The effects of auto suggestion stay with our children for life!

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Abstract
Understanding the formation, acceptance and implementation of beliefs is perhaps one of the most important things to understand about the role of the subconscious mind. Some people call it the unconscious mind, but for this article the terms are synonymous. The article will discuss the importance and acceptance of suggestion and present a procedure which will assist our children to develop a happy, self-confident and harmonious belief structure.

Introduction
Much of life's creative process happens without our conscious knowledge. There are conscious and subconscious forces operating in our lives and the mind does not decide which thought it should act on. Whatever the conscious mind believes, whether the belief is true or not, the subconscious mind will act upon that belief. The subconscious follows any belief with equal efficiency - impersonally.

The relationship between the conscious and subconscious mind is not fully understood, otherwise psychoanalysts would educate their clients as well as psychoanalysing them. We are the owners of this instrument and are entitled to know how it works. We must learn how this mind energy is distributed between the subconscious and the conscious if we are to assist our children. Children are our future, and we must realise with a sense of urgency that if we are to care for their future, we need to care for them now.

The central issue that we need to concentrate on is the acceptance
of positive suggestions without conscious critical analysis and rejection. Children are subjected to auto suggestions both positive and, unfortunately more often than not, negative suggestions from the moment of birth, if not before. It is paramount that children have the advantage of developing a positive, confident, subconscious self-image to deal with their world.

**The subconscious mind is similar to a computer.**

The subconscious is similar to a vast computer. It records all incidents which our mind, at the conscious level, becomes involved in. If we understand the mechanism of the human mind we can take charge of our lives, because the real controller or director of it is consciousness.

The subconscious mind doesn’t know, of itself, what reality actually is and what is believed as reality. Fantasy and imagination, once totally absorbed into consciousness, can enter the subconscious mind as an actual event taking place externally. The subconscious mind does not induce information for itself so we need new, positive and correct ideas to replace the accepted old, negative ideas. Similarly the subconscious does not distinguish between what is real and what is imagined. For instance, when you watch a film in total conscious absorption, you take the information and incidents of it into the subconscious. It may be stored there as a real event, when in fact, it isn’t real.

The subconscious, being deductive, can only act upon the belief of consciousness. Being sensitive, it knows what consciousness believes. Therefore, belief having arrived as auto-suggestion at the subconscious level is automatically acted upon whether based on truth or not. Hence, that which is held as an idea of belief at the subconscious level will be automatically acted upon and is bound to manifest outwardly in the circumstances of your life.

From the moment the newborn baby’s brain begins to operate, suggestion occurs. It has an impeccable memory, remembering whatever the conscious mind has been led to believe and never, ever forgets! In adults, the information presented to the brain goes through a process of conscious and subconscious acceptance; however as children we do not have a conscious, critical, analytical logic. There is no time in which to develop comparisons such as an adult may use, therefore a child accepts suggestions readily. The external stimuli of suggestions are not travelling through the barriers of logical appraisal before being finally accepted. That logic has not yet developed. The conscious mind is always accepting suggestions from its environment and if it has not developed logic, it is transforming suggestions into auto-suggestions. They enter into the storehouse of
All parents and teachers are bound to lose their temper or control occasionally, losing sight of the fact that the words used when communicating with children can make them feel loved, respected and accepted or with the same intensity wounded, rejected or unloved. Whether the words or suggestions are positive or negative, the results are always the same; our children remember them for life! They become long-lasting and in some cases serious damage may result to the child's self-esteem and the bond of trust between those in authority over them.

To understand how suggestions are accepted by our children, we need to discuss some of the different yet natural divisions of the mind. Throughout history there have been many different explanations and descriptions of the brain/mind and the following is just one.

