The Hypnosis Examiner

INDEPENDENCE DAY!

Independence Day is a day of family celebrations with picnics and barbecues, showing a great deal of emphasis on the American tradition of political freedom. Activities associated with the day include watermelon or hotdog eating competitions and sporting events, such as baseball games, three-legged races, swimming activities and tug-of-war games.

Independence Day is a patriotic holiday for celebrating the positive aspects of the United States. Many politicians appear at public events to show their support for the history, heritage and people of their country. Above all, people in the United States express and give thanks for the freedom and liberties fought by the first generation of many of today's Americans.

~The Editor

Feature Article:
"Understanding Sleep: Part 2"

Two internal biological mechanisms–circadian rhythm and homeostasis–work together to regulate when you are awake and sleep.

Circadian rhythms direct a wide variety of functions from daily fluctuations in wakefulness to body temperature, metabolism, and the release of hormones. They control your timing of sleep and cause you to be sleepy at night and your tendency to wake in the morning without an alarm. Your body's biological clock, which is based on a roughly 24-hour day, controls most circadian rhythms. Circadian rhythms synchronize with environmental cues (light, temperature) about the actual time of day, but they continue even in the absence of cues.

Sleep-wake homeostasis keeps track of your need for sleep. The homeostatic sleep drive reminds the body to sleep after a certain time and regulates sleep intensity. This sleep drive gets stronger every hour you are awake and causes you to sleep longer and more deeply after a period of sleep deprivation.

Factors that influence your sleep-wake needs include medical conditions, medications, stress, sleep environment, and what you eat and drink. Perhaps the greatest influence is the exposure to light. Specialized cells in the retinas of your eyes process light and tell the brain whether it is day or night and can advance or delay our sleep-wake cycle. Exposure to light can make it difficult to fall asleep and return to sleep when awakened.

(see page 2 - SLEEP)

SLEEP *(from front page)*

Night shift workers often have trouble falling asleep when they go to bed, and also have trouble staying awake at work because their natural circadian rhythm and sleep-wake cycle is disrupted. In the case of jet lag, circadian rhythms become out of sync with the time of day when people fly to a different time zone, creating a mismatch between their internal clock and the actual clock.

Your need for sleep and your sleep patterns change as you age, but this varies significantly across individuals of the same age. There is no magic "number of sleep hours" that works for everybody of the same age. Babies initially sleep as much as 16 to 18 hours per day, which may boost growth and development (especially of the brain). School-age children and teens on average need about 9.5 hours of sleep per night. Most adults need 7-9 hours of sleep a night, but after age 60, nighttime sleep tends to be shorter, lighter, and interrupted by multiple awakenings. Elderly people are also more likely to take medications that interfere with sleep.

In general, people are getting less sleep than they need due to longer work hours and the availability of round-the-clock entertainment and other activities.

Many people feel they can "catch up" on missed sleep during the weekend but, depending on how sleep-deprived they are, sleeping longer on the weekends may not be adequate.

Everyone dreams. You spend about 2 hours each night dreaming but may not remember most of your dreams. Its exact purpose isn't known, but dreaming may help you process your emotions. Events from the day often invade your thoughts during sleep, and people suffering from stress or anxiety are more likely to have frightening dreams. Dreams can be experienced in all stages of sleep but usually are most vivid in REM sleep. Some people dream in color, while others only recall dreams in black and white.

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

ANGER

Anger or wrath is an intense emotional response usually involving agitation, malice, or retribution. It is an emotion that involves a strong uncomfortable and hostile response to a perceived provocation, hurt or threat. Anger can occur when a person feels their personal boundaries are being or are going to be violated. Some have a learned tendency to react to anger through retaliation as a way of coping.

