

The Hypnosis Examiner



**HAPPY NEW
YEAR!
"2021"**

Each new year deserves its own very unique beginning. You've never seen this one before so give it an opportunity to produce the best year you've seen yet!

Like the new year, give yourself the same unique opportunity to produce a better you than the previous you without preconceptions or lingering prejudice.

One way to make this happen is to extrapolate all the positive experiences from the previous year and carry them forward into the new. Then permit them to grow and flourish throughout the year into a new and better you!

Feature Article:
"STRESS: WHAT IS IT?"



What is Stress? In order to understand stress, you must first understand what stress is.

Simply defined, stress generally refers to the psychological "perception" of pressure and the body's response to it.

Some stress is necessary for all living systems. It is the means by which we encounter and respond to the challenges and uncertainties of our existence.

There is "healthy stress" where we may get excited about some expected event that we look forward to engaging, such as graduation from school, getting married or going on vacation. There are also other events that may be less healthy because of anticipated poor outcomes such as losing a sports game, being late for work or not completing homework on time.

Our "perception" of challenges and uncertainties in our life and environment is largely based on a lot of factors in how we have been raised, our experiences in life and who we have grown to become as individuals. One person may see a "snake" as a threat to their life while another person may see that same "snake" as a household pet; one person may see flying in an airplane as a means of transportation while yet another person sees it as a "death trap."

However, stress is a normal part of life that is meant to solve short-term, sometimes life-saving challenges like crossing the street but not extended difficulties like marital problems. *(continued on page 5)*

PSYCHOLOGICAL DISORDERS

The January 2020 Volume 9, No.1 issue of THE Newsletter on page 3 had a lengthy article entitled, "WHAT ARE PSYCHOLOGICAL DISORDERS?" It ended stating that we would continue reporting additional disorders in the next issue, however, we overlooked the continuation of this article. Therefore, we will now continue the short list of psychological disorders. *(If you do not have that issue, contact us for a back issue to be sent to your inbox.)*

EATING DISORDERS - Eating disorders are characterized by obsessive concerns with weight and disruptive eating patterns that negatively impact physical and mental health. Feeding and eating disorders that used to be diagnosed during infancy and childhood have been moved to this category in the DSM-5.

Types of eating disorders include:

* Anorexia nervosa is characterized by restricted food consumption that leads to weight loss and a very low body weight. Those who experience this disorder also have a preoccupation and fear of gaining weight as well as a distorted view of their own appearance and behavior.

* Bulimia nervosa involves bingeing and then taking extreme steps to compensate for these binges. These compensatory behaviors might include self-induced vomiting, the abuse of laxatives or diuretics, and excessive exercise.

* Rumination disorder is marked by regurgitating previously chewed or swallowed food in order to either spit it out or re-swallow it. Most of those affected by this disorder are children or adults who also have a developmental delay or intellectual disability. Additional problems that can result from this behavior include dental decay, esophageal ulcers, and malnutrition.

* Pica involves craving and consuming non-food substances such as dirt, paint, or soap. The disorder most commonly affects children and those with developmental disabilities.

* Binge-eating disorder was first introduced in the DSM-5 and involves episodes of binge eating where the individual consumes an unusually large amount of food over the course of a couple hours. Not only do people overeat, however, they also feel as if they have no control over their eating. Binge eating episodes are sometimes triggered by certain emotions such as feeling happy or anxious, by boredom or following stressful events.

SLEEP DISORDERS - Sleep disorders involve an interruption in sleep patterns that lead to distress and affects daytime functioning. Examples of sleep disorders include:

* Narcolepsy is a condition in which people experience an irrepresible need to sleep. People with narcolepsy may experience a sudden loss of muscle tone.

* Insomnia disorder involves being unable to get enough sleep to feel rested. While all people experience sleeping difficulties and interruptions at some point, insomnia is considered a disorder when it is accompanied by significant distress or impairment over time.

* Hypersomnolence disorder is characterized by excessive sleepiness despite an adequate main sleep period. People with this condition may fall asleep during the day at inappropriate times such as at work and school.

