; his request of being better in written exams in class; hypnotic training for concentration and resistance to disturbances and distractions; timed tests on his ability to pay attention; development of negative hallucinations [he didn't hear any longer my disturbing voice]; his request to work on the fear to fail; 4th and last session; self-hypnosis training.

RESULT: after three sessions, three low (insufficient) marks now sufficient; very positive written exams; good increase of scholastic performance.

FOLLOW-UP (1 month): marks good enough to avoid the repetition of the year.

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66. Fast hypnoanalysis

SUBJECT: adult girl.

PROBLEM: intense anxiety with somatic symptoms despite drugs; contorted stomach, psoriasis, allergies, terrible migraine for even 15 days; husband often drunk and violent; nightmares with a recurrent theme of death; great desire to find some peace.

APPROACH: acceptance of the subject's request to work while sitting on the floor and hugging the chair; immediate development of hypnosis, strong physical and muscular reactions, loss of equilibrium, emotional suffering; awakened but completely amnesic; her request to be taken and kept by the hand; sudden glassy look as soon as her hand has contacted mine; "I'm full of fear, but I don't know what it is.. I need your hand". Then ,after a while: "now I know. It is when I was little"; her perceived time: 10 minutes [clock time: 1 hour]; second session definitely overwhelming; consciousness flooded by a river of traumatic memories.

RESULT: no more nightmares, forgetful of taking anxiolytics; third appointment canceled because not needed.

FOLLOW-UP (1 month): stable improvement.

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setting up of a plan to handle daily problems; gradual extension of that plan also to personal issues; hypnotic induction through the idea of moderate, yellow alarms instead of excessive, red alarms; conditioning against her shyness, with suggestions like: "able to look people into their eyes", "look until you discover that you have been caught while looking, so it is too late to retreat".

RESULT: immediate; feeling of freedom from her block; great joy.

FOLLOW-UP (1 year): good improvements day after day; more personal strength.

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62. Childbirth

SUBJECT: girl.

PROBLEM: pregnancy almost at its end, feeling of being oppressed by something, intense nervousness, great desire for a serene, quick, and natural childbirth; no fear of pain; worries for a possible post-partum depression.

APPROACH: hypnotic training for childbirth; emotional reaction to a little brother died of leukemia; spontaneous hallucination [during her car trip toward my office] of her baby as she were already born; hypnotic training for amnesia, analgesia, catalepsy, and dissociation; abreaction with a "lump in the throat"; brief hypnoanalysis; hypnotic conditioning in order to associate the presence of her husband with a feeling of safety during the childbirth; three sessions.

RESULT: auto-hypnotic control of her contractions.

FOLLOW-UP (3 months): birth artificially promoted by oxytocin and cesarean; no post-partum depression; extremely rapid convalescence of the girl; feeling of freedom from the past oppression.

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61. Depression

SUBJECT: girl.

PROBLEM: severe depression since several months, heartbreaking cries; several candida infections and herpes relapses; psychology ineffective; theater actress like her father; initially proud of the artistic talent of his father, but then envious; conflict for her deep love for a father that had become also an unreachable artistic model; "giant and frustrating".

APPROACH: change of father image through conversational hypnosis; induction: "your father is comic, let's say, at 5% as an actor, and at 95% as his own personality, therefore not versatile, sorry, I mean 'not rigid' at 5% and therefore rigid at 95%, being himself 'not rigid' only in amusing roles [insistence on the word 'rigid'; girl in a total confusion, my voice strong and clear from that moment on]. Your father is better than you in the comical personality, but he is worse than you in versatility. Now, what is more important for actors? To be themselves, or to be versatile? So, where is all that inimitable skill of your father? I just see a 95% of rigidity; now look at that point in front of you, and while looking at that spot.. your sight is no longer normal [fixed gaze]. I talk to you, and you, when you are ready.. when you are ready.. [her head begins to nod affirmatively many times].. ready to review.. the scene of your audition.. whenever you want.. [copious tears]". Her comments: "I felt like crying.. I have seen everything, there, in front of me, and I felt like laughing, but I was not able to do it. I was observing myself intensely, but at the same time I was also into that scene, that is I was outside looking it, but I was also inside those events that I was watching.. I don't understand"; spontaneous entrance into a long deep trance of silence. Then: "sorry, I have cut off also your voice.. everything disappeared, I didn't know where I was, and now it seems to me that I know everything, but I don't know what it is.. I don't understand"; final post-hypnotic suggestion: "I don't think that we will meet again".

RESULT: problem solved.

FOLLOW-UP (5 months): she is happy [information received from a friend interested in hypnosis].

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60. Children's fears

SUBJECT: child (10 years).

PROBLEM: unwillingness to go to school alone, adducing the excuse that at the nursery school he had an episode of vomit (not confirmed by the parents); mother forced to ask the permission of her boss to leave the workplace and take the child at school every morning; psychology sessions useless; pediatric psychiatry ineffective.

APPROACH: indirect hypnosis: "(I want to go at school with my mommy but without disturbing her. I want to go alone like my friends. I feel bad because they are able to do that, but I'm not). Well, if you want to feel good then go to school and don't bother your mother. (My dear, I do something only if I want to do it, otherwise I don't do it. If my mother doesn't take me to school, I won't go to school. I'm the one that decides what to do, and nobody can do anything about this). Ok, mother, listen to me [authoritarian words actually directed to the child]: it is clear that it will be HE, and only HE [pointing the finger to the child], and really only HE, and nobody else than HE, to.. [child already in trance, gazing at me] decide in what way the matter will be solved [said with a very gentle voice]. Then, mother, [tone authoritarian again], first point: when he will be ready, and will be willing to do it, then he and only he will do it! It will be he that will decide when, even if obviously now he is clearly unable to do it. One must proceed gradually. Is that clear? Second point: he told something about vomiting, therefore there must be something true in it. Is that clear?"; second session: insistence on the concept that if he want to do something, then he will do it [hidden inversion of the original idea: "if I don't want, I don't do"]; inversion of the contest [I express many doubts about his abilities, and he becomes oppositive and tries to do something of value]; hypnoanalysis about the vomit in the 3rd session in order to fill a lack of memories about the episode [known sequence: meal at the nursery school, then blank, then a school caretaker that is wiping the table]; quick hypnosis; the child explains in his own words: "I'm eating.. I put the plate on a hard surface.. oh, it's flipping over.. someone has seen the food falling over me.. says that I have vomited.. but it is false! Then they have called the caretaker to clean".

RESULT: after the first session the child has taken the school bus alone and without fears; mother replaced by the aunt after the second session; hypnoanalysis on the vomit; appearance of the ability to eat at school; fast reduction of food-related fears.

FOLLOW-UP (2 months): all right; mother: "he is so well that he had the chicken pox with just seven microscopic pocks".

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59. Cushing

SUBJECT: adult man.

PROBLEM: cluster headache since thirty years, refractory to drugs; smoking; Cushing's syndrome caused by a hypophysis dysfunction (consequences: significant overweight, high blood pressure, irritability); diagnosed as 'incurable', overweight of 20 kg.