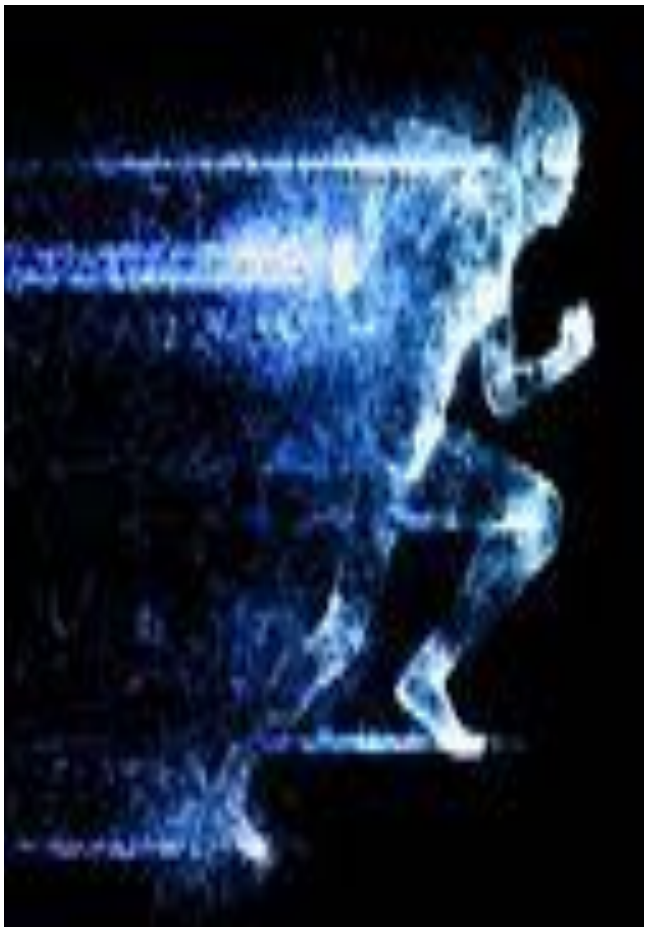
Anger is an emotional reaction that impacts the body. A person experiencing anger will also experience physical conditions, such as increased heart rate, elevated blood pressure, and increased levels of adrenaline and noradrenaline. Some view anger as an emotion which triggers part of the fight or flight brain response. Anger is used as a protective mechanism to cover up fear, hurt or sadness. Anger becomes the predominant feeling behaviorally, cognitively, and physiologically when a person makes the conscious choice to take action to immediately stop the threatening behavior of another outside force. Anger can have many physical and mental consequences.

Modern psychologists view anger as a primary, natural, and mature emotion experienced by virtually all humans at times, and as something that has functional value for survival. Anger is seen as a supportive mechanism to show a person that something is wrong and requires changing. Anger can mobilize psychological resources for corrective action. Uncontrolled anger can, however, negatively affect personal or social well-being and impact negatively on those around them. It is equally challenging to be around an angry person and the impact can also cause psychological/emotional trauma if not dealt with. While many philosophers and writers have warned against the spontaneous and uncontrolled fits of anger, there has been disagreement over the intrinsic value of anger. The issue of dealing with anger has been written about since the times of the earliest philosophers, but modern psychologists, in contrast to earlier writers, have also pointed out the possible harmful effects of suppressing anger. Displays of anger can be used as a manipulation strategy for social influence.

(See more about Anger on page 4)

Sports Page

"SPORTS HYPNOSIS"



Sports hypnosis refers to the use of hypnotherapy with athletes in order to enhance sporting performance. Hypnosis in sports has therapeutic and performance-enhancing functions. The mental state of athletes during training and competition is said to impact performance. Hypnosis is a form of mental training and can therefore contribute to enhancing athletic execution. Sports hypnosis is used by athletes, coaches and psychologists.

Hypnosis has been used in various professions including dentistry, medicine, psychotherapy and sports, as a performance enhancement tool. Sports hypnosis incorporates cognitive and sports science methodologies. Hypnosis in sports therefore overlaps with areas such as biomechanics, nutrition, physiology and sports psychology. Generally sports hypnosis is studied within the field of sports psychology, which examines the impact of psychological variables on athletes' performance. While sports psychology began to be studied around the 1920s, the study and use of hypnosis was not documented until the 1950s. Members of the Russian Olympic team are said to have made use of hypnosis as a performance-enhancing tool around this time.

Although not referred to as hypnosis, professional athletes and teams have used an approach called guided imagery, which is much similar to techniques used in sports hypnosis.