* Breathing-related sleep disorders are those that involve breathing anomalies such as sleep apnea that can occur during sleep. These breathing problems can result in brief interruptions in sleep that can lead to other problems including insomnia and daytime sleepiness.

* Parasomnias involve disorders that feature abnormal behaviors that take place during sleep. Such disorders include sleepwalking, sleep terrors, sleep talking, and sleep eating.

* Restless legs syndrome is a neurological condition that involves having uncomfortable sensations in the legs and an irresistible urge to move the legs in order to relieve the sensations. People with this condition may feel tugging, creeping, burning, and crawling sensations in their legs resulting in an excessive movement which then interferes with sleep.

* Sleep disorders related to other mental disorders as well as sleep disorders related to general medical conditions have been removed from the DSM-5. The latest edition of the DSM also provides more emphasis on coexisting conditions for each of the sleep-wake disorders.

DISRUPTIVE DISORDERS - Impulse-control disorders are those that involve an inability to control emotions and behaviors, resulting in harm to oneself or others. These problems with emotional and behavioral regulation are characterized by actions that violate the rights of others such as destroying property or physical aggression and/or those that conflict with societal norms, authority figures, and laws. *(continued on page 3)*

DISORDERS *(continued)*

Types of impulse-control disorders include:

* Kleptomania involves an inability to control the impulse to steal. People who have kleptomania will often steal things that they do not really need or that have no real monetary value. Those with this condition experience escalating tension prior to committing a theft and feel relief and gratification afterwards.

* Pyromania involves a fascination with fire that results in acts of fire-starting that endanger the self and others. People who struggle with pyromania purposefully and deliberately have set fires more than one time. They also experience tension and emotional arousal before setting a fire.

* Intermittent explosive disorder is characterized by brief outbursts of anger and violence that are out of proportion for the situation. People with this disorder may erupt into angry outbursts or violent actions in response to everyday annoyances or disappointments.

* Conduct disorder is a condition diagnosed in children and adolescents under the age of 18 who regularly violate social norms and the rights of others. Children with this disorder display aggression toward people and animals, destroy property, steal and deceive, and violate other rules and laws. These behaviors result in significant problems in a child's academic, work, or social functioning.

* Oppositional defiant disorder begins prior to the age of 18 and is characterized by defiance, irritability, anger, aggression, and vindictiveness. While all kids behave defiantly sometimes, kids with oppositional defiant disorder refuse to comply with adult requests almost all the time and engage in behaviors to deliberately annoy others.

DEPRESSIVE DISORDERS - Depressive disorders are a type of mood disorder that include a number of conditions. They are all characterized by the presence of sad, empty, or irritable moods accompanied by physical and cognitive symptoms. They differ in terms of duration, timing, or presumed etiology.

* Disruptive mood dysregulation disorder: A childhood condition characterized by extreme anger and irritability. Children display frequent and intense outbursts of temper.

* Major depressive disorder: A condition characterized by loss of interest in activities and depressed mood which leads to significant impairments in how a person is able to function.

* Persistent depressive disorder (dysthymia): This is a type of ongoing, chronic depression that is characterized by other symptoms of depression that, while often less severe, are longer lasting. Diagnosis requires experiencing depressed mood on most days for a period of at least two years.

* Other or unspecified depressive disorder: This diagnosis is for cases when symptoms do not meet the criteria for the diagnosis of another depressive disorder, but they still create problems with an individual's life and functioning.

* Premenstrual dysphoric disorder: This condition is a form of premenstrual syndrome (PMS) characterized by significant depression, irritability, and anxiety that begins a week or two before menstruation begins. Symptoms usually go away within a few days following a woman's period.

* Substance/medication-induced depressive disorder: This condition occurs when an individual experiences symptoms of a depressive disorder either while using alcohol or other substances or while going through withdrawal from a substance.

* Depressive disorder due to another medical condition: This condition is diagnosed when a person's medical history suggests that their depressive symptoms may be the result of a medical condition. Medical conditions that may contribute to or cause depression include diabetes, stroke, Parkinson's disease, autoimmune conditions, chronic pain conditions, cancer, infections and HIV/AIDS.