APPROACH: acceptance of his mild hostility and low expectancies; trance presence denied by the subject despite an evident amnesia for trance events; experiment repetition with the same result; desire to continue with this "absurd game"; central idea of an engine that does too many revolutions, so the hypophysis must lift the foot from the pedal; hallucinatory training in order to visualize the hypophysis-adrenal axis that must be narrowed progressively.

RESULT: more calm even after the first session; seen more quiet by friends and acquaintances; engine (initial value: 100) working at 90-80 after the 2nd session, at 50-40 after the 3rd session, and at 40-30 after the 5th session; voluntary beginning of a diet; bowel more normal and with

less diarrhea.

FOLLOW-UP (7 months): constant weight loss, "a kilogram after another"; extreme satisfaction.

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58. Anxiety

SUBJECT: old man.

PROBLEM: anti-depressant and anxiolytic drugs useless; anticipatory anxiety of some imminent disaster; fear to fall asleep; fear to drive the car.

APPROACH: light hypnosis at the beginning, but then deeper; utilization of a strong post-hypnotic responsiveness.

RESULT: evident reduction of the anxiety after the 3rd session.

FOLLOW-UP (1 year): calmness still stable.

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57. Obsessions

SUBJECT: man.

PROBLEM: fight since thirteen years against his obsessive thoughts; maniacal, repetitive, endless controls; drugs not only useless but even harmful (body weight increased about 30 kg); deep depression and anxiety; crises of tears, marital problems; stress, psoriasis, transpiration, paresthesias, colitis, low mood.

APPROACH: example of the driver's hypnosis, where the automatic pilot works better than the conscious control; subject's reaction, like a liberating shock: "my god, I didn't know.. sorry [tears], so I can 'not-control!' [Cry, then euphoria]. Then I don't have to control, because in any case the unconscious controls even better!". Utilization of hypnosis in order to develop an artificial uncertainty where the emotion destroys the reason (secondary experimental neurosis, in the attempt to disassemble the primary neurosis); auto-hypnotic training from the 5th session on; further 8 sessions for a radical aggression against the residual obsession.

RESULT: mental grinder greatly reduced since the beginning; good ability to block the obsessive need to control; good mood; psoriasis in continuous decline.

FOLLOW-UP (2 years): all right.

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56. Attempted suicide

SUBJECT: girl (about 20 years old).

PROBLEM: self-injuries with razor blades and lighted cigarettes, several hospitalizations in psychiatry, many episodes of coma caused by too much alcohol; bulimia; anorexia; psoriasis; endless self-aggressions and attempts to kill herself; assumption of cocaine, heroine, crack; suicidal jump from the third floor of a building (miraculous survival); cure attempted even by an exorcist; family in complete despair; situation out of control; subject confined into a psychiatric jail; diagnosis of borderline condition; subject's request to receive explanations about that diagnosis; my promise to find a complete answer.

APPROACH: explanation of the term 'borderline', as promised: "it means that you are F.60.31 according to the DSM-IV, or 301.83 according to the ICD-10. (What does it mean?). Nothing, absolutely nothing. Just crap. Just numbers. But you are not a number. You are a person. What does matter is what you can do as a person"; deep emotional reaction to these words; strong desire to know what has reduced her in that state; induction of a hypnotic phenomenon chosen by the subject (she chose anesthesia); immediate hypnoanalysis during the 2nd session; intense abreactions; deep urge to resolve; protective training through hypnotic amnesia in order to inhibit whatever bad recall; hypnotic strengthening of the ego in the 3rd session; work around the

morbid fear to socialize.

RESULT: sleep without nightmares, collapse of alcohol dependence; mood a lot more stable; her decision to get rid of drugs: "you know, in less than a month I have taken away everything: prozac, zoloft, en, entomin, tavor, talofen, all that shit [sorry.. subject's words, not mine!], and I had to fight against doctors"; free to leave the institute after the 4th session; relocation into a little independent apartment; "reached a third of the entire path" after the 5th session; basal anxiety stably halved; beginning of a part-time job; enrollment at a driving school in order to get a driving licence; 10th and last session for a general strengthening.

FOLLOW-UP (3 years): temporary support for a severe dissociative crisis during a relationship which caused loss of the identity and deep terror; crisis rapidly overcome by her; driving exam failed; hypnotic support for another attempt; driving exam passed (license got); psoriasis almost disappeared completely.

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55. Inadequacy

SUBJECT: mature woman.

PROBLEM: problem unsolved despite seven years of psychotherapy in a public health center, followed by several psychological sessions; oppressing feeling of inadequacy, insomnia, headaches, quarrels with the husband.

APPROACH: shock technique (subject very religious, extremely polite, rather rigid); "listen to me; you speak in a very technical way, like a good psychologist, but my competence is just about hypnosis, so now I will talk to you in my own way; is that agreeable for you? (Yes). Tell me, aren't you fed up to have only obligations and no pleasures? How long is it since you made sex?"; subject frozen in the chair, then just saying: "bravo!". My reply: "bravo, then continue to stay there, where you are now, close your eyes, search privately all the pleasures that you have taken away from yourself in all these years, and don't think to anything else than that"; her comment after a lot of time spent in silence while waving an arm in midair: "I have slept a little, well, no, I can tell it at least to you.. I have done a trip into my mind, do you know? And you were following me perfectly, as if you knew.. [face turned red, head bending down]. It has been a work of great union".

RESULT: intense hypnotic orgasm during the session, awakening of intense pleasures in the next days; agitated and insomniac, but without tachycardia nor feelings of desperation; renewal of sexual activity with her husband; personality adjustment after the 3rd session; more elasticity in her lifestyle.

FOLLOW-UP (1 year): learning stable and well used.

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54. Erection

SUBJECT: boy.

PROBLEM: difficulty in penis erection, insufficient turgor; clinical tests all negative (Doppler ultrasonography, basal and dynamic penial CW); arteries normal, psychotherapy ineffective; growing anxiety, repeated specialty visits, final diagnosis of "nonspecific erectile difficulty"; viagra effective, but for a short time.

APPROACH: hypnosis for a better physiology and ego-strengthening; single session.

RESULT: goals achieved immediately; full sexual power.

FOLLOW-UP (6 months): all right.

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53. Phobias

SUBJECT: mature woman.

PROBLEM: nervous hunger; feelings of guilt; fear to die; terror for accidents; both parents died because of a cancer; colitis; psychosomatic problems; several surgical interventions, but in vain.

APPROACH: general hypnosis for the entire personality; discovery of an unconscious association between food and death (father unable to eat because of the cancer, therefore the unconscious mind learned that to eat means to keep the cancer away); discovery of an association between misted car glasses and fear (repressed traumatic event).

RESULT: sound decrease of the nervous hunger after the 1st session; psychosomatic headaches decreased; very calm after the 3rd session.

FOLLOW-UP (5 months): improvements still present, but limited.

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52. Chronic fear

SUBJECT: adult girl.

