

The Hypnosis Examiner

NEW BEGINNINGS

Spring and springtime refer to the season and also to ideas of rebirth, rejuvenation, renewal, resurrection and regrowth.

The earth awakens its dormant treasures and new plan growth begins to spring forth giving the season its name.

Snow, if a normal part of winter, begins to melt and streams swell with runoff. Frost, if a normal part of winter becomes less severe. In climates that have no snow and rarely frost, the air and ground temperatures increase more rapidly. Many flowering plants bloom this time of year in a long succession sometimes beginning when snow is still on the ground and continuing into early summer.

Ever ponder what significant changes take place within us during spring?

Think about it for a moment. What new changes do you think you'll experience this year?

~The Editor

HAPPY EASTER



Feature Article: "Understanding Sleep"



Sleep is an important part of your daily routine—you spend about one-third of your time doing it. Quality sleep – and getting enough of it at the right times -- is as essential to survival as food and water. Without sleep you can't form or maintain the pathways in your brain that let you learn and create new memories, and it's harder to concentrate and respond quickly.

Sleep is important to a number of brain functions, including how nerve cells (neurons) communicate with each other. In fact, your brain and body stay remarkably active while you sleep. Recent findings suggest that sleep plays a housekeeping role that removes toxins in your brain that build up while you are awake.

Everyone needs sleep, but its biological purpose remains a mystery. Sleep affects almost every type of tissue and system in the body – from the brain, heart, and lungs to metabolism, immune function, mood, and disease resistance. Research shows that a chronic lack of sleep, or getting poor quality sleep, increases the risk of disorders including high blood pressure, cardiovascular disease, diabetes, depression, and obesity.

Sleep is a complex and dynamic process that affects how you function in ways scientists are now beginning to understand.

Several structures within the brain are involved with sleep.

(see page 2 - SLEEP)

SLEEP *(from front page)*

The hypothalamus, a peanut-sized structure deep inside the brain, contains groups of nerve cells that act as control centers affecting sleep and arousal. Within the hypothalamus is the suprachiasmatic nucleus (SCN) – clusters of thousands of cells that receive information about light exposure directly from the eyes and control your behavioral rhythm. Some people with damage to the SCN sleep erratically throughout the day because they are not able to match their circadian rhythms with the light-dark cycle. Most blind people maintain some ability to sense light and are able to modify their sleep/wake cycle.

The brain stem, at the base of the brain, communicates with the hypothalamus to control the transitions between wake and sleep. (The brain stem includes structures called the pons, medulla, and midbrain.) Sleep-promoting cells within the hypothalamus and the brain stem produce a brain chemical called GABA, which acts to reduce the activity of arousal centers in the hypothalamus and the brain stem. The brain stem (especially the pons and medulla) also plays a special role in REM sleep; it sends signals to relax muscles essential for body posture and limb movements, so that we don't act out our dreams.

The thalamus acts as a relay for information from the senses to the cerebral cortex (the covering of the brain that interprets and processes information from short to long-term memory). During most stages of sleep, the thalamus becomes quiet, letting you tune out the external world. But during REM sleep, the thalamus is active, sending the cortex images, sounds, and other sensations that fill our dreams.

The pineal gland, located within the brain's two hemispheres, receives signals from the SCN and increases production of the hormone melatonin, which helps put you to sleep once the lights go down. People who have lost their sight and cannot coordinate their natural wake-sleep cycle using natural light can stabilize their sleep patterns by taking small amounts of melatonin at the same time each day. Scientists believe that peaks and valleys of melatonin over time are important for matching the body's circadian rhythm to the external cycle of light and darkness.

The basal forebrain, near the front and bottom of the brain, also promotes sleep and wakefulness, while part of the midbrain acts as an arousal system. Release of adenosine (a chemical by-product of cellular energy consumption) from cells in the basal

forebrain and probably other regions supports your sleep drive. Caffeine counteracts sleepiness by blocking the actions of adenosine.

The amygdala, an almond-shaped structure involved in processing emotions, becomes increasingly active during REM sleep.

There are two basic types of sleep: rapid eye movement (REM) sleep and non-REM sleep (which has three different stages). Each is linked to specific brain waves and neuronal activity. You cycle through all stages of non-REM and REM sleep several times during a typical night, with increasingly longer, deeper REM periods occurring toward morning.

Stage 1 non-REM sleep is the changeover from wakefulness to sleep. During this short period (lasting several minutes) of relatively light sleep, your heartbeat, breathing, and eye movements slow, and your muscles relax with occasional twitches. Your brain waves begin to slow from their daytime wakefulness patterns.

