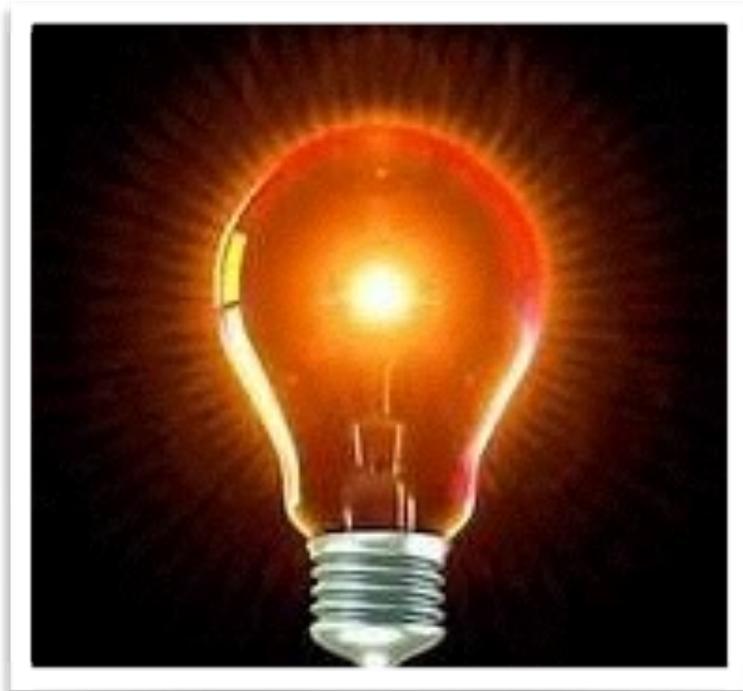


The Hypnosis Examiner

Feature Article:
**“METAPHORS:
 ARE THEY HELPFUL OR HARMFUL?”**



Everybody knows what a metaphor is, right? Sure! We use them all the time. Metaphors are a regular part of our everyday speech. You’ve heard sayings like, “cool as a cucumber, dumb as a bag of hammers, or feeling blue.” You may have even used metaphors like “bubbly personality, all the world’s a stage or raining cats and dogs.”

Or maybe you just didn’t realize that these commonly used phrases are metaphors. Have you ever thought about why we use metaphors or the impact that they may have on a person? Probably not but they just seemed to fit the conversation or circumstance at the time, right?

Well, after reading this brief article, you might want to be more aware of how and what metaphors that you might casually use.

A metaphor is a story that often helps us understand something. It can help us understand things in a helpful way or a not-so-helpful way. Let’s take a closer look.

Have you ever heard someone talk about their relationship using war or unstable mental state metaphors? *“It’s a battle to get him to listen to me.” “I’m crazy about her!”* Or people who use unity metaphors . . . *“She’s my better half,” “We’re like one person.”* (see Metaphors page 4)



The first Earth Day was celebrated on April 22, 1970. It was specifically designed as an environmental awareness program. Its aim was to educate participants about the importance of conserving the environment.

In 1990, Denis Hayes organized a global Earth Day. It was observed in more than 140 countries by 200 million people.

Since 1990, Earth Day has been an annual occurrence around the globe. In the early 21st century, most of the activities organized during Earth day revolved around raising awareness about many different environmental concerns. The primary focus was on the threat of global warming and depleting natural resources. It also focused on the importance of renewable energy sources.

During Earth Day, groups and individuals perform various acts of service to the planet. What will you do?

A THIRD STATE OF CONSCIOUSNESS COULD EXIST

A new study suggests the existence of a state of mind called, *dysanesthesia* which is neither consciousness nor unconsciousness.

With anesthetics properly given, very few patients wake up during surgery. However, new findings point to the possibility of a state of mind in which a patient is neither fully conscious nor unconscious, experts say.

This possible third state of consciousness may be a state in which patients can respond to a command but are not disturbed by pain or the surgery, according to Dr. Jaideep Pandit, anesthetist at St John's College in England, who discussed the idea at an anesthetists meeting in Dublin.