PROBLEM: disturbed emotions and behavior after a sexual abuse inflicted by her very violent father; terror of men; endless anxiety since twelve years; 18 months of psychological sessions but without results; more than ten sessions of psychotherapy in a public mental health center, but in vain; six months of drugs without any benefit.

APPROACH: hypnosis against the fear to go far from home; hallucination of a travel mate in her car.

RESULT: fear down to 70% after the 2nd session, to 50% after the 3rd session, and to 35% after the 4th session; concomitant increase of her anger during the 5th session, and reduction of the basal anxiety down to 10% after the 6th session; trip in a motorway without escorts after the 8th and last session.

FOLLOW-UP (6 months): fear reduced to a minimum.

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51. Anxiety attacks

SUBJECT: girl.

PROBLEM: anxious depression; drugs useless; psychology ineffective; desperate cries during the pre-talk; feelings of guilt; family environment cold and overbearing.

APPROACH: strengthening hypnosis; confession of a problem always kept secret; spontaneous unconscious self-exploration in trance, assisted by me in a very discreet way; hypnoanalysis on certain multiple sexual abuses from her parents and relatives.

RESULT: feelings of loneliness and danger disappeared after the 6th session.

FOLLOW-UP (3-4 months): very good mood.

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50. Trauma

SUBJECT: adult man.

PROBLEM: normal life upset by a traumatic event; complete unwillingness to be seen by physicians or psychologists; firm claim of being perfectly healthy and without need of any therapy; very authoritarian request to get back his normal motivation within a single hypnotic session.

APPROACH: conditions accepted; "all right, I accept the task. I don't need to know anything else, because from now on you must engage yourself in doing the whole work in your own way. Do whatever I tell you in order to develop a suitable trance. There will be no questions nor explanations nor suggestions nor discussions, because we have too little time. Get ready to work, and hypnosis will work by itself"; direct, immediate request to produce some simple

hypnotic phenomena; excellent results; very rapid trance deepening; suggestion to fix the whole thing immediately and at an unconscious level.

RESULT: very satisfactory outcome; "the problem is solved".

FOLLOW-UP (1 month): all right; family relationships still problematic, but "that's my business, I can do it".

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49. Terror

SUBJECT: adult girl.

PROBLEM: nervous breakdown after sudden, multiple griefs; fear of the dark and of death; startling awakenings; post-traumatic disturbances; strange subject's insistence on the exact dates of the deaths of her loved relatives.

APPROACH: good trance since the beginning; repeated usage of a counting without certain digits (corresponding to certain important dates), in the attempt of suggesting covertly an unconscious elaboration of her griefs; usage of mathematical and geometric paradoxes in order to indirectly induce a trance during the second session; intense hypnotic inhibition of movements, sight completely fogged.

RESULT: feeling of an unusual calmness; sciatic nerve no longer painful; end of those frightening thoughts about death; fear of the dark disappeared after the 4th session; ability to sleep with the light turned off.

FOLLOW-UP (2 months): definitely better quality of life.

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48. Smoking

SUBJECT: adult boy.

PROBLEM: smoker since eight years, 40 cigarettes every day, sound intention to quit but absolute inability to do it; self-image of an addicted to smoking.

APPROACH: key statement during the pre-talk: "why do you continue to smoke? (I don't know). I tell you why. You are continuing because you have not put any true effort in it. Next time we will use hypnosis"; during the first session he asked to me to speak to him like a friend [in Italian 'you' is 'tu' for friends only, but 'lei' for more formal relationships; he asked to me to use 'tu']; I agreed. Smoking reduced down to just a cigarette per day. "When do you think that you will get rid of that last cigarette and make it indifferent to you? Within ten years? (No, at most within ten minutes). Are you sure? (Absolutely). I absolutely believe in you. The session is over [hidden post-hypnotic suggestion]".

RESULT: just after the pre-talk, smoke cut down to one cigarette a day since about 4 weeks; great enthusiasm for that achievement; complete quitting within few days after the actual session.

FOLLOW-UP (1 year): smoking completely forgotten; "free [of smoking] forever".

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47. Denture

SUBJECT: old man.

PROBLEM: unbearable stress because of a denture; intense personality reactions of anger, actual problems since one year with that denture; weight loss, nausea, transpiration, tremors, insomnia caused by anxiolytic drugs (frequent nocturnal urination), evident depression and anxiety, drugs ineffective.

APPROACH: normal induction prevented by subject's endless and aggressive speaking; indirect induction in the following way: "you are in trouble since one year for that denture.. you are here

just to please your family.. because you don't find a solution [this makes his presence significant], and you have a growing need to feel better [first true hypnotic suggestion; client already mute, immobile, gazing on me].. and you have not found yet a remedy to all of this.. and your fear is getting out of control.. and you are worsening.. do you agree that only a new way to react can restore your peace?"; subject's agreement; suggestion to awaken while always keeping in mind this (and his) idea; strengthening hypnosis during the second session.

RESULT: ability to keep the denture in mouth all night long for the first time; better sleep, reduced oppression; end of his crises of tears; change seen as 'enormous' by the subject.

FOLLOW-UP (6 months): all right; information received from his physician.

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46. Psychosomatic

SUBJECT: woman.

PROBLEM: chronic symptoms (pain, nausea, transpiration, tremors, migraine, panic attacks); colitis; hyperhidrosis; tendency to hide her breasts.

APPROACH: supportive hypnosis; training against symptoms; spontaneous hypnoanalytical work on the fear to show herself.

RESULT: colitis disappeared after two sessions; development of the ability to block both migraine and panic attacks; strong reduction of her smoking; increased sexual pleasure; less inhibitions.

FOLLOW-UP (2 months): further gradual improvements.

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45. Paranoia

SUBJECT: woman.

PROBLEM: endless, intense anxiety, refractory to any therapy (psychology, drugs, psychiatry, psychotherapy); feeling of imbecility, fears, destabilization, loss of control; delirious paranoia of being followed and having her mobile phone under control; crises of tears, suicidal thoughts; filled with drugs.

APPROACH: extremely cautious induction; fast deepening; feeling of "stopped brain", mental freedom (very pleasurable); sight stopped at her wrists (inability to see her fingers); intense interest for these negative hallucinations about her hands; deep mental and physical quietness; suggestive insistence from my part on the advantages to utilize this favorable condition; subject's unexpected confession of serious traumata and violence within her family; unwillingness to continue her work; one session.

RESULT: generation of an extraordinary state of calmness; learning apparently very stable.

FOLLOW-UP (1 month): very good general improvement.

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44. Failures

4th REPORT. Woman operated on a leg, melancholic, alone; problems in the back, very depressed and impatient. Hypnotic reduction of the pain down to 10%; her comment: "unbelievable.. at home I have to lean against the table with my arms otherwise I'm not able to stand up, and I feel a lot of pain; but now I have been able to stand up almost without any effort, and without pain". Two weeks later, a friend of her phoned to me in order to cancel the appointment. Vain attempts of the physician to convince the patient to see me again. Copyright (C) Alberto Torelli.