The depressive disorders are all characterized by feelings of sadness and low mood that are persistent and severe enough to affect how a person functions. Common symptoms shared by these disorders include difficulty feeling interested and motivated, lack of interest in previously enjoyed activities, sleep disturbances, and poor concentration.

The diagnostic criteria vary for each specific condition. For major depressive disorder, diagnosis requires an individual to experience five or more of the following symptoms over the same two-week period.

One of these symptoms must include either depressed mood or loss of interest or pleasure in previously enjoyed activities. Symptoms can include:

- * Depressed mood for most or all of the day
- * Decreased or lack of interest in activities the individual previously enjoyed
- * Significant weight loss or gain, or decreased or increased appetite
- * Sleep disturbances *(see page 4 for More Disorders)*

MORE DISORDERS *(continued)*

- * Feelings of slowed physical activity or restlessness
- * Lack of energy or fatigue that lasts most or all of the day
- * Feelings of guilt or worthlessness
- * Difficulty thinking or concentrating
- * Preoccupation with death or thoughts of suicide

Treatments for depressive disorders often involve a combination of psychotherapy and medications.

SUBSTANCE-RELATED DISORDERS -

Substance-related disorders are those that involve the use and abuse of different substances such as cocaine, methamphetamine, opiates, and alcohol. These disorders may include substance-induced conditions that can result in many associated diagnoses including intoxication, withdrawal, the emergence of psychosis, anxiety, and delirium. Examples of substance-related disorders:

- * Alcohol-related disorders involve the consumption of alcohol, the most widely used (and frequently overused) drug in the United States.
- * Cannabis-related disorders include symptoms such as using more than originally intended, feeling unable to stop using the drug, and continuing to use despite adverse effects in one's life.
- * Inhalant-use disorders involve inhaling fumes from things such as paints or solvents. As with other substance-related disorders, people with this condition experience cravings for the substance and find it difficult to control or stop engaging in the behavior.
- * Stimulant use disorder involves the use of stimulants such as meth, amphetamines, and cocaine.
- * Tobacco use disorder is characterized by symptoms such as consuming more tobacco than intended, difficulty cutting back or quitting, cravings, and suffering adverse social consequences as a result of tobacco use.

The DSM-5 also includes gambling disorder under this classification. The American Psychiatric Association explains that this change "reflects the increasing and consistent evidence that some behaviors, such as gambling, activate the brain reward system with effects similar to those of drugs of abuse and that gambling disorder symptoms resemble substance use disorders to a certain extent."

NEUROCOGNITIVE DISORDERS -

Neurocognitive disorders are characterized by acquired deficits in cognitive function. These disorders do not include those in which impaired

cognition was present at birth or early in life. Types of cognitive disorders include:

- * Delirium is also known as acute confusional state. This disorder develops over a short period of time—usually a few hours or a few days—and is characterized by disturbances in attention and awareness.

* Major and mild neurocognitive disorders have the primary feature of acquired cognitive decline in one or more areas including memory, attention, language, learning, and perception. These cognitive disorders can be due to medical conditions including Alzheimer's disease, HIV infection, Parkinson's disease, substance/medication use, vascular disease, and others.

SCHIZOPHRENIA - Schizophrenia is a chronic psychiatric condition that affects a person's thinking, feeling, and behavior. It is a complex, long-term condition that affects about one percent of people in the United States.

The DSM-5 diagnostic criteria specify that two or more symptoms of schizophrenia must be present for a period of at least one month.

One symptom must be one of the following:

- * Delusions: beliefs that conflict with reality
- * Hallucinations: seeing or hearing things that aren't really there
- * Disorganized speech: words do not follow the rules of language and may be impossible to understand

The second symptom may be one of the following:

- * Grossly disorganized or catatonic behavior: confused thinking, bizarre behavior or movements
- * Negative symptoms: the inability to initiate plans, speak, express emotions, or feel pleasure

Diagnosis also requires significant impairments in social or occupational functioning for a period of at least six months. The onset of schizophrenia is usually in the late teens or early 20s, with men usually showing symptoms earlier than women. Earlier signs of the condition that may occur before diagnosis include poor motivation, difficult relationships, and poor school performance.

The National Institute of Mental Health suggests that multiple factors may play a role in causing schizophrenia including genetics, brain chemistry, environmental factors, and substance use.