Pandit dubbed this state *dysanesthesia*, and said the evidence that it exists comes partly from a recent study, in which 34 surgical patients were anesthetized, and had their whole body paralyzed except for their forearm, allowing them to move their fingers in response to commands or to signify if they are awake or in pain during surgery.

One-third of patients in the study moved their finger if they were asked to even though they were under what seemed to be adequate anesthesia according to the study led by Dr. Ian F. Russell of Hull Royal Infirmary in England.

"What's more remarkable is that they only move their fingers if they are asked. None of the patients spontaneously responded to the surgery. They are presumably not in pain," said Pandit who wrote an editorial about the study.

Normally, while patients are under anesthesia, doctors continuously monitor them and administer anesthetic drugs as needed. The goal is to ensure the patient has received adequate medication to remain deeply unconscious during surgery. However, it is debated how reliable the technologies used during surgery to "measure" unconsciousness are.

"We don't have a model for consciousness," Pandit said. "It is very difficult to design a monitor, to monitor something you don't have a model for."



The study of 34 patients was aimed at investigating whether patients are fully unconscious when the monitoring technology commonly used in the operating rooms indicates so. The researchers kept patients' arms separated from rest of the body which was receiving routine paralyzing drugs by blocking the blood supply. Patients were able

to move their arm if they were still conscious.

In the patients who responded to the doctor's command by moving their hand, the doctors took it as a sign of consciousness and increased the anesthetic dose.

However, Pandit argues these patients were not "conscious." The fact that patients only responded to command and didn't move spontaneously shows their state of mind is different from normal consciousness.

"The idea of a third state of consciousness may explain the discrepancies in the reported prevalence of awareness during surgery," Pandit said. Previous surveys have shown that when patients are asked if they recalled being aware during surgery, about 1 in 500 will say they did. In contrast, a recent national survey in the United Kingdom, in which patients were not directly asked about awareness during surgery, 1 in 15,000 patients spontaneously reported they were aware during their surgery. Only 1 in 45,000 reported pain or distress during their surgery.

"Together, these statistics suggest there's a state in which patients are aware but not reporting it, perhaps because it is an acceptable and neutral experience for them," Pandit said. "They may be aware of their surroundings to some extent, but not concerned by this knowledge, especially because they are not in pain."

Pandit's hypothesis may serve as basis for developing anesthesia monitors in the future. Although the state of *dysanesthesia* seems harmless, it could be a precursor to unpleasant awareness during surgery that doctors and patients wish to avoid.

"It's a hypothesis for future research. It's something that we can explore further and design experiments to see if it really exists," he concluded.

IDENTIFYING SUBPERSONALITIES

This is the third part of the 4-part miniseries on identifying subpersonalities that we first published in the October 2013, Volume 2, Number 4 issue.

Identifying subpersonalities can be educating, enlightening and helpful in realizing who you are. It may also be helpful in dealing with some of life's issues on a daily basis.

Dr. John Rowan, Psychotherapist constructed this self-test for helping identifying some of the subpersonalities that my lie within us.

These are brief tests and are not meant to be definitive in any way. Their purpose is to introduce a few of the most common subpersonalities with which many of us deal. If you score highly on a given test, to simply means that you *might* have this subpersonality and that you might want to look more closely at how that functions in your life.

Before taking each test (*only one test will be published in each miniseries to maintain the integrity of the testing process*) read and follow the instructions below precisely:

For each test, you will not be told what subpersonality is involved until after you have answered the questions. This is meant to reduce any possible bias that could arise if you know what the questions are looking for before answering.

Before answering each set of questions, take a deep breath, clear your mind and try to answer honestly. You might want to make some notes as you answer each set of questions, especially for those subpersonalities with which you seem to resonate. If one or more of these feel important in your life take

a few moments to note any reactions, associations or memories that come up in response to that particular subpersonality before moving on to the next set of questions.

For each question, add the score (0-3) and then see what the total score is at the end.