3rd REPORT. Boy, rigid and blocked, but also authoritarian; diagnosis of serious maladjustments, anxiety, depression, acute psychosis, delirium, hallucinations, ideas of being persecuted, influenced, and robbed of his thoughts; "acute and dramatic condition certainly caused by

traumatic experiences; despite therapies, the condition is worsening". Hospitalizations, electroshocks, drugs, but no results. Preliminary evaluation of the subject in my office, definite feeling that there is a way to help the patient; instructions to the parents in order to prepare their son for the work; request to inform the psychiatrist about my plan; absurd opposition of that psychiatrist, his unwillingness even to receive a phone call from me; patient less and less available and then lost, despite a good opportunity (in my opinion) to reduce the problem. Copyright (C) Alberto Torelli.

2nd REPORT. Adult girl with an unbearable pruritus in her anus; problem refractory to every therapy (surgery, creams, pills, drops, local injections, hospitalizations, medical treatments of any kind). Evident presence of psychiatric and psychosomatic elements behind the dermatological problem; pruritus extended to the vagina, scratching as satisfactory as an orgasm; sexual activity almost absent. Hypnotic decrease of the pruritus down to the 30%; hypnotic demonstration of the immediate increase of the pruritus through the utilization of the emotions; subject's furious and aggressive reaction to the procedure; complete unwillingness to continue. Copyright (C) Alberto Torelli.

1st REPORT. Man with a very reactive nervous system (eruptive fevers, stomatitis, ophtalmitis, tensional pain, lumbar and sciatic pain, spine arthrosis, neuro-immunological disturbances, skin rushes, aphtha, etc.) and traumatic experiences (suicidal mother, serious accidents, son handicapped and died, nervous breakdown). Hypnotic evidence of an emotional component in the symptoms; refusal to work for a symptom alleviation; persistency in complaining about his destiny; end of the hypnotic work. Copyright (C) Alberto Torelli.

43. Intense anxiety

SUBJECT: woman.

PROBLEM: lack of order and self-control; nervous hunger; unstable memory; nail biting up to bleeding.

APPROACH: hypnosis apparently unsatisfactory, but actually effective; deeper trance within the 2nd session; subject's reference to herself in male terms [she used the Italian term 'spettatore', which indicates a male spectator, while a female spectator is called 'spettatrice']; psychological shock at the 6th session, when I had her notice this; sudden discovery of the actual problem: her family; 7th and last session of work.

RESULT: hypnosis difficult and light at the beginning, but then rapidly deeper and deeper down to very satisfactory somnambulism; fog in the vision, total inability to see me and the office; immediate utilization through a guided production of hallucinations with her eyes open (a very surprising experience for her, because she felt perfectly awake). Basal anxiety ended, apparently thanks to the comment about that word, 'spectator'.

FOLLOW-UP (1 month): all right; no need of further hypnosis.

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42. Borderline bipolar

SUBJECT: boy.

PROBLEM: generalized anxiety "since an entire life", feelings of inadequacy, bipolar problem handled by drugs; drugs ineffective but necessary to avoid hallucinations; psychiatric diagnosis of borderline, treatment with anti-psychotic drugs; oppressed by serious paranoia and depression; psychotherapy poorly beneficial and insufficient; anxiety constantly worsening.

APPROACH: medium trance, unexpected flashes about infancy; change in the voice, spontaneous regression to a school situation where he undergoes a humiliation from a teacher, and I become one of his schoolmates; further details unavailable because of a deep trance from my part, too; complete amnesia in both of us; session lasted about 75 minutes; no time to recover hypnotically the events; second and last session with an anxiety level decreased from 10

to 1.

RESULT: sound diminution of symptoms; very good improvement.

FOLLOW-UP (3 months): email message about good health, serenity, and a spontaneous smoking cessation.

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41. Apathetic isolation

SUBJECT: adult man.

PROBLEM: difficulties in relationships probably because of an unfortunate infancy; diurnal sleep used as a shield and isolation from the world; lack of self-esteem; risk to lose his partner, irritated by this chronic situation; two years of psychology and psychoanalysis, but without results.

APPROACH: hypnotic work on the 'inner clocks' of sleep and activity; unexpected abreactions during hypnosis; hypnoanalysis from the 2nd session; dreams focused on a feeling of abandon; deep trance of total isolation within the 3rd session (no answers to my questions).

RESULT: social isolation reduced down to a 30% at the 3rd session; built the ability to say 'no' to others; growing of the personality, enthusiasm never present before.

FOLLOW-UP (1 year): life completely changed; better relationships with his relatives and also his wife.

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40. Panic

SUBJECT: adult boy.

PROBLEM: fear of everything, painful nerves, panic attacks, insomnia, refractory to drugs.

APPROACH: intense hypnosis; anxiety cut down to 1/3 at the 3rd session; hypnotically induced confusion in order to mistake the afternoon (when he can sleep) for the evening (where he is insomniac).

RESULT: panic collapsed already after the 1st session; gradual reappearance of a normal sleep even in the evening; no more drugs after the 4th session; goals achieved; hypnotic work ended.

FOLLOW-UP (3 months): good stability of the improvement.

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39. Severe trauma

SUBJECT: X (omitted for safety).

PROBLEM: oppression, anguish, panic after a terrible event, with the risk to be killed by secret services, being a witness of a scandal (illicit facts) involving some members of the Government.

APPROACH: normal hypnosis, progressively extended up to a deep trance, with positive hallucinations (with the eyes open) about the traumatic facts; total inability to see me in movement across the office or while gesticulating in front of the subject, but, for the rest, complete subject's appearance of being fully awake and responsive like a normal person engaged in a conversation; suggestion to put those things in the cellar or in the garret, and then forget them completely.

RESULT: nocturnal sleep normal again, panic attacks disappeared completely, general well-being, optimal quality of life.

FOLLOW-UP (1 year): no relapses; all right.

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38. Psoriatic arthritis

SUBJECT: woman.

PROBLEM: oppressive articular pain since about fifteen years; limited movements with the right arm, left knee swollen and extremely painful during movements; extensive orthopedic and rheumatologic screening; no liquid effusion into the knee; articulations well conserved; femur distal epiphysis intra-rotated, patella in external iper-pressure, articular spaces reduced over the knee, light arthrosis in the sacrum-iliac area; normal temporomandibular joint.

APPROACH: generic, non oriented hypnotic training; appearance of a sudden, intense nervousness; symptomatic alleviation.

RESULT: complete end of any pain, sudden return of the ability (lost since a long time) to bend the leg and to sit on it (an almost unbelievable experience for the subject); realization of the psychosomatic nature of the symptoms, but complete unwillingness to work on them; fear to change.

FOLLOW-UP (1 month): information received from a family member; pain disappeared for an entire week; very intense impulse, during the session, to hit me (a phenomenon of a complete transference), but not put in action because of a complete and spontaneous inability to move her body; slow but definite return of symptoms within a month. Subject unavailable for further work.
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37. Cancer

SUBJECT: adult woman.

PROBLEM: terminal stage, metastases in liver, lungs, and lymphoid tissue; very poor general conditions; extremely tired, almost exhausted; insomnia; intense pain; very depressed mood; brought to me by car, after a long trip.