Stage 2 non-REM sleep is a period of light sleep before you enter deeper sleep. Your heartbeat and breathing slow, and muscles relax even further. Your body temperature drops and eye movements stop. Brain wave activity slows but is marked by brief bursts of electrical activity. You spend more of your repeated sleep cycles in stage 2 sleep than in other sleep stages.

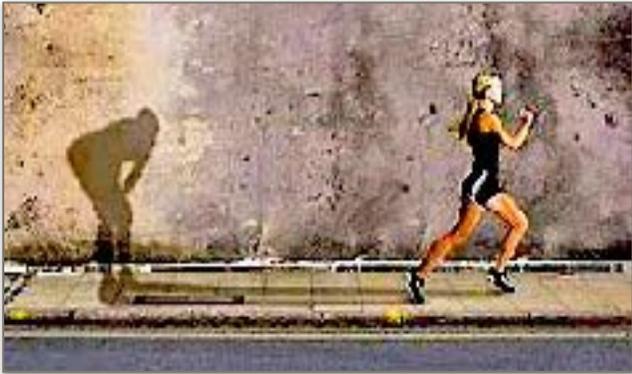
Stage 3 non-REM sleep is the period of deep sleep that you need to feel refreshed in the morning. It occurs in longer periods during the first half of the night. Your heartbeat and breathing slow to their lowest levels during sleep. Your muscles are relaxed and it may be difficult to awaken you. Brain waves become even slower.

REM sleep first occurs about 90 minutes after falling asleep. Your eyes move rapidly from side to side behind closed eyelids. Mixed frequency brain wave activity becomes closer to that seen in wakefulness. Your breathing becomes faster and irregular, and your heart rate and blood pressure increase to near waking levels. Most of your dreaming occurs during REM sleep, although some can also occur in non-REM sleep. Your arm and leg muscles become temporarily paralyzed, which prevents you from acting out your dreams. As you age, you sleep less of your time in REM sleep. Memory consolidation most likely requires both non-REM and REM sleep.

This article will take pause for this quarterly issue, however, be sure to look forward for more about 'SLEEP' in the next edition of THE Newsletter.

Sports Page

“WILLPOWER”



If only you had more willpower, you would easily stick to your diet or exercise program, right? Nope!

It turns out you need a lot more than willpower to do things like that. It's not just about self-control. In fact, willpower might be the most misunderstood of virtues.

Once you get wise to how willpower works, you'll know how to use it, why it can go off the rails and how to get it back on track.

What Is Willpower?

The American Psychological Association calls willpower "the ability to resist short-term temptations in order to meet long-term goals."

Using willpower sometimes means not doing something like skipping that second slice of cake you really want.

Or it may call for a delay like having a cooling-off period before you buy something that wasn't in your budget.

Willpower can also be about taking positive action like working out as you had planned though you really don't feel like it.

Here are five truths about willpower that will change how you think about and use this inner resource to help meet your goals.

Willpower is like a piggy bank: Just like dollars in your bank account, your willpower is in limited supply. On any given day, you should budget your willpower so you have it when it counts.

For example, if you plan to hit the gym after work, pack a lunch. You may not have the wherewithal to resist pizza for lunch and also work out on your way home.

One thing can lead to another -- in a good way. One of the best things about willpower, according to

Marina Chaparro, RD, is that growing self-control in one area of your life leads to other positive changes.

"It changes the way you think. Once someone gets back to the gym, they may also start eating better," Chaparro says.

Willpower is like a muscle: "Many people think you're either born with willpower or you're not," Chaparro says. "But that's not true. It's actually like a muscle you can strengthen over time."

You work out your willpower a little differently than you exercise your abs but both routines require doing it over and over.

Setting small, incremental goals that you regularly meet is the best way to boost your willpower. Much like with your body, if you overdo it by taking on a bigger challenge than you're ready for, you won't get stronger. You'll just be sore.

Feelings affect your willpower: The connection between your emotions and your ability to turn down a cookie is not obvious, but it is definitely there.

A hard day at work can limit your ability to meet goals later in the day.

It's not just feelings that affect willpower. Anything that involves a lot of thinking and decision-making will make you more vulnerable to temptation later on.

You need more than willpower: Willpower matters but you'll also need other strategies to help you keep on track.

By its very nature, willpower is something that comes and goes. And it can be gone when you need it most.