1. Do you like answering questions?
 - 0 - I hate questionnaires
 - 1 - Not very much - sometimes I do
 - 2 - I think questionnaires are interesting
 - 3 - I love questionnaires
2. If someone asks for directions, will you tell them the way, even if you don't know for sure?
 - 0 - No
 - 1 - Very rarely I might
 - 2 - Quite often, yes
 - 3 - Every time
3. Somebody you value asks you the answer to a question. You know you have the answer somewhere at home. How long would you go on looking for it if you could not find it at first?
 - 0 - Half an hour or less
 - 1 - More than half an hour but less than an hour
 - 2 - More than an hour but less than two hours
 - 3 - More than two hours
4. Someone asks you the time. What do you say?
 - 0 - It's about a quarter to four
 - 1 - It's three forty-six
 - 2 - It's fifteen forty-six
 - 3 - It's fifteen forty-six and thirty seconds
5. "Every problem has an answer." Do you agree?
 - 0 - No
 - 1 - I hope it's true, but I'm not sure
 - 2 - Probably
 - 3 - Definitely

This test is to discover if you have a "Little Professor" subpersonality.

If You Scored:

0 - 5 You do not have a Little Professor and there is no particular reason why you should.

6-10 You do have a Little Professor, but this part of you is quite well under control. Watch out for it taking over any more.

11-15 Your Little Professor is a little too well developed and could cause you trouble. See if there is some action you can take to reduce its influence. *(continued page 4)*

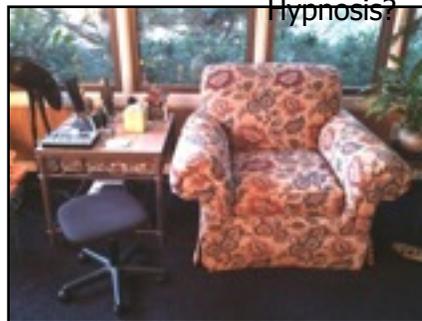
SUBPERSONALITIES *(from page 3)*

The Little Professor has to have the answer for everything and is willing to jump to conclusions in the absence of evidence from which to base an answer. There can be more than one form of this sub and it may look slightly different in different people. If this is a compulsive behavior, it can become a problem, otherwise it is not harmful.

Look for more subpersonality tests in future issues.



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METAPHORS *(from front page)*

As you can imagine, "war" metaphors will affect a relationship differently from "unity" metaphors. Every metaphor that we use to navigate the world will affect our experiences, our emotions and how we behave.

Can you think of the metaphors that you use in your relationships at home, at work and in your leisure life?

Do you think that if you examine these metaphors and reconstructed them with a more positive attitude that your life might be a bit different?

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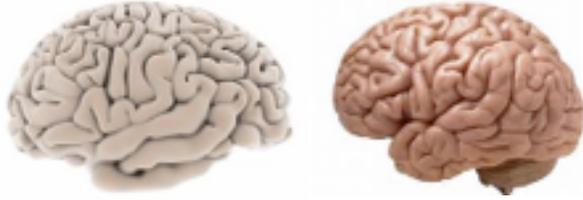
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10 THINGS ABOUT YOUR BRAIN



1 - Human Brains are big . . . The average adult brain weighs just under 3 pounds (*between 1.3 and 1.4 kilograms*). Some neurosurgeons describe the texture of a living brain as that of toothpaste but according to neurosurgeon Katrina Firlik, a better analogy can be found in the local health-food store.

"[The brain] doesn't spread like toothpaste. It doesn't adhere to your fingers the way toothpaste does," Firlik writes in her memoir, *"Another Day in the Frontal Lobe: A Brain Surgeon Exposes Life on the Inside"* (Random House, 2006). "Tofu (*the soft variety, if you know tofu*) may be a more accurate comparison."

If you aren't charmed by that description, consider this: About 80 percent of the contents of your cranium is brain while equal amounts of blood and cerebrospinal fluid, the clear liquid that buffers neural tissue, make up the rest. If you were to blend up all of that brain, blood and fluid, it would come to about 1.7 liters, or not quite enough to fill a 2-liter soda bottle.

2 - But they're getting smaller . . . Don't get too cocky about your soda-bottle-sized brain. Humans 5,000 years ago had brains that were even larger.

"We do know from archaeological data that pretty much everywhere we can measure (*Europe, China, South Africa, Australia*) that brains have shrunk about 9 cubic inches (*150 cubic centimeters*) from an average of about 82 in³ (*1,350 cm³*). That's roughly 10 percent," University of Wisconsin at Madison paleoanthropologist John Hawks told LiveScience in 2009.