While there is no cure for schizophrenia, there are treatments available that make it possible to manage the symptoms of the condition. Treatments usually incorporate antipsychotic medications, psychotherapy, self-management, education, and social support.

(continues on page 5)

“Stress:” What Is It? *(continued)*

In fact, extended periods of stress can be psychologically disastrous and physically harmful, if not managed.

Reflecting on the year 2020, an extended period of stress has impacted people worldwide while living amid a global pandemic that has created social isolation and perils of false and misinformation through expanded social media. This is a scenario where it may require months or even years to bring the psychological and physiological effects of living in these conditions within normal and sustainably healthy levels of daily stress. Certainly, some of us will be able to manage this readjustment on our own while others may need professional help.

DISORDERS *(continued)*

OBSESSIVE-COMPULSIVE DISORDERS - Obsessive-compulsive and related disorders is a category of psychiatric conditions that include:

- * Obsessive-compulsive disorder (OCD)
- * Body-dysmorphic disorder
- * Hoarding disorder
- * Trichotillomania (hair-pulling disorder)
- * Excoriation disorder (skin picking)
- * Substance/medication-induced obsessive-compulsive and related disorder
- * Obsessive-compulsive and related disorder due to another medical condition

Each condition in this classification has its own set of diagnostic criteria.

The diagnostic criteria in the DSM-5 specify that in order to be diagnosed with obsessive-compulsive disorder, a person must experience obsessions, compulsions, or both.

* Obsessions: defined as recurrent, persistent thoughts, impulses, and urges that lead to distress or anxiety

* Compulsions: repetitive and excessive behaviors that the individual feels that they must perform. These actions are performed to reduce anxiety or to prevent some dreaded outcome from occurring.

The obsessions and compulsions must also be time-consuming, taking up an hour or more per day, or cause significant distress or functional impairment, must not be attributable to another medical condition or substance use, and must not be better explained by another psychiatric condition such as generalized anxiety disorder.

Treatments for OCD usually focus on a combination of therapy and medications. Cognitive-behavioral therapy (CBT) or a form of CBT known as exposure and response prevention (ERP) is commonly used. Antidepressants such as clomipramine or fluoxetine may also be prescribed to manage symptoms.

PERSONALITY DISORDERS - Personality disorders are characterized by an enduring pattern of maladaptive thoughts, feelings, and behaviors that can cause serious detriments to relationships and other life areas. Types of personality disorders include:

* Antisocial personality disorder is characterized by a long-standing disregard for rules, social norms, and the rights of others. People with this disorder typically begin displaying symptoms during childhood, have difficulty feeling empathy for others, and lack remorse for their destructive behaviors.

* Avoidant personality disorder involves severe social inhibition and sensitivity to rejection. Such feelings of insecurity lead to significant problems with the individual's daily life and functioning.

* Borderline personality disorder is associated with symptoms including emotional instability, unstable and intense interpersonal relationships, unstable self-image, and impulsive behaviors.

* Dependent personality disorder involves a chronic pattern of fearing separation and an excessive need to be taken care of. People with this disorder will often engage in behaviors that are designed to produce care-giving actions in others.

* Histrionic personality disorder is associated with patterns of extreme emotionality and attention-seeking behaviors. People with this condition feel uncomfortable in settings where they are not the center of attention, have rapidly changing emotions, and may engage in socially inappropriate behaviors designed to attract attention from others.

* Narcissistic personality disorder is associated with a lasting pattern of exaggerated self-image, self-centeredness, and low empathy. People with this condition tend to be more interested in themselves than with others.

* Obsessive-compulsive personality disorder is a pervasive pattern of preoccupation with orderliness, perfectionism, inflexibility, and mental and interpersonal control. This is a different condition than obsessive compulsive disorder (OCD). *(continued on page 6)*

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DISORDERS *(continued)*

* Paranoid personality disorder is characterized by a distrust of others, even family, friends, and romantic partners. People with this disorder perceive others intentions as malevolent, even without any evidence or justification.

* Schizoid personality disorder involves symptoms that include being detached from social relationships. People with this disorder are directed toward their inner lives and are often indifferent to relationships. They generally display a lack of emotional expression and can appear cold and aloof.