One of the most effective tools you can have is known as "precommitting." It's a technique that takes willpower out of the equation. You scrub your environment of temptations you know are likely to test you.

An example of precommitting is getting rid of all your junk food and not buying any more when you are at the grocery store. A shopping list you stick to is another good habit that can supplement your willpower.

Willpower is renewable: You're human. Just like everyone else, there will be times your willpower runs out. But it is possible to restore your supply.

Take time out for yourself as a way to recharge your willpower batteries. "If you get stressed, take a short walk," Chaparro says.

She finds that the most rejuvenating "me time" is unstructured and offers freedom from your routine. Listening to music is another proven way to help restore your willpower.

How will you strengthen your willpower?



MULTIPLE PERSONALITY DISORDER

Dissociative Identity Disorder (*DID*, commonly referred to as *multiple personality disorder*) is well known to the general public through multiple movies and books. However, the disease remains poorly understood and rather mysterious for the medical specialists. The definition of this disorder implies that a patient has at least two distinctive and relatively long-lasting identities (sometimes called “alters”) that manifest themselves in a person’s behavior. Their presence is accompanied by memory impairments that cannot be explained by usual forgetfulness.

Historically, the incidence of multiple personality disorder varied wildly. For a long time, the condition was considered among the rarest psychological disorders, with less than 100 cases described before 1944. The incidence of DID rose sharply in the 1970s–1980s, reaching 20,000 by the end of the century. In addition, this growth was accompanied by the increase in the number of alters reported in patients, from just one to 13–16 by the 1980s. These changes in the statistics might have been caused by increasing recognition of the disease symptoms among practitioners, but also led to the growing skepticism in the research community about the very existence of this distinct condition.

The variability on the geographic distribution of this condition is substantial too: the disorder is diagnosed in the US much more frequently than anywhere else. The overwhelming majority of publications on this condition originate from North America, making some researchers believe that DID is a purely American disease confined to this continent. This further adds to the skepticism of

many health practitioners: there are no reasons to believe that qualified specialists capable of recognizing this condition are vastly underrepresented in other developed countries.

There is little clarity regarding what causes the disorder. The iatrogenic hypothesis suggests that DID can be a result of psychotherapeutic treatment, while the traumatogenic hypothesis states that the disease develops as a result of severe trauma, usually in childhood. Some researchers believe that most cases of DID are pseudogenic, i.e., simulated. There is an opinion that many patients want to believe that they have the disorder, to explain the inconsistencies in their own behavior.

The incidence of DID is 5–9 times higher in females compared to males. Again, there is no agreement among specialists regarding what causes such a big gender difference.

The potential reasons for the sharp increase in the incidence of DID were examined in the scientific literature. Although there are many possible explanations for this phenomenon, the iatrogenic explanation appears to be the most substantiated. The unusually large number of diagnosis in the 1980s were clustered around a small number of practitioners, many of whom used hypnosis as a therapeutic tool. It is quite possible that under the influence of hypnosis the patients with a higher level of suggestibility may start to believe that they are suffering from split personality disorder, and behave accordingly. The level of hypnotizability of people with the diagnosis of DID is known to be the highest among any clinical population.

The rise of the DID diagnosis numbers also correlated with the growing number of split personality cases in the criminal court cases. The defense on the basis of DID was rarely successful, as it was often assumed that the defenders simply pretend to have the disorder to avoid taking responsibility for their crimes.

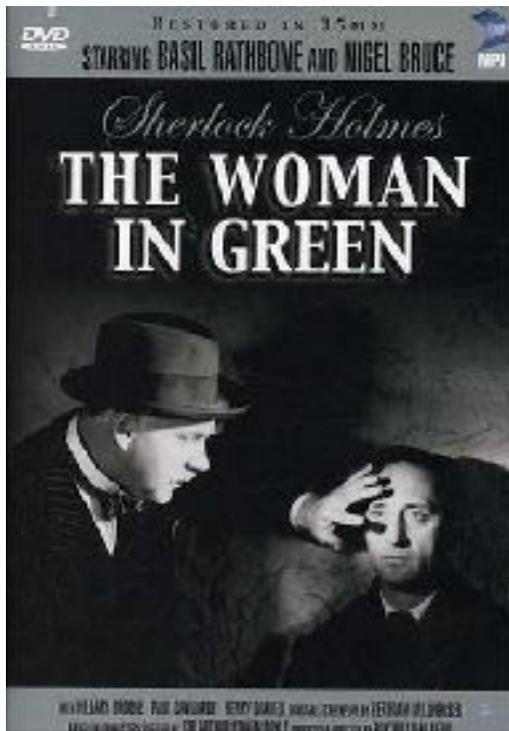
An opinion exists that the manifestations of DID are simply the consequences of other disorders such as bipolar disorder, schizophrenia, and borderline personality disorder. Many patients diagnosed with DID have previous history of these and other psychiatric conditions. Another theory suggests that the manifestations of DID are the consequences of trauma. There is plenty of clinical cases in support of this theory, but not so much statistical data.