Researchers don't know why brains might be shrinking but some theorize that they're evolving to be more efficient. Others think our skulls are getting smaller because our diets include more easily chewable foods so large, strong jaws are no longer required.

Whatever the reason, brain size doesn't directly correlate with intellect so there's no evidence that ancient man was brainier than humans of today.

3 - Our brains burn through energy . . . The modern brain is an energy hog. The organ accounts

for about 2 percent of body weight but it uses about 20 percent of the oxygen in our blood and 25 percent of the glucose (sugars) circulating in our bloodstream according to the American College of Neuropsychopharmacology.

These energy requirements have spurred a debate among anthropologists about what fueled the evolution of big brains in the first place. Many researchers credit meat citing evidence of hunting in our early ancestors. Other scientists, however, say meat would have been an unreliable food source. A 2007 study published in the Proceedings of the National Academy of Science found that modern-day chimps know how to dig for calorie-rich tubers on the Savanna. Perhaps our ancestors did the same boosting their brainpower with veggies.

As for what motivated the brain to balloon in size, there are three major hypotheses: climate change, the demands of ecology, and social competition.

4 - Wrinkles make us smart . . . What's the secret to our species' smarts? The answer may be wrinkles. The surface of the human brain is convoluted by deep fissures, smaller grooves called sulci, and ridges called gyri. This surface is called the cerebral cortex and is home to about 100 billion neurons or nerve cells.

The folded, meandering surface allows the brain to pack in more surface area and thus, more processing power into the limited confines of the skull. Our primate relatives show varying degrees of convolution in their brains, as do other intelligent creatures like elephants. In fact, research done by Emory University neuroscientist Lori Marino has found that dolphins have even more pronounced brain wrinkles than humans.

5 - Most of our brain cells are not neurons . . . The old view that we use just 10 percent of our brainpower isn't true but we now know that neurons make up just 10 percent of our brain cells.

The other 90 percent which account for about half the brain's weight, are called glia (which means "glue" in Greek). Neuroscientists used to think glia were simply the sticky stuff that holds neurons together. Recent research has shown glia to be much more. A 2005 paper in the journal *Current Opinions in Neurobiology* laid out the roles of these unsung cells which range from mopping up excess neurotransmitters to providing immune protection to actually promoting and modulating synapse growth and function (synapses are the connections between neurons). It turns out the silent majority isn't so silent after all. (*see "Your Brain" page 6*)

YOUR BRAIN *(from page 5)*

6 - The brain is an exclusive club . . . Like bouncers at a night club, an assembly of cells in the brain's blood system, called the blood-brain barrier, lets only a few molecules into the nervous system's inner sanctum – the brain. The capillaries that feed the brain are lined with tightly bound cells which keep out large molecules. Special proteins in the barrier transport necessary nutrients and substances into the brain. Only an elite few make it through.

The blood-brain barrier protects the brain but it can also keep out lifesaving medications. Physicians trying to treat brain tumors can use drugs to open the junctions between cells but that leaves the brain temporarily vulnerable to infection. One new way to sneak medications past the barrier might be nanotechnology. A 2009 study published in the journal *Cancer Research* showed that specially engineered nano-particles can cross the barrier and attach to tumor tissue. In the future, combining nano-particles with chemotherapy drugs could be one way to target tumors.

7 - The brain starts as a tube . . . The foundation for the brain is set early. Three weeks after conception, a sheet of embryonic cells called the neural plate folds and fuses into the neural tube. This tissue will become the central nervous system.

The neural tube grows and differentiates throughout the first trimester (when cells differentiate they specialize into various tissues needed to create body parts). It isn't until the second trimester that glia and neurons begin to form. The brain doesn't wrinkle until even later. At 24 weeks, magnetic resonance imaging shows just a few nascent grooves in the otherwise smooth surface of the fetal brain, according to a 2000 study in the journal *Radiology*. As the third trimester begins in week 26, the grooves deepen and the brain begins to look more like that of a newborn.

8 - Teen brains aren't fully formed . . . Parents of stubborn teenagers rejoice or at least relax: That adolescent attitude stems, in part, from the vagaries of brain development.