APPROACH: short inductions, in order to avoid an excessive fatigue; pain reduction in the breast and shoulder after half an hour of hypnotic work; resumption of an acceptable general tone; appearance very reinvigorated after two hours of uninterrupted trance work; spontaneous revision of past traumatic material; awakening in a very reanimated condition.

RESULT: intense general improving, but followed by an urgent hospitalization.

FOLLOW-UP (1 month): very satisfying result, but inability to continue the hypnotic work.
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36. Panic

SUBJECT: adult woman.

PROBLEM: anxiety out of control after a grief; psychotherapy ineffective; drugs useless; "life broken into pieces since more than ten years".

APPROACH: respect of the fact that the subject needed more than one year of efforts in order to find the courage to meet me in my office despite the insistence of her physician; giant prejudices against hypnosis; request to enter in a trance while staying perfectly awake; strong bodily catalepsy; subject's amazement for her extraordinary immobility despite her anxiety; sequential abreactions of many emotional traumata; extreme fatigue and dullness.

RESULT: disappearance of emesis after the first session; calmness more and more stable; nocturnal dreams no longer awful but normal or beautiful.

FOLLOW-UP (5 months): gradual interruption of drugs, general calmness, good mood.
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35. Depression

SUBJECT: old man.

PROBLEM: invincible depression since eight years; drugs useless; endless cries; very unfortunate events within the family; bilateral partial deafness.

APPROACH: utilization of his words "everybody loves me"; hypnotic induction while insisting on

the fact that "if everybody loves me, then I love me too"; reinforcing hypnosis during the second and last session.

RESULT: drastic and immediate improvement; again eager to walk and meet people; joy.

FOLLOW-UP (2 months): all right.

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34. Depression

SUBJECT: adult woman.

PROBLEM: severe depression refractory to drugs and psychotherapy; subject's unavailability to give information on her problem.

APPROACH: blind hypnotic work without asking a thing about the causes; intense need of privacy.

RESULT: feeling of inner change after 3 sessions, and complete well-being after the 6th session; vain subject's attempt to prolong the hypnotic work.

FOLLOW-UP (2 months): full well-being without drugs.

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33. Whistle intolerance

SUBJECT: male child (10 years).

PROBLEM: sudden and ferocious intolerance of uncle's whistles; referred by the psychiatrist to the psychologist; 30 useless sessions; 5 ineffective sessions with a neuropsychiatrist; about 20 useless sessions with a psychotherapist within the public health service; symptom worsening during that year.

APPROACH: subject definitely unavailable for other therapeutic attempts; I presented myself as a non-therapist; immediate interest of the subject toward hypnosis; deep trance within few minutes, reduction of the intolerance from 100% to 30%; subject's request to come for a second session in order to get himself rid of the 95% of the problem; second and last session, rapid somnambulistic trance.

RESULT: subject's expression of an absolute certainty of having solved the problem.

FOLLOW-UP (3 months): problem completely solved.

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32. Iatrogenic depression

SUBJECT: old man.

PROBLEM: serious depression and anxiety refractory to more than two years of drug therapy; increased sadness, lack of strength, dark thoughts, insomnia.

APPROACH: supportive hypnosis; sudden uncovering of a traumatic memory when he was young (diagnosis of incurability of an articular rheumatism at the ankle, very negative prognosis, deep iatrogenic anxiety degenerated into serious behavioral disturbances treated with some electroshocks); hypnotic desensitization to the trauma.

RESULT: mood normalization after 4 sessions; nocturnal sleep normal again; greater physical strength; good conditions.

FOLLOW-UP (3 months): absence of relapses.

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31. Cluster headache

SUBJECT: mature woman.

PROBLEM: 25 years of pain; initial diagnosis of trigeminal neuralgia, gradual worsening year

after year, drugs ineffective; terrible sharp pain that "breaks the left temple" for about one whole month, with a frequency of 1-2 times per year; pain also on the left eye, naris, and forehead.
APPROACH: short sessions; development of anaesthesia in the second session; training completed during the third and last session.
RESULT: well-being for 15 days after the first session, then freedom from pain for more than 30 days after the second session, with just some negligible annoyances.
FOLLOW-UP (2 months): total satisfaction; no further contact with the subject.
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30. Smoking

SUBJECT: old man.
PROBLEM: smoker since more than fifty years, at least 20 cigarettes a day; absolute medical prescription to cease immediately in order to survive; alternative therapies useless; nicotine patches useless; throat extremely inflamed and source of worries for the patient; total unavailability to quit smoking.
APPROACH: conversational hypnosis and usage of double meanings ('throat lump', etc.) about the throat.
RESULT: radical habit change after three sessions, with a reduction to just half a cigarette per day.
FOLLOW-UP (2 years): phone call from his wife in order to know whether it is possible to give up that odious daily half cigarette.
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29. Gastric pain

SUBJECT: girl.
PROBLEM: anxiety and depression converted into somatic symptoms; very painful stomach, unstable nervous system.
APPROACH: utilization of her deep resentment against a past prescription of psychoactive drugs, those "taken by mad people".
RESULT: initial training, hypnoanalysis with superficial regressive techniques.
FOLLOW-UP (3 months): stable mood, reduction and then riddance of any drug.
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28. Neurotic pain

SUBJECT: girl.
PROBLEM: since about one year, chronic weakness, painful arms, neck tension, temple headache, leg heaviness, tense hands and shoulders; psychotherapy beneficial at the beginning, but then useless and even harmful after two months; nervous breakdown, overwhelming symptoms; pharmacologic therapy almost useless; massages and physiotherapy useless; intractable pain; hypnosis not useful (attempted by a psychologist, in this case a hypnosis charlatan, and then by a psychotherapist).
APPROACH: intervention adjusted to the actual limitations (few hours available, strong distrust in hypnosis); paradoxical refusal of every hypnotic approach aimed at symptom alleviation; persistent hostility against me.
RESULT: stable reduction (cut of about 1/4) of total pain; evident secondary gains in keeping her symptoms in order to manipulate the people around her.
FOLLOW-UP (1 month): residual pain of about 3/4; obvious neurotic need of symptoms.
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27. ESP in classroom

SUBJECTS: two students employed in class for teaching purposes.

SETTING: hypnotic training in classroom; unexpected development of psychic phenomena of extra-sensorial perception (ESP).

EVENTS: experiment of mass hypnosis with the whole class in order to show the unconscious learning of scientific data given during the trance; persistence in trance of two students (A, a man, and P, a woman), despite the awakening procedure; immediate utilization of P by assigning her the task of hypnotizing A; job done; P's comment: "I think that I have done a good job; the only strange thing is that I wanted to employ the hand levitation technique, but for some unknown reason I have used instead the eye closure method"; A's comment: "oddly, I felt myself telling within me: 'no, no, I do not want to levitate my hand', but P has never asked to me to levitate my hand, because she asked the eye closure"; my explanation is this: P thinks to levitation, A picks up the idea and rejects it unconsciously, but P picks up that refusal, and selects another technique; P's eyes were open, but A's eyes has been always closed. If this is not ESP, then how can it be explained?