**The conscious mind, the modern subconscious, the subconscious and the deep subconscious.**

The late John Cheatham from the Student Achievement Centre, based in Melbourne, Vic described the conscious mind as: “Being aware of the environment, the self and mental activity. To a certain extent, the conscious mind determines a person's choices of action. The conscious mind is critical and analytical. The modern subconscious stores information gained or processed during memory, becoming part of a belief system at the subconscious level.

Beliefs enter through a direct auto-suggestive process during early childhood, and form the foundation of the self-belief system at the subconscious level. The general belief system - how we see ourselves, what we are and our approach to daily life - has a foundation which is formed in a brain in an autosuggestible state and is influenced by those in authority (Goulding, 1991).

The greatest impact occurs during the first five to seven years of a person's life. During this time, a child is drawing information from those in authority and establishing a basis of self-image for itself, regardless of what the information is. It is quite reasonable to believe that if a child is in a negative environment it will gain negative input and consequently it will start life with negative belief systems at the subconscious level. Conversely of course, a child in a positive environment will receive positive inputs and develop more positive belief systems.

In normal situations, the first person in authority over a child is the mother. The father and the older children within the family generally establish a secondary authority. The next major authorities in a child's life after it reaches the age of five are the school teacher and those within the school environment.
one waking period. Dreams are sometimes stored in the modern subconscious and then brought to conscious awareness at the very first transition from the sleeping state to the waking state. The subconscious mind, the reservoir of permanent memory and belief is very literal and doesn't make evaluations or judgements. Finally, the deep subconscious is that part of the mind not readily available to conscious access. It is here that apparently ‘forgotten’ things remain faithfully and permanently stored. We actually forget nothing.”

Beliefs and belief systems

Any information accepted into the subconscious mind and held there as memory, becomes belief, whether true or not. Most of us as children accepted suggestions such as “It's bad luck if you walk under a ladder.” All human responses are based upon accepted beliefs held in the deep subconscious mind. These beliefs are constantly referred to as we react to every situation with which the conscious mind is presented.

It's important to be aware that suggestions given to us while we are young bypass the critical and analytical conscious mind. Those suggestions are accepted straight into the subconscious where they immediately become belief regardless of truth. Beliefs and belief systems held as truth in the subconscious mind will be acted upon automatically by children, directly affecting response and behaviour. Once a suggestion is accepted in the subconscious mind it becomes part of the mind’s belief system, automatically, whether true or not.

There are complex arrays of inter-related beliefs which underlie most of our responses and behaviour. We hold many beliefs about ourselves, some are true and some are not. All these beliefs coming together form a belief system about ourselves that automatically controls our social behaviour and our ability to cope in various circumstances. The results and coping ability we experience from this behaviour are then evaluated by the conscious, critical, analytical mind. New information is constantly added to the existing belief system about ourselves. Even with re-evaluation, it can be very difficult to change a belief.

You can imagine how a child, who has not developed critical analytical faculties, can gain the wrong impression from even simple statements. For example, many of us have heard a parent say: “Why aren't you as good as your brother/sister?”, that suggestion could go deeply into the subconscious mind, including all the emotions experienced! While it may not be remembered until many years later, the impression made by the remark may still be held fast in the belief system and be acted upon by the subconscious mind.

Supposing parents don’t give
enough attention to their child, for whatever reason. One of the intuitive needs of a human being is the feeling of being wanted. When a child - or even an adult - feels unwanted, the feeling automatically becomes a negative auto-suggestion. The belief created leaves a very insecure self-image in the subconscious mind and lasts for a life time.

Children themselves can also be cruel because they often establish their own identity at the expense of other children in the family. Imagine a scene where a very young child is attempting to play with older children. The older child calls for the mother to come and take the younger one away. The older child may say: “He is no good. He can’t play with us. He is too little.” Because of the undeveloped perceptions of the younger child, he is not able to logically analyse that statement. The emotional belief input is that he is just not good enough, he doesn't reason at that stage that when he is older he will be as good as the older children are, he simply believes he is not good enough.