Nonetheless, it is well proven that people with DID are at higher risk of depression and suicide. The patients often suffer from

(see *DID* page 6)

*The Blog Post***“HYPNOSIS: DOES IT REALLY WORK?”**

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 and a blog at www.10-10hypnosis.com/blog.



One of the questions I get asked most about the practice of hypnotherapy or hypnosis—and I am usually asked this by my fellow mental health practitioners—is: Does hypnosis really work?

After I get done laughing, I explain that if hypnosis didn't work, I wouldn't waste my time doing it. The body of literature that supports the efficacy of hypnotherapy as a healing tool is

certainly sufficient proof of just how well this treatment modality does work. But that's not the only way I know that hypnosis or hypnotherapy does work.

I know from my own personal and professional experience that hypnotherapy is an amazing and powerful method of changing lives and solving problems. Having hypnotized hundreds of persons, I can assure you that positive changes are made and that lives are enhanced and improved. Like any other treatment, however, hypnotherapy does not work for everyone—and for these folks, more mainstream forms of psychological counseling are available.

Still—where it does work—hypnotherapy appears to be nothing short of magic, although it is not at all an attempt to trick or deceive anyone. Where an individual might take as long as 6 to 12 months in counseling to work through issues around anxiety, for example, the same result can often be achieved in just six sessions of hypnotherapy. It seems like magic, but it is not.

Again, there are no guarantees—just as when you receive a prescription from your physician there are no guarantees it will work. The effects of hypnosis are sometimes subtle, such as helping the subject to sleep better, but sleeping better can produce powerful and healthy results for many individuals.

At other times, the effects of hypnotherapy can be striking and surprising. In one case, a woman who came to me for help with eating habits and weight loss told me the following story.

“After my hypnotherapy session last week, I went food shopping. When I was done and I reached the checkout counter, I looked into my shopping cart and said to myself: ‘Where did all these fruits and vegetables come from?!’”

Magic? No! Effective? Yes, often!

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**WRITE & SUBMIT AN ARTICLE**

We welcome written material for publication. There are no deadlines for submission. When your article arrives, it will be considered for publication in the next quarterly edition. You do not have to be a journalist or professional writer to submit an article. Just draft it and submit it. We will do the rest. It's just that simple and easy to do.

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Type in the subject line: T.H.E. NEWSLETTER ARTICLE

DID *(from page 4)*

post-traumatic stress disorder, substance abuse, anxiety and eating disorders. Such statistics are not uncommon in other psychiatric conditions, though.

Importantly, there is a shortage of proper neurological studies of this disorder. Nobody knows what exactly causes it and what kind of changes take place in the brains of patients diagnosed with this disease. The brain imaging data from patients with DID do not reveal any specific diagnostic patterns. Several studies demonstrated that the changes in personality state in the DID patients are associated with certain changes in the blood flow in the brain. There are also differences in the brain blood flow patterns between patients with DID and healthy control subjects. It remains uncertain if these differences can be used in the diagnostics.

The question of how real the majority of DID cases are is yet to be fully answered. In general, researchers agree that there are cases with very pronounced and obvious manifestations that would be rather hard to explain without invoking the concept of DID. However, when it comes to less severe cases, the diagnostic remains really problematic. This creates a problem for patients, as not knowing the specific diagnosis means the lack of clarity with treating the problem. Also, there is no consensus regarding how to treat the split personality disorder. Various psychotherapeutic and hypnotherapeutic techniques are currently used, but their efficacy remains unknown due to the absence of controlled randomized clinical trials. Clearly, there is a lot of room for further research in this field.

BINAURAL BEATS

A binaural beat is an auditory illusion perceived when two different pure-tone sine waves, both with frequencies lower than 1500 Hz, with less than a 40 Hz difference between them, are presented to a listener dichotically (one through each ear).

For example, if a 530 Hz pure tone is presented to a subject's right ear, while a 520 Hz pure tone is presented to the subject's left ear, the listener will perceive the auditory illusion of a third tone, in addition to the two pure-tones presented to each ear. The third sound is called a binaural beat, and in this example would have a perceived pitch correlating to a frequency of 10 Hz, that being the difference between the 530 Hz and 520 Hz pure tones presented to each ear.