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26. Painful knee

SUBJECT: mature woman.

PROBLEM: fibromyalgia, painful articular problems in the right hip (coxofemoral cartilage not homogeneous and reduced, femur-tibial condropathy) and in the left knee (effusion into the articular cavity, Baker's cists 4x1 cm, reduced articular cartilage, parameniscal reactive synovitis, kneecap in external iper-pressure); hiatus hernia, gastric reflux, neurasthenia, rage, chronic fatigue.

APPROACH: hypnosis only for the knee, as requested by the subject; medium-deep trance; training for a better physiological control.

RESULT: substantial improvement after just four sessions, disappearance of the swelling and the effusions into the knee, better ability to walk, nerves a lot more calm.

FOLLOW-UP (3 months): knee in good conditions, painless walk.

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25. Epilepsy

SUBJECT: child (almost adolescent).

PROBLEM: convulsive crises with hospitalization, diagnosis of an epileptic focus in the right temple; nocturnal tension (very severe), transpiration, tremors out of control, clenched teeth, foam from the mouth, sensorial abnormalities; physical prostration, headache in the morning, total amnesia for the attack; EEG with modest anomalies in the occipital region; final diagnosis of epilepsy, neurological prescription of an anti-epileptic drug; absence of significant results even after three years of that therapy.

APPROACH: good hypnosis, training to gradually stabilize and normalize the general physiology.

RESULT: mitigated attacks; aftermaths (in the morning) no longer present after two sessions; disappearance of the usual tiredness and headache; frequency of the episodes decreased from 2-3 times per month to 1-2 times per month; just one mild attack in the next two months after the 4th session.

FOLLOW-UP (7 months): hypnosis interrupted at the 5th session because of the opposition of the neurologist (hostility against hypnosis, full disregard for the results, prescription of an increase of the anti-epileptic drug).

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24. Pre-surgical hypnosis

SUBJECT: old woman (95 years).

PROBLEM: severe reactions of terror and disorientation after her hospitalization, caused by her intense pain (femur fracture after a fall) but also by the fact that she has never been in a hospital and she didn't understand her situation.

APPROACH: near her bed; endless cries and no attention at all to me; my authoritarian, repeated, loud request to her: "I want to know where are the spines! I want to know where are the spines!"; attention captured; explanation that a spine in a finger hurts greatly, thus a big spine in a leg hurts even more; simple information about the reason of the hospitalization, and about the surgical intervention; post-hypnotic suggestions in the form of basic advices for a quick healing.

RESULT: no more cries from her; permanent calmness even during the following days.

FOLLOW-UP (6 months): serene entrance in the operating room, no emesis after surgery, good appetite, healing incredibly fast (discharged even before all the other surgical patients in her ward, and able to tolerate a second general anaesthesia for a dermatological surgery on her arm); rehabilitation easy and very effective.

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23. Blocked student

SUBJECT: man.

PROBLEM: excessive self-control; unsatisfactory self-hypnosis despite an experience of more than 20 years; refractory to psychotherapy; unable to be fluid in his preferred sport activity; unacceptably low performance.

APPROACH: respect of his need to control (relaxation impossible, fluidity impossible); offered the idea of improving his self-control in a beneficial way; utilization of this man as a demonstration volunteer in front of my hypnosis students, in order to show that his statement of being not hypnotizable is wrong; induction: unexpected and authoritarian request of a cataleptic and ideomotor phenomenon; rapid entrance into the trance despite his conscious resistances; brief panic for his loss of control on the hypnotic phenomenon, then astonishment, then extreme interest, then euphoria for his unbelievable success; subject's request to visualize, because "this is a thing that's definitely impossible for me"; easy achievement of some visualization by means of an imaginary blackboard where he has been asked to hallucinate a writing with his eyes closed; further subject's request to make his arm unable to bend (a phenomenon never achieved in self-hypnosis, but easily done within few minutes in front of my students).

RESULT: frequent spontaneous entrance in self-hypnosis during the rest of the lesson; manifestation of tremors, dissociation, and automatic movements of his arm, a behavior so amusing for my students and me that the subject came to the decision of holding and immobilize that hand with his other hand.

FOLLOW-UP (1 year): self-hypnosis very satisfactory, with surprising visual hallucinations; less rigidity at every level of his personality.

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22. Suicidal psychosis

SUBJECT: adult girl.

PROBLEM: psychosis, endless tendency to self-destruction, horrible self-aggressions against her body, innumerable forced hospitalizations, first attempt of suicide at the age of four years; behavior clearly very disturbed and definitely instable; referred by her family physician.

APPROACH: hypnotic training for about 2 months, avoiding the disturbing material; hidden hypnotic conditioning in order to get the subject more available for some work on her traumata;

very careful attempts to access some awful memories, very intense abreactions of the woman, hypnotic work considered "beneficial but very hard"; gradual development of an ability to talk about her traumatic experiences without terror; great surprise for this ability; very brief hypnotic sessions (5-10 minutes) because of the very low tolerance of the subject.

RESULT: complete end of self-destructive impulses; disappearance of any suicidal attempt; end of the need to drink alcoholics in order to handle the anxiety; end of her delirium of terror; very evident stabilization of the personality; development of a surprising and new ability to make friends without drinking; self-discipline now sufficient to allow a part-time work, in order to integrate her invalidity indemnity.

FOLLOW-UP (3 years): persistence of a satisfactory balance (just thoughts about suicide, alcoholism, and self-injuries, but no actualization because of a "strange lack of motivation"), quality of life greatly improved, her psychiatrist no longer hostile to hypnosis; partial ability to socialize and work actively.

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21. Cluster headache

SUBJECT: old man.

PROBLEM: cluster headache since ten years; pain starting on the left side of the mouth, then including the cheek, the eye, and the head; mucous secretions from the mouth, from the left naris, and tears from the left eye; terrific pain for half an hour every 2-3 days; drugs almost useless, hospital (pain center) therapies unsatisfactory; intoxicated by too much cortisone; urgent request to try hypnosis before the surgical cut of his facial nerves.

APPROACH: brief sessions of 15-30 minutes because of the easy subject's fatigability in hypnosis.

RESULT: first session, then no pain for 4 days; third session, then no pain for 8 days; 4th session, then just one attack of 2 minutes during a 15 days period; 5th session, then 43 days without pain, then one anomalous attack lasting 3 days, then no pain for 38 days; 6th session, then another 27 days without pain; 7th session, then further 78 days with no pain (total of 143 days without symptoms), then a short episode of annoyance but painless and without consequences, then no pain for 107 days, then a brief signal of pain, then no pain for 164 days, then another brief, negligible annoyance.

FOLLOW-UP (3 years): average of a brief sign of trouble or pain every 150 days; no need of any drug; no need of further hypnosis; complete subject's satisfaction.

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20. Self-injuries

SUBJECT: mature man.

PROBLEM: temporary loss of the reason, dismay, crises, five years of psychoanalysis with very poor results, perverted and malign tendency to self-aggressions and self-injuries, deliberate lack of self-control and care; chain smoking, diabetes, too high levels of triglycerides and transaminases, eating of anti-depressant drugs "as they were candies", obsessive rituals, reactions of block, morbid fears.