The gray matter of the brain peaks just before puberty and is pruned back down throughout adolescence with some of the most dramatic development happening in the frontal lobes which is the seat of judgment and decision-making.

A 2005 study published in the journal *Child Development* found that the parts of the brain responsible for multitasking don't fully mature until we're 16 or 17 years old. Research presented at the BA Festival of Science in 2006 revealed that teens also have a neural excuse for self-centeredness. When considering an action that would affect others, teens were less likely than adults to use the medial prefrontal cortex, an area associated with empathy and guilt. Teens learn empathy by practicing socializing, the researchers said. So much for grounding them until they're 20.

9 - Brains never stop changing . . . Scientific wisdom once held that once you hit adulthood, your brain lost all ability to form new neural connections. This ability, called plasticity, was thought to be confined to infancy and childhood.

Wrong! A 2007 study on a stroke patient found that her brain had adapted to the damage to nerves carrying visual information by pulling similar information from other nerves. This followed several studies showing that adult mice could form new neurons. Later studies found more evidence of human neurons making new connections into adulthood, meanwhile, research on meditation showed that intense mental training can change both the structure and function of the brain.

10 - Women aren't from Venus after all . . . Popular culture tells us that women and men's brains are just different. It's true that male and female hormones affect brain development differently and imaging studies have found brain differences in the ways women and men feel pain, make social decisions and cope with stress. The extent to which these differences are genetic versus shaped by experience (*the old nature-versus-nurture debate*) is unknown. *(concluded on page 7)*



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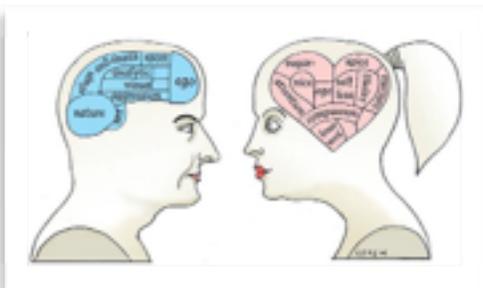
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YOUR BRAIN *(from page 6)*

However, for the most part, male and female brains (*and brainpower*) are similar. A 2005 American Psychologist analysis of research on gender differences found that in 78 percent of gender differences reported in other studies, the effect of gender on the behavior was in the small or close-to-zero range. And recent studies have debunked myths about the genders' divergent abilities. A study published in the January 2010 Psychological Bulletin looked at almost half a million boys and girls from 69 countries and found no overall gap in math ability. Focusing on our differences may make for catchy book titles but in neuroscience, nothing is ever that simple.



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PAIN

Pain is an unpleasant sensation that can be localized or systemic ranging from mild to agonizing. It can be both physiological and psychological.

When someone is injured, the body releases hormones that signal the brain that something is wrong. The brain interprets the signal as pain and the individual responds to this pain in an act to relieve it. Sometimes, the brain receives a signal when there is no physical injury but there is a psychological cause.

Endorphins are natural painkillers that when released from the brain that tell the body that there is no ache or pain. A “runner’s high” is an example of natural endorphins at work for long distance runners.

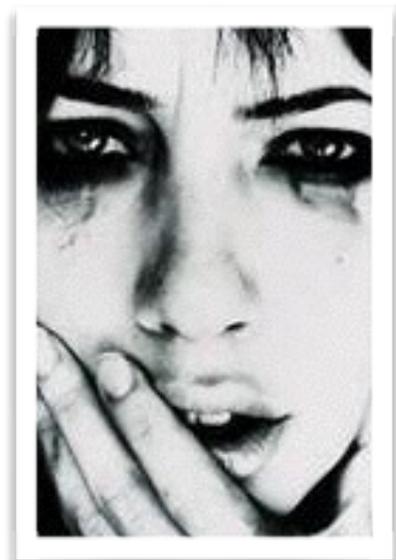
Pharmacology is a common way that people use to relieve pain. Non-narcotic medications prevent the pain signal from reaching the brain whereas narcotic medications indicate to the brain that the problem has been resolved.

Distraction or guided imagery is another way to address pain. Music is a common activity that can be effective as a distraction. These methods are often used with chronic pain scenarios.