Binaural-beat perception originates in the inferior colliculus of the midbrain and the superior olivary complex of the brainstem, where auditory signals from each ear are integrated and precipitate electrical impulses along neural pathways through the reticular formation up the midbrain to the thalamus, auditory cortex, and other cortical regions

Binaural beats work with the brain frequencies in order to tap into the subconscious state and work with different altered states of mind. When the brain gets into a highly focused state as it does when listening to binaural beats, it will respond very quickly to our instructions. The mind is able to tune into only the positive aspects and eliminate the negative energy that may be there.

If self-hypnosis with binaural beats is used effectively it can bring about excellent and long-lasting results. You will find that besides achieving your desired goal, self-hypnosis with binaural beats can help with:

- increased memory
- sharper focus
- much higher self-confidence

Hypnosis can actually change the way you approach life in a very positive way. Binaural beats are the fastest and easiest way I have come across to achieve this kind of success quickly.

Brainwave entrainment has been around for well over 170 years and is totally scientifically proven. There is no reason that only major corporations and athletes should be able to take advantage of self-hypnosis techniques. Every single person out there has some type of goal they want to achieve... whether it is for their careers, for their family, for their health, or for their relationships... we all want to achieve something.

Binaural beats and other forms of brainwave entrainment can help you do that.

WHAT IS EMDR

From the clinician's perspective:

Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories (Shapiro, 1989a, 1989b). Shapiro's (2001) Adaptive Information Processing model posits that EMDR therapy facilitates the accessing and processing of traumatic memories and other adverse life experience to bring these to an adaptive resolution. After successful treatment with EMDR therapy, affective distress is relieved, negative beliefs are reformulated, and physiological arousal is reduced. During EMDR therapy the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus. Therapist directed lateral eye movements are the most commonly used external stimulus but a variety of other stimuli including hand-tapping and audio stimulation are often used (Shapiro, 1991). Shapiro (1995, 2001) hypothesizes that EMDR therapy facilitates the accessing of the traumatic memory network, so that information processing is enhanced, with new associations forged between the traumatic memory and more adaptive memories or information. These new associations are thought to result in complete information processing, new learning, elimination of emotional distress, and development of cognitive insights. EMDR therapy uses a three pronged protocol: (1) the past events that have laid the groundwork for dysfunction are processed, forging new associative links with adaptive information; (2) the current circumstances that elicit distress are targeted, and internal and external triggers are desensitized; (3) imaginal templates of future events are incorporated, to assist the client in acquiring the skills needed for adaptive functioning.

From the layperson's perspective:

EMDR (Eye Movement Desensitization and Reprocessing) is a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. Repeated studies show that by using EMDR therapy people can experience the benefits of psychotherapy that once took years to make a difference. It is widely assumed that severe emotional pain requires a long time to heal. EMDR therapy shows that the mind can in fact heal from psychological trauma much as the body recovers from physical trauma. When you cut your hand, your body works to close the wound. If a foreign object or repeated injury

irritates the wound, it festers and causes pain. Once the block is removed, healing resumes. EMDR therapy demonstrates that a similar sequence of events occurs with mental processes. The brain's information processing system naturally moves toward mental health. If the system is blocked or imbalanced by the impact of a disturbing event, the emotional wound festers and can cause intense suffering. Once the block is removed, healing resumes. Using the detailed protocols and procedures learned in EMDR therapy training sessions, clinicians help clients activate their natural healing processes.

More than 30 positive controlled outcome studies have been done on EMDR therapy. Some of the studies show that 84%-90% of single-trauma victims no longer have post-traumatic stress disorder after only three 90-minute sessions. Another study, funded by the HMO Kaiser Permanente, found that 100% of the single-trauma victims and 77% of multiple trauma victims no longer were diagnosed with PTSD after only six 50-minute sessions. In another study, 77% of combat veterans were free of PTSD in 12 sessions. There has been so much research on EMDR therapy that it is now recognized as an effective form of treatment for trauma and other disturbing experiences by organizations such as the American Psychiatric Association, the World Health Organization and the Department of Defense. Given the worldwide recognition as an effective treatment of trauma, you can easily see how EMDR therapy would be effective in treating the "everyday" memories that are the reason people have low self-esteem, feelings of powerlessness, and all the myriad problems that bring them in for therapy. Over 100,000 clinicians throughout the world use the therapy. Millions of people have been treated successfully over the past 25 years.