Hypnosis is one of several techniques that athletes may employ to accomplish their sporting goals and it is equally beneficial to coaches as well as athletes. Hypnosis may do for the mind what physical activity does for the body of an athlete. The theory behind sports hypnosis is that relaxation is key to improved sporting performance and athletes may perform better if they are able to relax mentally and focus on the task at hand. Hypnosis may help athletes attain relaxation during practice and competition. Hypnosis may also help to control anxiety and manage stress in athletes. Athletes may develop auto-response to pre-established stimuli which is geared towards achieving optimal performance levels. Sports Hypnosis can also eliminate phobic responses, such as 'Trigger Freeze' in the Clay Pigeon Shooter, 'Target Panic' in the Archer and Fears of further injury in sports people following injury.

The impact of hypnosis on various aspects of sporting performance has been studied. Research has studied the role of hypnosis in enhancing basketball skills, on flow-state and golf-putting performance, its impact on long-distance runners, on archery performance and on flow states and short-serve in badminton.

The use of hypnosis in sports offers potential benefits that may help athletes handle personal challenges that would otherwise negatively affect sporting performance.

Hypnosis aids the athlete in several ways:

- Helps to reinforce established sporting goals
- Aids athletes to better handle nervousness
- Contributes to relaxation
- Facilitates stress management
- Increases concentration
- Eliminates sports phobia responses
- Provides the ability to eliminate distractions
- Assists in controlling pain
- Increases performance motivation
- Improves bodily awareness

ANGER *(continued from page 2)*

Anger can potentially mobilize psychological resources and boost determination toward correction of wrong behaviors, promotion of social justice, communication of negative sentiment, and redress of grievances. It can also facilitate patience. In contrast, anger can be destructive when it does not find its appropriate outlet in expression. Anger, in its strong form, impairs one's ability to process information and to exert cognitive control over their behavior. An angry person may lose his/her objectivity, empathy, prudence or thoughtfulness and may cause harm to themselves or others. There is a sharp distinction between anger and aggression (verbal or physical, direct or indirect) even though they mutually influence each other. While anger can activate aggression or increase its probability or intensity, it is neither a necessary nor a sufficient condition for aggression.

One simple dichotomy of anger expression is passive anger versus aggressive anger versus assertive anger. These three types of anger have some characteristic symptoms:

Passive anger. Passive anger can be expressed in the following ways:

Dispassion, such as giving someone the cold shoulder or a fake smile, looking unconcerned or "sitting on the fence" while others sort things out, dampening feelings with substance abuse, overreacting, oversleeping, not responding to another's anger, frigidity, indulging in sexual practices that depress spontaneity and make objects of participants, giving inordinate amounts of time to machines, objects or intellectual pursuits, talking of frustrations but showing no feeling.

Evasiveness, such as turning one's back in a crisis, avoiding conflict, not arguing back, becoming phobic.

Defeatism, such as setting yourself and others up for failure, choosing unreliable people to depend on, being accident prone, underachieving, sexual impotence, expressing frustration at insignificant things but ignoring serious ones.

Obsessive behavior, such as needing to be inordinately clean and tidy, making a habit of constantly checking things, over-dieting or overeating, demanding that all jobs be done perfectly.

Psychological manipulation, such as provoking people to aggression and then patronizing them, provoking aggression but staying on the sidelines, emotional blackmail, false tearfulness, feigning illness, sabotaging relationships, using sexual provocation, using a third party to convey negative feelings, withholding money or resources.

Secretive behavior, such as stockpiling resentments that are expressed behind people's backs, giving the silent treatment or under-the-breath mutterings, avoiding eye contact, putting people down, gossiping, anonymous complaints, poison pen letters, stealing, and conning.

Self-blame, such as apologizing too often, being overly critical, inviting criticism.

Aggressive anger. The symptoms of aggressive anger are:

Bullying, such as threatening people directly, persecuting, insulting, pushing or shoving, using power to oppress, shouting, driving someone off the road, playing on people's weaknesses.

Destructiveness, such as destroying objects as in vandalism, harming animals, child abuse, destroying a relationship, reckless driving, substance abuse.

Grandiosity, such as showing off, expressing mistrust, not delegating, being a sore loser, wanting center stage all the time, not listening, talking over people's heads, expecting kiss and make-up sessions to solve problems.

Hurtfulness, such as violence, including sexual abuse and rape, verbal abuse, biased or vulgar jokes, breaking confidence, using foul language, ignoring people's feelings, willfully discriminating, blaming, punishing people for unwarranted deeds, labeling others.