APPROACH: indirect, because of the subject's suspicions; induction of a good amnesia in order to avoid any useless analysis; emotional release within 5 minutes, without any conscious awareness of the causes; subject's astonishment for the speed and intensity of his personal reactions.

RESULT: panic disappeared for an entire week after the first session; body weight decreased of about 2 kg; better eating regimen, anxiety under a good control; loss of 5 kg after the fifth and last session; smoking decreased down to 20% of the initial amount.

FOLLOW-UP (7 months): stable mood, no panic, no depression.

19. Trauma (tortures)

SUBJECT: man.

PROBLEM: too nervousness, ulcer, hemorrhoids, uncontrollable violence against his wife, abdomen able to become larger and larger within minutes for unknown reasons; vulgar and aggressive.

APPROACH: hypnosis induced gradually; violent reactions since the beginning; verbal menaces against me as soon as I raised a stick with my hand; production of hallucinations with his eyes open, flashes (linked to a lot of rage); hypnotic uncovering of many tortures (face near the stove, blows with a cane and bleeding, whips on the back); hypnotic utilization of the disturbing gesture: "I'm about to raise the stick, and you are about to go into a trance now, wanting or not. Stop me just a moment before the loss of control"; reaction of loss, disorientation, eye closure, screams while imploring compassion, absolute terror interrupted by the positioning of my smiling face in front of him; collapse on the chair, abundant transpiration; stick raised again into the air, but this time without subject's fear (just a sarcastic smile); abdomen with halved circumference.

RESULT: no more flashes, very little anxiety, less disturbing hemorrhoids, good relationship with his wife.

FOLLOW-UP (6 months): persistent well-being.

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18. Overweight

SUBJECT: woman.

PROBLEM: need to reduce the overweight; failure of any diet in the long term; feeling of deep frustration because of the difficulty in reducing weight, in contrast with the easiness in gaining it.

APPROACH: supportive hypnosis for a better self-control.

RESULT: 7 kg lost after just three sessions (spaced out in time).

FOLLOW-UP (2 years): almost ideal weight maintained, just a little above the wanted value, but well under control and stable.

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17. Insomnia

SUBJECT: man.

PROBLEM: insomnia, not curable with drugs because the man needs to be perfectly awake when driving trucks; 1-2 hours of sleep during the night; very tired appearance.

APPROACH: explanations about BRAC (Basic Rest-Activity Cycle), a fundamental biological rhythm that must be respected and put into a good phase with hypnosis; immediate induction, almost non verbal, with a rhythmical course; post-hypnotic suggestions and immediate dismissal; one session.

RESULT: nocturnal sleep immediately normal, so good that clock alarm has been ignored; request of another session in order to be sure that the effect can last.

FOLLOW-UP (2-3 years): normal sleep; after about 16 months, anti-stress session for his excessive work and the fear to become insomniac again; spontaneous entrance into a deep trance; sleep still normal and very satisfactory.

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16. Leaky cardias

SUBJECT: adult boy.

PROBLEM: frequent emesis attacks, strong gastric pain, pathological pH-metry, endoscopic diagnosis of normal esophagus, total incontinence of the cardias, and recurrent herniation of the gastric mucosa into the esophagus; anti-acid drugs prescribed for the entire life; diagnosis of incurability; depression.

APPROACH: hypnotic control of muscular tone, elaboration of the shock caused by physician's words.

RESULT: emesis vanished after two sessions, return of the burps (indicating a perfect functionality of the cardias), gradual but definitive suspension of anti-acids.

FOLLOW-UP (3 years): full well-being, absence of symptoms; no drug usage.

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15. Severe headache

SUBJECT: mature woman.

PROBLEM: ferocious headaches since some years; drugs weakly effective only when administered intra veins; ineffective attempts with experimental drugs, acupuncture, homeopathy, osteopathy, and so on; physician's request of trying hypnosis against that daily, worsening headache.

APPROACH: handling of the deep distrust toward hypnosis; I told her that when I was presenting my hypnotic service to M.D.s, a physician said to me: "oh, you are one of those people that swing a pendulum in front of my eyes in order to steal my money"; then I demonstrated the hand-lock hypnotic routine, to show that one stays awake; hypnotic work started within the second session; rapid production of analgesia; completion of the hypnotic training.

RESULT: after the 5th session, pain absent for 12 days, followed by an attack for 24 hours; pain freedom for one month after the 6th session, with light episodes of pain clearly associated to her period and well tolerated.

FOLLOW-UP (6-7 months): complete freedom from pain.

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14. Block

SUBJECT: man.

PROBLEM: emotional block during important social interactions (trembling legs, feelings of weakness, throat lump, fainting, tachycardia); refractory to psychotherapy and to drugs.

APPROACH: hypnotic work on physical reactions, without interest for the causes; training to modify the vasomotor, muscular, and nervous behavior by means of hypnosis; self-hypnosis training; hypnotic re-induction with a rapid technique, followed by an immediate suggestion: "stay as you are, and listen.. what a beautiful thing.. one day you will block yourself even in blocking yourself, and when you will be so blocked that even the block will be blocked, then you will be free"; immediate dismissal; single session.

RESULT: fast development (within few days) of the ability to block the problem at its beginning; excellent confidence and effectiveness during important social relationships.

FOLLOW-UP (5 years): full well-being, no more blocks.

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13. Panic

SUBJECT: woman.

PROBLEM: panic attacks, fear of death, tormenting dizziness, disorientation in open spaces, inability to travel alone; two years of psychotherapy and psychology without results; several years of psychoanalysis without benefits.

APPROACH: hypnotic induction; quick and deep trance; strong dissociation; post-hypnotic

suggestion: "stay well when you are not well, in order to help yourself when you need so"; single session.

RESULT: immediate and successful attempt to travel alone with her car; astonishment for the absence of symptoms.

FOLLOW-UP (7 months): frequent trips by car with serenity and calmness.

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12. Menstrual pain

SUBJECT: adult woman.

PROBLEM: unbearable, painful menstruation since more than twenty years; need of analgesic drugs for at least 3 days; referred by her physician.

APPROACH: deep hypnosis, after the explanation that it can be definitely effective within one session; hypnotic development of sound dissociations and anaesthesias, even of extended type; loss of physical feelings; complete inability to move; suggestion to use every useful learning also after the session; awakening with an almost complete amnesia.

RESULT: period without pain, thanks to a spontaneous development of a strange, hypnotic, pleasurable, physical tiredness, which persisted entire days during her period; pre-menstrual headache no longer present.

FOLLOW-UP (2-3 years): painless period.

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11. Vitiligo

SUBJECT: boy (teenager).

PROBLEM: vitiligo in the left hand, hand almost bleached.

APPROACH: purely experimental hypnosis; hypnotic attempt to stimulate locally the nervous system, in the hope of restoring melanocytes' functionality; abreaactions during deep trance; presence of unconscious motivations for having and keeping vitiligo; total opposition to any investigation about those motivations; work interrupted at the 5th session after about 3 months because of an evident lack of results; final training for auto-hypnosis at home.