These are the subconscious belief systems that are being formed. They cause us, as adults, to receive thought/feeling reactions from them.

Within the mechanism of the conscious and the subconscious, a simple system of cause and effect is working. I believe that too many people complicate the human mind. The subconscious mind is born with its subconscious instincts for self-preservation and pleasure, but all the information used in its programming of belief is received from the conscious mind. The memory bank in the subconscious gathers together all the information received during a lifetime and creates from it the subconscious belief system, which can be called a silent partner to consciousness.

**The subconscious mind follows any belief**

The subconscious mind follows any belief impersonally and with equal efficiency. Much of life’s creative process happens without our conscious knowledge. There are conscious and subconscious forces operating in our lives. The mind does not decide which thought it should act on. Whatever the conscious mind believes, whether the belief is true or not, the subconscious mind will act upon that belief. The subconscious follows any belief with equal efficiency - impersonally.

Parents, teachers, mental health professionals and clinical hypnotherapists can do a great deal to help youngsters recover from anxiety, stress, negative self images or even trauma. Recognising when a child is stressed or anxious is a major first step in assisting them to deal with their emotions, thoughts, feelings or reactions. Typical
reactions can include: separation anxiety, crying or whimpering, withdrawal or disruptive behaviour, lack of attention, irritability, fear, and sleeping disorders including nightmares/terrors, depression, stomach aches, nail biting or bedwetting (Goulding, 2004).

In extreme cases academic decline, depression, anti-social behaviour, trauma, suicidal thoughts can occur, and the list goes on. Some youngsters are more vulnerable to trauma than others. It has been shown that the impact of a traumatic event is likely to be greatest in the child or adolescent who previously has been the victim of child abuse or some other form of trauma, or who already had a mental health problem (Grbarino, Kostelny & Dubrow, 1991).

**Balancing a child’s belief structure**

A child’s basic belief system is formulated from both parents; the knowledge that a child is unconditionally loved and is loveable gives him or her confidence to return that love. In addition, approaching each morning with a positive attitude of mind and with the expectation that the day was going to be a happy one would definitely be an advantage.

A process was developed which allows the acceptance of positive suggestions directly into the subconscious mind replacing previously accepted negative suggestions and that takes only about two minutes every evening with the results lasting a lifetime. It also allows the parents or primary carers to redefine and in many cases redevelop a positive relationship with the child and the down line ramifications of change can permeate through the entire family. This technique is most important when dealing with physically, emotionally or intellectually impaired children, as the majority have a very negative self-belief and image.

The process assists the subconscious mind to redefine its belief structure and accept alternate suggestions which upon awakening become the child’s truth and reality. The process called the ‘Top Hat’ (Goulding, 2004) allows the subconscious mind to redefine its belief structure and accept alternate suggestions which upon awakening become their truth and reality. Not all children need this process but it’s a given that they will all benefit from it.

The ‘Top Hat’ process is delivered by the parents or primary carers whilst the child is asleep, without awakening the child or causing conscious, and in many cases critical confusion. The technique accesses the subconscious mind at brain-wave levels ranging from the deep Alpha to the light Theta (approximately 8-6 electro-magnetic cycles per second).
**The Reticular Activating System**

For the process to be accepted it's important that the child is not at the deepest levels of the sleeping cycle: i.e. the deeper levels of Theta brain wave frequency or whilst in Delta 0.5-3.5 electromagnetic cycles per second. This simple process, which takes about 3 minutes of the parent's time each evening, activates the awareness of the Reticular Activating System (RAS) allowing access to the most appropriate brain-wave frequency for each individual child. The Reticular Activating System (or ARAS, for Ascending Reticular Activating System) is the name given to the part of the brain (the reticular formation and its connections) believed to be the center of arousal and motivation in humans (American Psychological Association, 2009).