Hypnotherapy can be effectively used to induce a state of anesthesia. This is referred to as hypnoanesthesia. Many surgeons performed surgery under hypnoanesthesia before anesthesia became available to patients.

Still for others, there is NeuroLinguistic Programming

(NLP) as an option. For those who find it difficult to achieve success with hypnosis, NLP is an excellent means of pain relief and management.



MYSTERIES OF THE SUBCONSCIOUS MIND



It has been stated many times that the subconscious mind holds a number of mysteries. However, any person who unlocks its powers has the best chance of harnessing strengths and certain abilities that may have been hidden.

Some of the greatest ideas used to create the modern technological advancements people enjoy today, were harnessed from the subconscious mind. This is quite a richly endowed part of the brain. A good number of the world's most enlightened people, have learned how to use this area to come up with skills, inspiration and ideas, which have been used to transform many lives.

The only way to change your belief system, on a more permanent level, is to access the subconscious mind and make new neural networks for the new beliefs. "Knowing," on a conscious level, what is limiting you in the subconscious, is not enough. You need a way to get the subconscious mind's attention, so that you can align it with your conscious mind, to utilize 100% of your brain power to implant a new, positive belief system.

Affirmations are simply the positive and negative statements

you say to yourself every day. It is this self talk and inner dialogue that determines your consistent thoughts. What's more, it is those consistent thoughts that have brought you to where you are in your life today. So by changing those consistent thoughts, the course of your life will automatically change. Using affirmations is an extremely powerful technique to help you do this. Before you use affirmations, you first have to become a persistent observer of your thoughts. When you notice yourself thinking self-defeating, negative thoughts you must change that thought to one that's positive in that very moment. Doing this immediately will neutralize the negative thought there and then and prevent it from taking hold and adding to the rest of the garbage you store within your subconscious.

To solve the mysteries of the subconscious mind, it is imperative to realize that all the thoughts or beliefs allowed into it will be manifested in life. You cannot escape from this fact of life. If you note anything manifesting in your life, even if you did not deliberately plan for it, look at what has been fed to the subconscious. This means that there is a need to be diligent in making sure that all our thoughts are monitored and directed to that which is beneficial to the mind. What benefits the mind, will most likely benefit our lives and help us achieve success in various areas.

BINAURAL BEATS

With so many stressors, stimuli, and distractions in this world, it can be difficult for the

typical person to be calm or even get things done. Some people end up at the doctor's office getting a prescription, others use exercise and many use alcohol.

What if there is a way to clear and even silence some of the clutter that makes its way into everyone's heads on a daily basis? Brainwave entrainment therapy, which uses accurately made beats and tones to massage the brain, and is the latest trend in holistic healing methods.

Scientific study done by Dr. Tina Huang and Dr. Christine Charyton for the journal *Alternative Therapies* has confirmed that 20-60 minutes of regularly listening to music with binaural beats and isochronic tones can really move us from an anxious, worried state to a more mellow and easy going state of mind.



Binaural beats are when a slightly different tone is brought in each ear, and isochronic tones consist of a single tone manually spaced and patterned. Coupled with nature's sounds and melodic themes, this is meditation music to change your frame of mind.

The thought is that each mental state is associated with a brainwave of a specific width and megahertz. (see *Binaural* page 9)

BINAURAL *(from page 8)*

Worried and troubled is the beta state, starting to calming down is the alpha, dream-filled rest is the theta waves and rejuvenating, dreamless sleep is connected with the delta brainwaves.

The science behind the healing frequencies of brainwave entrainment is that if we can massage our brainwaves with percussive and tonal stimuli, using the right tones and beats for your wanting completion, all of us can train our brain to let go of the default mental state (too anxious/too scatter-brained) and enter into a state which in where we can relax and get what we want done.

Take, for example, an anxious, nervous person whose dominant brainwave is the beta. By listening to music with the particularly designed tones at the alpha level, this person can ease their brain into a more calm and care-free state of mind. On the other hand, if a person tends to spend too many time in the alpha brain state, this can convert them to a bit disorganized or eccentric. Listening on a continued basis to music which stimulates the beta, or engaged brainwaves, can actually help a persons mind into a more functional state of mind where thoughts can flow freely.