* Schizotypal personality disorder features eccentricities in speech, behaviors, appearance, and thought. People with this condition may experience odd beliefs or "magical thinking" and difficulty forming relationships.

Psychological disorders can cause disruptions in daily functioning, relationships, work, school, and other important domains. With appropriate diagnosis and treatment, however, people can find relief from their symptoms and discover ways to cope effectively.

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This is a FREE event during January sponsored by thousands of hypnotists around the world. Globally, hypnotists offer special events and appearances to educate and inform the public about the many benefits of hypnotism.

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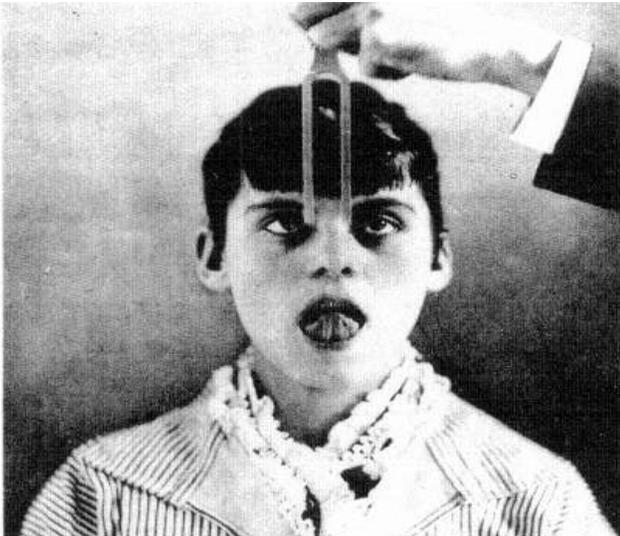
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The Blog Post
**SCIENTIFIC AMERICAN CONFIRMS
 IT: ‘HYPNOSIS IS REAL’**

Posted on March 29, 2018

This Blog Post is a contribution by Ara Trembly, a Board Certified Hypnotherapist and Licensed Professional Counselor based in St. Marys, GA. He maintains a web site at www.10-10hypnosis.com & blog www.10-10hypnosis.com/blog.



It is not unusual to hear intelligent people question the effectiveness and process of hypnosis, but many will take this a step further and question the idea that hypnosis—as a state of mind—exists at all. One such doubter—a man for whom I have great respect—is The Amazing Kreskin. Although Kreskin has used hypnotic techniques in his own performances, I have heard him insist that hypnosis does not exist as a state of mind. It could certainly be argued that those who seem hypnotized and perform amusing and embarrassing acts in Kreskin’s demonstrations are merely going along with suggestions in order to be a part of the “show.”

How, then, can we demonstrate that hypnosis is a legitimate phenomenon arising from a subject’s

brain? Certainly, we in the hypnotherapy community can point to mountains of anecdotal evidence that hypnosis has brought about significant positive changes in people’s lives, but skeptics may argue that such changes could have come about by chance, or by the simple acceptance of a suggestion, rather than a therapeutic intervention into the subconscious.

It turns out, however, that at least one respected scientific journal has proclaimed that hypnosis is real. A Scientific American article written 10 years ago tells about the use of what the authors call post-hypnotic amnesia (PHA) induced via hypnosis in order to do research on memory disorders such as functional amnesia. While the results in themselves confirm the effectiveness of inducing temporary forgetfulness via hypnosis, the article also boldly affirms that these effects are real and that they are observable by certain changes in the brain.

Why is this so important? Because it takes hypnosis out of the “New Age Hokum” basket in which some have chosen to place it, and affirms that this is a real phenomenon backed by both psychological and physical evidence. Thus, skeptics—even those as accomplished as Kreskin—are no longer able to claim that hypnosis is a figment of someone’s imagination or an incorrect name for the power of suggestion.

To be fair, the publication is not necessarily endorsing all forms of hypnosis and hypnotherapy, including stage hypnosis. For those of us who practice hypnosis as a form of therapy, that’s just fine, because the toughest challenge we often face is convincing potential patients that hypnosis is not just some hoodoo they have seen in the movies or on television. The affirmation by SA that hypnosis is the real thing is a welcome sign that this wonderful therapeutic modality is gaining traction as a respected practice in the world of healing and research.