**The ‘Top Hat’ Process**

The major objective of the ‘Top Hat’ process is for the parent to access the correct level of brain-wave frequency while not interfering too much with the normal sleeping habits of a child. If suggestions were presented during this process whilst the brain wave frequency of the child was in the lower levels of Theta or Delta, then the suggestions would be of little value because one would be talking to a sleeping child without activating the RAS awareness.

The following is a diagramatic description of the process. Whilst asleep, the conscious mind rests, but the subconscious mind always has a level of awareness. It is as though the subconscious mind has an antenna. What tells you to wake up? The antenna of the subconscious mind – the RAS. (See Figure 1.)

![Figure 1. The Top Hat Process](image1)

For example, as a parent when your baby cries out in the night, you awaken, even if your baby is two doors away. And yet you may remain asleep when a car backfires as it passes the house.

As part of the Top Hat process, you direct your child's conscious mind to stay asleep, by communicating with your child's subconscious mind via the antenna. For this process to be effective, it is imperative to engage the correct brain-wave frequency of your sleeping child.

In other words, take off the “Top Hat” - the conscious mind of your child. (See Figure 2.)

![Figure 2. Taking the Top Hat off.](image2)

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The process enables the parent to talk directly to the subconscious mind of the child without interference from the conscious mind which may be influenced by any negative beliefs already accepted by the subconscious mind. (See Figure 3.)

Figure 3. Talking directly to the Subconscious Mind.

At this particular point, what is said to the child is critical, so ensuring there are no external noises such as a radio or other people talking within hearing of the child is paramount. The phrases that are used have been researched and proven over 35 years to be the most beneficial and effective in the reinforcement of unconditional love and self-esteem. The outcomes resulting from this strong, positive foundation of belief have been very successful.

The positive phrases, when presented to the subconscious mind in this specific manner, will be accepted, without consideration or conscious critical analysis and hence possible rejection. They sit next to the previously accepted but negative beliefs in the subconscious mind of the child. (See Figure 4.)

Figure 4. Positive phrases sitting next to previously accepted negative beliefs.

On the completion of this process, the child is returned to normal sleep. ie. Put the “Top Hat” back on. (See Figure 5.)

Figure 5. Put the Top Hat back on.

Over time the specifically repeated positive phrases will dominate and defuse negative beliefs leaving the child with positive suggestions creating a confident self-image rather than the previously accepted negative cognitive inoculations. Not only has the parent defused or replaced the negative emotions or issues, but in their place has presented a solid foundation of self-belief and confidence. Another major advantage of this process is the development or reinforcing of positive communications between the parent and the child.
Case History

This case history was written by the mother of a 7 year old child, who was trying to deal with anxiety, trauma and fear. Names have been changed to protect confidentiality. Sincere thanks are offered to the parents for allowing their very personal journey to be shared.

Background:

Young B was normally a happy and very active little fellow. During a 6 month period his grandmother was diagnosed with cancer and as a result his mum spent a lot of time away from the family home. Obviously the physical changes in B’s most precious Nan were quite confronting for him. Also at this time the devastating effects both financially and emotionally of the drought were starting to become evident. Bushfires were only kilometres away and the farm was blanketed by smoke during the day for weeks, and flames from the fires could be seen during the night. On New Year’s Eve during a massive storm, lightning hit a tree in one of the farm’s paddocks and started a fire. With this came the immediate trauma of fire engines, panic and mayhem. As a result of this, the following trauma recorded by B’s mother occurred.

- B would not sleep in his room on his own; he would wake screaming and become violent both verbally and physically when trying to put him back to bed.
- During the day he wouldn’t go anywhere (inside or outside) without being able to see me and was very argumentative with all family members.
- B was very disruptive in the classroom, couldn’t stay still or take instructions and actually fell asleep in class. He didn’t respond to any form of teaching.
- February, I discovered the Goulding SleepTalk™ for Children’ process and began using the foundation process.
- By mid-March, B was starting to go to sleep, but still with me sitting on his bed. He would at least sleep in his own bed all night and the teachers were reporting improvement in his behaviour at school.
- By the end of March, B’s daytime ‘tantrums’ were becoming much less frequent and he was going to sleep on his own and sleeping all night.
- April: B continues to sleep well, and if he does wake in the night, he’s happy to go back to sleep in his own bed. He is moving around on his own a lot better and he is responding to the teachers a lot more readily.