Manic behavior, such as speaking too fast, walking too fast, driving too fast, reckless spending.

Selfishness, such as ignoring others' needs, not responding to requests for help, queue jumping.

Threats, such as frightening people by saying how one could harm them, their property or their prospects, finger pointing, fist shaking, wearing clothes or symbols associated with violent behavior, tailgating, excessively blowing a car horn, slamming doors.

Unjust blaming, such as accusing other people for one's own mistakes, blaming people for your own feelings, making general accusations.

Unpredictability, such as explosive rages over minor frustrations, attacking indiscriminately, dispensing unjust punishment, inflicting harm on others for the sake of it, using alcohol and drugs, illogical arguments.

Vengeance, such as being over-punitive. This differs from retributive justice, as vengeance is personal, and possibly unlimited in scale.

Assertive Anger: *(continued on next page)*

ANGER *(continued from page 4)*

Assertive anger.

Blame, such as after a particular individual commits an action that's possibly frowned upon, the particular person will resort to scolding. This is in fact, common in discipline terms.

Punishment, the angry person will give a temporary punishment to an individual like further limiting a child's will to do anything they want like playing video games, no reading, etc, after they did something to cause trouble.

Sternness, such as calling out a person on their behavior, with their voices raised with utter disapproval/disappointment.

People feel angry when they sense that they or someone they care about has been offended, when they are certain about the nature and cause of the angering event, when they are convinced someone else is responsible, and when they feel they can still influence the situation or cope with it. For instance, if a person's car is damaged, they will feel angry if someone else did it (e.g., another driver rear-ended it), but will feel sadness instead if it was caused by situational forces (e.g., a hailstorm) or guilt and shame if they were personally responsible (e.g., he crashed into a wall out of momentary carelessness). Psychotherapist Michael C. Graham defines anger in terms of our expectations and assumptions about the world. Graham states anger almost always results when we are caught up "... expecting the world to be different from it is".

Usually, those who experience anger explain its arousal as a result of "what has happened to them" and in most cases the described provocations occur immediately before the anger experience. Such explanations confirm the illusion that anger has a discrete external cause. The angry person usually finds the cause of their anger in an intentional, personal, and controllable aspect of another person's behavior. This explanation, however, is based on the intuitions of the angry person who experiences a loss in self-monitoring capacity and objective observability as a result of their emotion. Anger can be of multi-causal origin, some of which may be remote events, but people rarely find more than one cause for their anger. Anger experiences are embedded or nested within an environmental-temporal context. Disturbances that may not have involved anger at the outset leave residues that are not readily recognized but that operate as a lingering backdrop for focal provocations (of anger).

Coping Strategies

Conventional therapies for anger involve restructuring thoughts and beliefs to bring about a reduction in anger. These therapies often come within the schools of CBT (Cognitive Behavioral Therapies) like modern systems such as REBT (Rational Emotive Behavior Therapy). Research shows that people who suffer from excessive anger often harbor and act on dysfunctional attributions, assumptions and evaluations in specific situations. It has been shown that with therapy by a trained professional, individuals can bring their anger to more manageable levels. The therapy is followed by the so-called "stress inoculation" in which the clients are taught "relaxation skills to control their arousal and various cognitive controls to exercise on their attention, thoughts, images, and feelings. They are taught to see the provocation and the anger itself as occurring in a series of stages, each of which can be dealt with."

The Skills-deficit model states that poor social skills is what renders a person incapable of expressing anger in an appropriate manner. Social skills training has been found to be an effective method for reducing exaggerated anger by offering alternative coping skills to the angry individual. Research has found that persons who are prepared for aversive events find them less threatening, and excitatory reactions are significantly reduced. In a 1981 study, that used modeling, behavior rehearsal, and videotaped feedback to increase anger control skills, showed increases in anger control among aggressive youth in the study. Research conducted with youthful offenders using a social skills training program (aggression replacement training), found significant reductions in anger, and increases in anger control. Research has also found that antisocial personalities are more likely to learn avoidance tasks when the consequences involved obtaining or losing tangible rewards. Learning among antisocial personalities also occurred better when they were involved with high intensity stimulation. Social Learning Theory states that positive stimulation was not compatible with hostile or aggressive reactions. Anger research has also studied the effects of reducing anger among adults with antisocial personality disorder (ASPD), with a social skills program approach that used a low fear and high arousal group setting. This research found that low fear messages were less provocative to the ASPD population, and high positive arousal stimulated their ability to concentrate, and subsequently learn new skills for anger reduction.