This blog article is printed unabridged, verbatim, without editing and/or spell corrections. It is not necessarily the same views shared by the editor.

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COVID-19 *in* 2021

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VALENTINE'S DAY

While some believe that Valentine's Day is celebrated in the middle of February to commemorate the anniversary of Valentine's death or burial—which probably occurred around A.D. 270—others claim that the Christian church may have decided to place St. Valentine's feast day in the middle of February in an effort to "Christianize" the pagan celebration of Lupercalia. Celebrated at the ides of February, or February 15, Lupercalia was a fertility festival dedicated to Faunus, the Roman god of agriculture, as well as to the Roman founders Romulus and Remus.



Lupercalia survived the initial rise of Christianity but was outlawed—as it was deemed "un-Christian"—at the end of the 5th century, when Pope Gelasius declared February 14 St. Valentine's Day. It was not until much later, however, that the day became definitively associated with love. During the Middle Ages, it was commonly believed in France and England that February 14 was the beginning of birds' mating season, which added to the idea that the middle of Valentine's Day should be a day for romance. The English poet Geoffrey Chaucer was the first to record St. Valentine's Day as a day of romantic celebration in his 1375 poem "Parliament of Fowles," writing, "'For this was sent on Seynt Valentyne's day whan every foul cometh there to choose his mate.'"

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Learn the difference between "Fact or Fiction" about common hypnosis myths and misconceptions.



COMEDY CORNER

This little corner is designated to helping you get through your day with a little bit of humor.

- Try on these "daffynitions:":
- Abdication-giving up on stomach exercises;
- Anarchy - Exception to the rule;
- Antiques - furniture that is too old for poor folks but the right age for rich people;
- Arbitrator - a cook that leaves Arby's to work at McDonald's;
- Avoidable - what a bullfighter tries to do;
- Bankers - the rooters of all evil;
- Bore - someone who, when you ask how he is, tells you;
- Buffet dinner - where the hostess doesn't have enough chairs for everybody



STRESS AND ANXIETY

Most everyone experiences stress and anxiety from time to time. Stress is any demand placed on your brain or physical body. People can report feeling stressed when multiple competing demands are placed on them. The feeling of being stressed can be triggered by an event that makes you feel frustrated or nervous. Anxiety is a feeling of fear, worry, or unease. It can be a reaction to stress, or it can occur in people who are unable to identify significant stressors in their life.

Stress and anxiety are not always bad. In the short term, they can help you overcome a challenge or dangerous situation. Examples of everyday stress and anxiety include worrying about finding a job, feeling nervous before a big test, or being embarrassed in certain social situations. If we did not experience some anxiety we might not be motivated to do things that we need to do (for instance, studying for that big test!).

However, if stress and anxiety begin interfering with your daily life, it may indicate a more serious issue. If you are avoiding situations due to irrational fears, constantly worrying, or experiencing severe anxiety about a traumatic event weeks after it happened, it may be time to seek help.

People who have stress and anxiety over long periods of time may experience negative related health outcomes. They are more likely to develop heart disease, high blood pressure, diabetes, and may even develop depression and panic disorder.

For most people, stress and anxiety come and go. They usually occur after particular life events, but then go away.

Stress and anxiety can be unpleasant to deal with. They can also have negative effects on your physical health if untreated for long periods of time. While some amount of stress and anxiety in life is expected and shouldn't be cause for concern, it's important to recognize when the stress in your life is causing negative consequences. If you feel like your stress and anxiety are becoming unmanageable, seek professional help or ask others to help you find the support you need.

T.H.E. BACK ISSUES

Missed some issues last year? No problem! You can order back issues to be sent directly to your inbox and catch up on the news easily.

Select from the issues below:

January 2020 - Vol. 9 #1

Feature: Marvels of the Human Body

April 2020 - Vol. 9 #2

Feature: Eyes & Sight

July 2020 - Vol. 9 #3

Feature: Ears & Sound

October 2020 - Vol. 9 #4

Feature: The Brain

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T.H.E. Editor

"10 Years of Publication"



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