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May: Introduced 2 ‘specifics’ with the help of Joane. “You are confident, positive and calm, learning is good, interesting and fun”.

June: End of school term and his parent/teacher interview was amazing. The teachers told us he’d improved 1000%.

July: B continues to improve in all areas. He moves around, inside and outside, quite freely and independently and his general happiness is fantastic.

Added to siblings’ statements “B loves you”.

October: B’s behaviour is consistent, his cooperation with the family is fantastic and he adds valuable contributions to conversation and play.

December: I have changed B’s suggestion to ‘You’re safe, secure, confident, positive and calm. N loves you, you treat others as you would like to be treated’.

Feb-May: I stopped SleepTalk™ for these months and by May started to notice signs of regression in B’s behaviour and sense of self. So I resumed SleepTalk™ with almost immediate results just with the ‘Foundation’ process. The immediate results are nothing short of fantastic, with improvement continuing. No, I wasn’t really surprised, but excited to enhance my experiences with SleepTalk™ and so easily make an effective difference for my little man!

Now I continue with SleepTalk™, only adding “N loves you” to the ‘Foundation’ process at this point. I am pleased with the feedback but will stick with this suggestion for a little longer, my next idea will be to reuse, ‘You treat others as you would like to be treated’.

Mother’s Comments: “Simply, this really is a two minute gift that lasts a lifetime. Where would my family be without the Goulding SleepTalk™ process? Given the enormity of the primary reason for starting – the answer is: On the scrapheap with a mentally ill mother and similarly affected children.”

Conclusion:

Biopsychosocial aspects of stress, anxiety, education, emotional and physical issues are presented by clients to clinical hypnotherapist’s every day and looking beyond the presenting systems can in some cases be very beneficial. The down line ramifications of change that do occur as a result of utilising this process is a major step forward in assisting clients if situations at home are a contributing factor to their presenting issues.

The process is simple and easy to use and suits children of all ages from gifted to the talented and the challenged. Because it is non-intrusive, ethical and safe,
with the benefits lasting forever, the Goulding SleepTalk™ process is endorsed by the Medical and Psychological Professions.

It’s not about whether all children need SleepTalk™ but it’s most certainly a given that they and the parents will benefit from it. The process works in conjunction with any therapy and allows professional consultants and clinical hypnotherapists to assist parents to help their children develop emotional resilience and the mind’s firewall which protects against negative suggestions, much like a firewall on a computer protects it from outside interference and damage. It’s not what we leave to our children that matters, it’s the knowledge we leave within their minds.

Children are our future and as parents we need to recognise this with a sense of urgency. If we are to take care of the children, we need to take care of the ‘now’. This is a 2 minute gift that can create changes that last a life time.

References


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Joane is an Australian and International lecturer, published author and creator of the Goulding SleepTalk™ for Children process and a key note speaker in the UK, USA, Singapore and NZ. She is Director of The Goulding Institute and in 2011 she was awarded the title: Hypnotherapist Emeritus by the PCHA. She is a Life Member of the AACHP & the ASCH. For many years Joane was a Director of the Australian Academy of Hypnotic Science, a Registered Training Organisation. She was the author of a 2 year government accredited Diploma of Health: Clinical Hypnotherapy and is currently registered on the Australian National Hypnotherapy Register. Since 1974 Joane has specialised in the biopsychosocial aspect of stress and mindmanagement. Professional qualifications include: Clinical Hypnotherapy, Counseling, Psychotherapy, Psycho-nutrition, Training & Assessment Systems.

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