RESULT: re-pigmentation (of the hand) almost absent during the hypnotic work, but complete after about 8 months.

FOLLOW-UP (1 year): still some persistent feelings of nervous activity in the left hand; re-pigmentation complete and stable.

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10. No school

SUBJECT: child (12 years).

PROBLEM: severe discomfort at school, longer and longer absences, risk of rejection and repetition of the year; psychotherapy attempted but ineffective.

APPROACH: single session; hypnosis offered as an useful learning; hypnotic games, not pertinent to her problem and devoid of suggestions; sudden, extremely resolute statement that "the problem is solved".

RESULT: astonishing discovery that at school her schoolmates don't make fun of her any longer; reappearing, few days later, of her morbid fears and refusals to go to school; phone call of her mother for a new appointment; date deliberately fixed by me at a distance of 15 days, in order to force the girl to handle the problem by herself; another phone call from her mother, few days before the appointment, to say that "all is solved; my daughter has said to us sadly that she has resigned herself to go to school everyday".

FOLLOW-UP (3 months): all right; regular attendance at school; well-being.

9. Attempted suicide

SUBJECT: old woman.

PROBLEM: intractable, chronic depression, suicidal thoughts since more than ten years; cured with anti-depressant and anxiolytic drugs but in vain; attempted suicide by cutting her wrists with razor blades.

APPROACH: experimental attempts requested by her physician to me despite her scepticism (hypnosis seen as a quackery); total failure of every overt attempt of inducing hypnosis; successful covert induction; subject's persistent verbalizations, interruptions, and sabotages before and during the trance; subject's astonishment for having matured some "important ideas"; sudden age regression at the third session, with total somnambulistic immersion in her remote, joyful memories of the past; consequent "immense" benefit; hidden post-hypnotic suggestions to use those comfortable recalls as a source of personal delight.

RESULT: quite euphoric mood after 8 sessions.

FOLLOW-UP (4 years): the physician informed me that "she is well".

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8. Chronic anxiety

SUBJECT: girl.

PROBLEM: severe anxiety since ten years; psychoanalysis useful but not satisfactory.

APPROACH: indirect hypnosis; spontaneous development of hypnotic phenomena; astonishment for her somnambulistic experience during hypnosis.

RESULT: amazing discovery of a sudden, total loss of her desire to smoke; strong reduction of her anxiety.

FOLLOW-UP (3 years): well-controlled anxiety; found a stable partner; pregnant.

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7. Attempted suicide

SUBJECT: woman.

PROBLEM: first attempted suicide at a very early age, chronic assumption of calming drugs since thirty years; several hospitalizations in psychiatry; no results by means of conventional therapies; hypnosis attempted by a couple of physicians, but failed; several other attempts of suicide; severe insomnia.

APPROACH: offering the opportunity of developing her "evident ability to stay alive"; indirect strengthening of her self-esteem; deep and quick hypnosis.

RESULT: immediate improvement; firm scepticism mixed with the fear that "it can be not true"; nocturnal sleep almost normal; reduction and then suspension of anti-depressant drugs.

FOLLOW-UP (several months): phone call, expression of an intense desire to enjoy a better life; calm in voice, gentle in her way of talking to me.

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6. Depression

SUBJECT: woman.

PROBLEM: severe depression since many years, refractory to drugs and psychotherapy; iatrogenic damage caused by a diagnosis of incurability; insomnia; anxiety.

APPROACH: conversational hypnosis, no formal attempts of induction; almost immediate trance; strong hypnotic rapport.

RESULT: personal growth and rebirth; development of a powerful ability to induce beneficial changes in other people.

FOLLOW-UP (4 years): no more depression, personal and professional achievements and satisfactions.

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5. Paraesthesias

SUBJECT: man.

PROBLEM: intractable, painful paraesthesias, since nine years, after a very severe injury to the low spine; very annoying insomnia; frequent thoughts about suicide.

APPROACH: indirect; analgesic training; hypnoanalysis.

RESULT: immediate and sub-total hypnotic removal of paraesthesias, with instable effects, but then permanent after hypnoanalysis; hypnotic release of resentment for past bad events; crutch disposal and free walking; emotional departure from the status of being handicapped.

FOLLOW-UP (3-4 years): paraesthesias absent or negligible, good nocturnal sleep, no need of drugs; restoration of a normal life; no more usage of any crutch; birth of the first baby from his wife.

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4. Invalid anus

SUBJECT: woman.

PROBLEM: impossible defecation since five years after a haemorrhoidectomy (surgical damage proved by eco tomography, then claimed and compensated); lack of anal pushing, faeces as small as the little finger, low voluntary sphincter activity, paradoxical pubic-rectal muscle contraction, pelvic dissinergy; terrible pain during any attempt to defecate, need of a nurse intervention (finger insertion in the anus) to resolve the pain.

APPROACH: satisfactory indirect hypnosis induction; fake medical theories, tricks, several reminding post-it in the bathroom, programmed outlets of her rage; covert inductions and hypnotic attempts to recover as many as possible residual normal behaviors and memories of defecation.

RESULT: painless defecation after few sessions, no more need of nurse's help thanks to a "talking to feces" in order to have them go out; partial recovery of some evacuation pushing.

FOLLOW-UP (5 years): absence of rectal pain, partially restored rectal functionality.

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3. Obsessions

SUBJECT: woman.

PROBLEM: invincible obsessive neurosis, resistant to fifteen years of psychotherapy, psychoanalysis, and drug therapies of many kinds; depression, fear, anguish, compulsion to obsessively clean every part of her home many times a day.

APPROACH: hypnotic inductions initially refused or failing; instant induction (about 15 seconds) successful, but immediately followed by a strong mental disorientation, reactions of fear, and spontaneous release (after half a minute) with deep peace but also intense dullness.

RESULT: unexpected disappearance of subject's obsessions after just three days; no further need to clean obsessively; regaining of happiness and sexual desire.

FOLLOW-UP (3 years): no more neurosis; no substituting symptoms.

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2. Facial tics

SUBJECT: woman.

PROBLEM: tics (muscular spasms) and continuous facial scratching.

APPROACH: hypnotic training, verbal and non verbal (conditioning) hypnosis, somnambulistic trance, positive hallucinations, total amnesia for trance events; central hypnotic suggestion:

"calmly elaborate the most suitable, good, and opportune way to develop the ability to lose the ability to develop tics"; induction of a general post-hypnotic amnesia, further training.

RESULT: tics disappeared, with initial subject's unawareness of their disappearance.

FOLLOW-UP (4 years): absence of any tic.

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1. Asthenia

SUBJECT: woman.

PROBLEM: physical pain since several months, sadness, serious lack of strength; no neurological lesions; ineffective usage of anti-depressant drugs and psychotherapy.

APPROACH: strengthening hypnosis, brief hypnoanalysis (3 sessions).

RESULT: gradual elimination of drugs, beginning of a gym activity, restarting of a normal life.

FOLLOW-UP (2 years): all right.

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