The Blog Post

"BUT HOW DOES HYPNOSIS WORK? (Part 2)"

Posted on September 27, 2016

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.

Welcome back to our discussion of the mysteries of hypnosis–in particular our examination of how hypnosis works to affect desired changes in thoughts or behaviors. Again, let me state that no one definitively knows the answers to these questions. What follows is my opinion, informed by research, training, and experience.

We have already noted that hypnosis and hypnotherapy work by accessing the unconscious mind–the part of our mind that generates dreaming and is alternately blamed or credited for behaviors that may be desirable or undesirable. But just how does the clinical practitioner (I am not talking about stage hypnosis here) gain access to thoughts that are, by definition, not generally accessible to the conscious mind?

Hypnosis begins with encouraging the subject to relax. In the movies, various alleged practitioners use the command "sleep!" liberally, but in actuality we want our subjects to relax deeply, yet still focus their attention on the hypnotist's words or actions. Sleep is not what we are seeking, in most cases, although it may spontaneously occur. A common technique, called progressive relaxation, encourages subjects to relax their bodies, one part at a time. Hypnotic subjects may be asked to respond to questions from the hypnotist while in this state of intense awareness and relaxation, which requires a level of consciousness a bit higher than a typical snoozefest.

Inducing this state of focus and relaxation serves the purpose of essentially putting aside the thoughts of the conscious mind and allowing unconscious thoughts to surface. Typically, the conscious mind becomes so bored with the drone of the hypnotist that it shuts down and awaits something more interesting. As a result, the therapist can speak more directly to the unconscious mind, which remains active even while the conscious mind decides to put itself on hold.

Please be aware that this is a much simplified version of what happens in many hypnosis sessions. The relaxed and focused mind tends to be much more receptive to suggestionx from the hypnotist, but only if those suggestions are syntonic (agreeable) to the subject in the first place. In most cases, hypnotherapists will offer suggestions that come directly from the subject before the session begins.

From this point on, the therapist is simply repeating and reinforcing positive messages that the subject has agreed are helpful. If the goal is to lose weight, for example, suggestions may center around selecting a healthier diet, stopping eating when one is full, or only eating when the body actually needs fuel to run efficiently. Long after the hypnosis session is over, the effects of these suggestions may be felt and actualized in behavior–sometimes much to the surprise of the subject!

Again, I should emphasize that a hypnotic subject will not do things that are against his or her own values or morals. The idea that hypnotists can somehow brainwash their subjects is pure hogwash.

So once the positive suggestions have been given, how long will the new thoughts or behaviors last? We will discuss that subject in our next posting.

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SCHIZOPHRENIA

Schizophrenia is a chronic brain disorder that affects about one percent of the population. When schizophrenia is active, symptoms can include delusions, hallucinations, trouble with thinking and concentration, and lack of motivation. However, when these symptoms are treated, most people with schizophrenia will greatly improve over time.

While there is no cure for schizophrenia, research is leading to new, safer treatments. Experts also are unraveling the causes of the disease by studying genetics, conducting behavioral research, and by using advanced imaging to look at the brain's structure and function. These approaches hold the promise of new, more effective therapies.

The complexity of schizophrenia may help explain why there are misconceptions about the disease. Schizophrenia does not mean split personality or multiple-personality. Most people with schizophrenia are not dangerous or violent. They also are not homeless nor do they live in hospitals. Most people with schizophrenia live with family, in group homes or on their own.

Research has shown that schizophrenia affects men and women about equally but may have an earlier onset in males. Rates are similar in all ethnic groups around the world. Schizophrenia is considered a group of disorders where causes and symptoms vary considerably between individuals.