Relaxation music is new to some as a way of healing but as history has proven through millennia, human beings require music as a form of release and expression, and now it has been fine-tuned to send mental rejuvenation through brainwave entrainment.

Studies suggest that brainwave entrainment is a positive therapeutic tool. People who are distressed from cognitive functioning deficits, stress, pain, headaches/migraines, PMS and behavioral problems can benefit from brainwave entrainment.

WHAT IS EMDR?

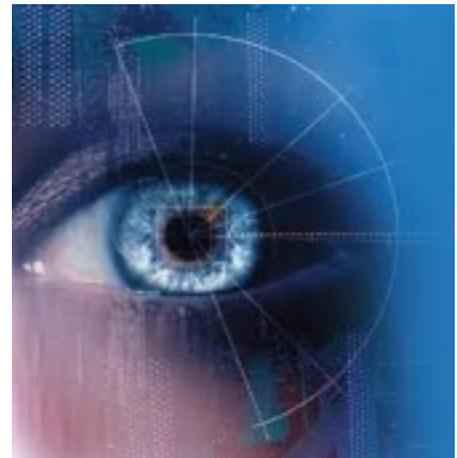
Francine Shapiro, PhD, an American psychologist developed EMDR (*Eye Movement Desensitization and Reprocessing*) as a breakthrough therapy with special capacity to overcome the often devastating effects of psychological trauma in the late 1980s. An ever-growing community of therapists soon saw its power to transform lives. At the same time, controlled research studies consistently demonstrated its efficacy and effectiveness. For many therapists who took up this therapy, EMDR felt like a “gift” to themselves and their clients and they were eager to “pay it forward” by spreading the word to colleagues.

EMDR is an eight-phase treatment which comprehensively identifies and addresses experiences that have overwhelmed the brain’s natural resilience or coping capacity, and have thereby generated traumatic symptoms and/or harmful coping strategies. Through EMDR therapy, patients are able to reprocess traumatic information until it is no longer psychologically disruptive.

During this procedure, patients tend to “process” the memory in a way that leads to a peaceful resolution. This often results in increased insight regarding both previously disturbing events and long held negative thoughts about the self. For example, an assault victim may come to realize that he was not to blame for what happened, that the event is really over, and, as a result he can regain a general sense of safety in his world.

Tens of thousands of clinicians have been trained in EMDR, and have applied the defining protocols of this psychotherapy to many other conditions, including: personality disorders, eating disorders, panic attacks, performance anxiety, complicated grief, stress reduction, dissociative disorders, disturbing memories, addictions, phobias, pain disorders, sexual and/or physical abuse and body dysmorphic disorders.

Since the development of EMDR, many adaptations of the therapy have been established to address particular types of psychological problems, but all specialized applications rest on EMDR’s basic protocols and concept of adaptive information processing.



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*Jonathan B. Walker,
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Master Hypnotherapist
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PLACEBO SLEEP JUST AS GOOD FOR YOU AS ACTUAL SLEEP?



A recent study published in the *Journal of Experimental Psychology* found that the effects of "placebo sleep" (*being told you've gotten quality sleep*) are enough for the body to feel the benefits of actual sleep. Researchers from Colorado College tested the effects of "placebo sleep" on the most poorly rested demographic,

undergraduates. They hooked participants up to equipment that measured brainwave frequency, then told the students that the measurements tell how much REM sleep they'd received the night before.

They lied. Students who were told they had above-average sleep performed better on the test that researchers administered while those who were told they had poor quality sleep performed worse.

Could the known health consequences of poor or insufficient sleep (*depression, weight gain, anxiety, organ failure*) possibly be positively affected by placebo sleep?

Could hypnosis possibly play an important role in achieving the desired effects of overcoming the health consequences of poor sleep?

HYPNOSIS FOR CHANGE

This 3rd edition book by Josie Hadley and Carol Staudacher presents the "how-to" techniques made completely accessible to everyone. The material is designed to meet the needs of laypersons and professionals.

Beginning by defining hypnosis, the book moves through simple layperson techniques and progresses to professional hypnotic practices for resolving problematic scenarios.

Check it out for yourself!