EMDR therapy is an eight-phase treatment. Eye movements (or other bilateral stimulation) are used during one part of the session. After the clinician has determined which memory to target first, he asks the client to hold different aspects of that event or thought in mind and to use his eyes to track the therapist's hand as it moves back and forth across the client's field of vision. As this happens, for reasons believed by a Harvard researcher to be connected with the biological mechanisms involved in Rapid Eye Movement (REM) sleep, internal associations arise and the clients begin to process the memory and disturbing feelings. In successful EMDR therapy, the meaning of painful events is transformed on an emotional level. For instance, a rape victim shifts from feeling horror *(see EMDR next page)*

EMDR *(continued)*

and self-disgust to holding the firm belief that, “I survived it and I am strong.” Unlike talk therapy, the insights clients gain in EMDR therapy result not so much from clinician interpretation, but from the client’s own accelerated intellectual and emotional processes. The net effect is that clients conclude

EMDR therapy feeling empowered by the very experiences that once debased them. Their wounds have not just closed, they have transformed. As a natural outcome of the EMDR therapeutic process, the clients’ thoughts, feelings and behavior are all robust indicators of emotional health and resolution—all without speaking in detail or doing homework used in other therapies.

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Apr 7-8, 2018	Jul 21-22, 2018
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Jul 7-8, 2018	
Sept 22-23, 2018	
Oct 13-14, 2018	

Advanced Clinical Hypnotherapy

Advanced Part I:	Advanced Part II:
Feb 3-4, 2018	Feb 17-18, 2018
May 5-6, 2018	May 19-20, 2018
Aug 11-12, 2018	Aug 18-19, 2018
Nov 17-18, 2018	Dec 1-2, 2018

Advanced Parts Therapy Workshop

Advanced Part III:	
Mar 3-4, 2018	Sept 8-9, 2018
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Medical/Dental Hypnotherapy Specialty Certification

Jul 28-19, 2018	Nov 10-11, 2018
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COMEDY CORNER

This little corner is designated to helping you get through your day with a bit of a smile just to make life a little better for you.

See if the following pun helps you put a holiday smile on your face:

"A pun is a short quip followed by a long groan."

Charles Dickens was despondent while sitting in a Paris bar. He turned to the bartender and said, "It is the worst of times, for I am without an idea for my work. Let me partake of a vodka martini," to which the bartender responded, "Olive or twist?"



SOMNIPHOBIA

There are many symptoms that can be associated with a fear of sleep, some of them are commonly physically induced by a somniphobic person. These symptoms will gradually worsen over time and cause a serious negative impact on mental and physical health, as sometimes sleep will be avoided completely. Symptoms may include one or more of the following: Excessive fatigue due to improper or total lack of sleep; Lowered immune system from a lack of sleep; Mood swings or irritability; Reduced awareness or inability to focus; Panic Attacks; and Trouble making both long term and short term memories

Most of these symptoms are due to an individual's lack of sleep, as the individual will likely be unable to sleep throughout the whole night or avoid sleeping altogether. A somniphobic person will often begin to feel the greatest anxiety around later hours, where they begin to feel tired and know that sleep will soon be inevitable. If untreated, symptoms will gradually worsen over time as sleep levels begin to drop off and the fear continues to manifest itself. Once sleep becomes continually ignored, a person may become delirious and nearly unable to function as they normally would. This will create an inability to perform adequately at a job or in many social situations, which will begin to deteriorate many of their meaningful relationships.

The two most common causes for somniphobia include the fear of having nightmares or a triggering event related to sleep which serves as a catalyst for extreme anxiety. Individuals that are afraid of suffering through another sleep with nightmares are encouraged to seek out common psychological treatment options. During treatment, they are forced to confront their fears and understand more about what may be causing them nightmares. They may also be further educated on the dream process and understand that their dreams cannot affect them physically in their lives and may be just created by random mental imagery. On average, once a person is awake they are only able to recall 50 percent of their dream and forget another 40 percent of details after 10 minutes of consciousness.

T.H.E. BACK ISSUES

Missed some issues last year? That's no problem. You can order back issues and catch up on the news easily. Select from the quarterly options below:

January 2017 - Vol. 6 #1

Feature: NLP OnYourself

April 2017 - Vol. 6 #2

Feature: New Generator Behavior

July 2017 - Vol. 6 #3

Feature: EMDR

October 2017 - Vol. 6 #4

Feature: Depression

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T.H.E. Editor

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