When the disease is active, it can be characterized by episodes in which the patient is unable to distinguish between real and unreal experiences. As with any illness, the severity, duration and frequency of symptoms can vary; however, in persons with schizophrenia, the incidence of severe psychotic symptoms often decreases during a patient's lifetime. Not taking medications as prescribed, use of alcohol or illicit drugs, and stressful situations tend to increase symptoms. Symptoms fall into several categories:

- Positive psychotic symptoms: Hallucinations, such as hearing voices, paranoid delusions and exaggerated or distorted perceptions, beliefs and behaviors.
- Negative symptoms: A loss or a decrease in the ability to initiate plans, speak, express emotion or find pleasure.
- Disorganization symptoms: Confused and disordered thinking and speech, trouble with logical thinking and sometimes bizarre behavior or abnormal movements.
- Impaired cognition: Problems with attention, concentration, memory and declining educational performance.

Symptoms usually first appear in early adulthood. Men often experience symptoms in their early 20s and women often first show signs in their late 20s and early 30s. More subtle signs may be present earlier, including troubled relationships, poor school performance and reduced motivation. It is rarely diagnosed in children or adolescents.

Before a diagnosis can be made, however, a psychiatrist should conduct a thorough medical examination to rule out substance misuse or other medical illnesses whose symptoms mimic schizophrenia.

Treatment can help many people with schizophrenia lead highly productive and rewarding lives. As with other chronic illnesses, some patients do extremely well while others continue to be symptomatic and need support and assistance.

After the symptoms of schizophrenia are controlled, various types of therapy can continue to help people manage the illness and improve their lives. Therapy and supports can help people learn social skills, cope with stress, identify early warning signs of relapse and prolong periods of remission. Because schizophrenia typically strikes in early adulthood, individuals with the disorder often benefit from rehabilitation to help develop life-management skills, complete vocational or educational training, and hold a job. For example, supported-employment programs have been found to help persons with schizophrenia obtain self-sufficiency. These programs provide people with severe mental illness with competitive jobs in the community.

Many people living with schizophrenia receive emotional and material support from their family. Therefore, it is important that families be provided with education, assistance and support. Such assistance has been shown to help prevent relapses and improve the overall mental health of the family members as well as the person with schizophrenia.

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COMEDY CORNER

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How about some food comedy?

I went to a seafood disco last week . . . and pulled a mussel.

William Tell was not only a great patriot and a great archer, but he was also a great cook.

One day after he had prepared a new dish for his friends, he said, "I think there are one or more spices missing in this dish. What do you think?"

Their answer was, "Only thyme, Will Tell!"

ALEKTOROPHOBIA

Alektorophobia or the fear of chickens is derived from the Greek word 'Alektor' which means 'rooster' and 'phobos' meaning 'fear'. As the name indicates, this phobia causes an irrational fear of chickens (or other feathered creatures as well as their eggs) in the sufferer. It is not only seeing the chickens in person that causes a panic attack in the individual; sometimes, merely the images or photographs of chickens are enough to trigger such reactions.

Alektorophobia is not a common phobia, but those that are impacted by it tend to have had a traumatic experience involving feathered fowls. Naturally, most phobic individuals are never born with the fear; they just learn it owing to certain experiences at social events or during one's school days.

In Alektorophobia, the fear is mainly targeted towards the live birds (usually not their meat) as one believes the birds might attack them. This type of phobia is hence found to be more common in individuals living on farms.

Often, people suffering from the fear of chickens do not even remember how it started in the first place. They simply remember experiencing the symptoms of fear. Evolutionary psychologists believe that it is a part of the brain that recognizes the flight or fight response on seeing the feathered beings. In majority of these cases, the fear just continues to grow with age.

As with every kind of phobia, the "why" is not as important as the "how"- what this means is that, instead of determining where or why the fear has developed from, it is essential to understand "how" the mind creates the fear (does it create images, what are the thoughts one gets and so on). This is more important for considering the right line of treatment.

Medications, hypnotherapy or hypnoanalysis, Nuero-Linguisitc Programming (NLP), Cognitive Behavior and energy therapies like mediation, Tai Chi and Qigong are known to help cure many type of phobias.

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 below:

January 2016 - Vol. 5 #1
Feature: Anchors, Hypnosis, Advertising

April 2016 - Vol. 5 #2
Feature: Our Dreams

July 2016 - Vol. 5 #3
Feature: Up The Corporate Ladder

October 2016 - Vol. 5 #4
Feature: The Human Psyche

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T.H.E. Editor

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