

The Hypnosis Examiner



HAPPY NEW YEAR 2019!

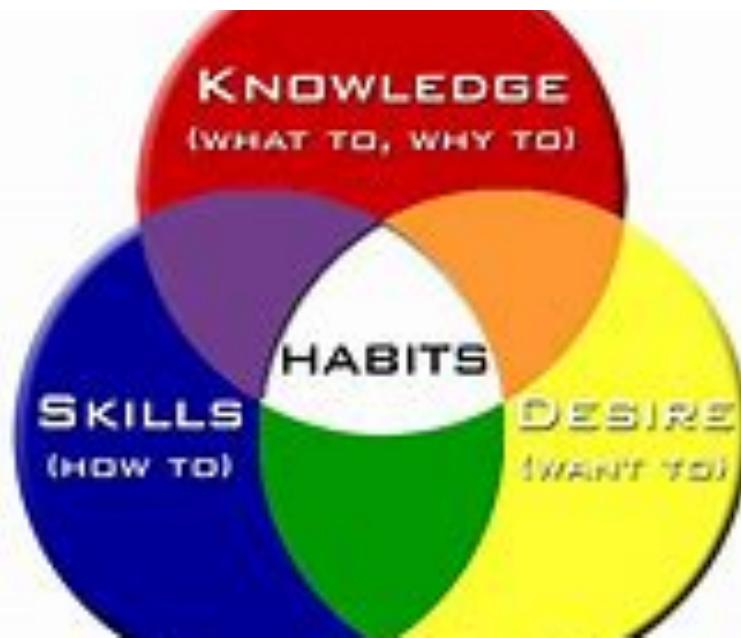
Each new year deserves its own very unique beginning. You've never seen this one before so give it an opportunity to produce the best year you've seen yet!

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

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

-The Editor

Feature Article: “HABITS: Part 1 - What Are They?”



The word habit most often refers to a usual way of behaving or a tendency that someone has settled into, as in "good eating habits."

In its oldest sense, however, habit meant "clothing" and had nothing to do with the things a person does in a regular and repeated way. Today, this meaning is preserved only in phrases like "nun's habit," "monk's habit," and "riding habit" (*clothes worn for horseback riding*).

Like so many words that appeared in English in the centuries following the Norman Conquest, habit came from French. Indeed, the modern French word for clothes is habits (*pronounced \ah-bee*). In English, habit progressed from meaning "clothing" to "clothing for a particular profession or purpose" to "bearing, conduct, behavior." (*The word's evolution brings to mind the old adage "the clothes make the man," which asserts that the way we dress reflects our character.*)

From "what one wears" to "how one conducts oneself," habit continued to evolve, referring to appearance ("a man of fleshy habit") and mental makeup ("a philosophical habit") before, after several centuries in English, it came to mean repeated activity: "a behavior pattern acquired by frequent repetition."

The specific development of habit to refer to drug addiction began in the 19th century, with reference to opium.
(see page 2 - HABITS)

HABITS (*from front page*)

Interestingly, even though “clothing” is the oldest meaning of habit in English, it wasn’t the original meaning of the word’s ultimate Latin root, *habitus*. In Latin, that word’s original meaning was “state of being” or “condition.”

Our most common use of habit today, “acquired mode of behavior,” didn’t exist in Latin—*habitus* went from meaning “condition” to “how one conducts oneself” to “clothing.” That it was adapted into English in precisely the reverse order is an accident of history; the order of meanings absorbed from one language to another rarely constitutes a logical development. As with all language, meaning is established by usage and force of habit.

Psychologically, a habit is a learned behavioral response that has become associated with a particular situation, especially one frequently repeated until it has become almost involuntary. For all practical purposes, this article will be focused on the psychological explanation of what a habit is.

If you took a moment to think about it, you could probably come up with quite a few habits that you’ve acquired during your lifetime regardless of what your age.

Our unconscious habits free up resources for our brains to carry out other more complex tasks like solving problems or deciding what to make for dinner.

We all have habits and we activate hundreds every day. These habits can be divided into three groups. The first group are the habits that we simply don’t notice because they have been part of our lives forever—like tying shoelaces, brushing teeth, talking, and walking. The second are habits that are good for us and which we work hard on establishing—like working, exercising, eating well or getting enough sleep. The final group are the habits that are bad for us—like smoking, drugs, alcohol, procrastinating or overspending. But where are all these habits stored?

Scientists have learned that a certain part of the brain called the basal ganglia plays a crucial role in creating new habits and maintaining existing ones, leading researchers to an understanding of why some people, even after major brain damage, will still do certain things they’ve always done before, like find their way home without any conscious previous recollection of where they are going. These people often don’t even know how or why they can still do certain things but if the basal ganglia is intact, those old habits are still available. The latest research also shows that habits are so ingrained in our brains that we keep acting in accordance with them even when we no longer benefit from them.

Researchers from Duke University have shown that over 40% of what we do is determined not by decisions but by habits. This suggests that we can change a huge part of our lives just by eliminating bad habits and creating good ones instead. People who fully understand this have been able to find wonderful new ways to change their lives for the better.

Be sure to read “HABITS: PART 2” in the next edition.



TRANCE

Trance, in its modern meaning, comes from an earlier meaning of "a dazed, half-conscious or insensible condition or state of fear", via the Old French *transe* "fear of evil," from the Latin *transire* "to cross," "pass over". This definition is now obsolete.

Trance is an abnormal state of wakefulness in which a person is not self-aware and is either altogether unresponsive to external stimuli but is nevertheless capable of pursuing and realizing an aim or is selectively responsive in following the directions of the person who has induced the trance.

Trance conditions include all the different states of mind, emotions, moods and daydreams that human beings experience. All activities which engage a human involve the filtering of information coming into sense modalities and this influences brain functioning and consciousness. Therefore, trance may be understood as a way for the mind to change the way it filters information in order to provide more efficient use of the mind's resources.

Scientific advancement and new technologies such as computerized EEG, positron emission tomography, regional cerebral blood flow and nuclear magnetic resonance imaging are providing measurable tools to assist in understanding trance phenomena.

Sports Page

"MENTAL BENEFITS OF SPORTS"

You already know that sports are beneficial for your physical health. In recent years, research has also found that sport participation can positively affect your mental health.



Improves Your Mood: Want a burst of happiness and relaxation? Get involved in a physical activity. Whether you are playing sports, working out at a gym, or taking a brisk walk, physical activity triggers brain chemicals that make you feel happier and more relaxed. Team sports in particular provide a chance to unwind and engage in a satisfying challenge that improves your fitness. They also provide social benefits by allowing you to connect with teammates and friends in a recreational setting.

Improves Your Concentration: Regular physical activity helps keep your key mental skills sharp as you age. This includes critical thinking, learning, and using good judgment. Research has shown that doing a mix of aerobic and muscle-strengthening activities is especially helpful. Participating in this kind of activity three to five times a week for at least 30 minutes can provide these mental health benefits.

Reduces Stress and Depression: When you are physically active, your mind is distracted from daily stressors. This can help you avoid getting bogged down by negative thoughts. Exercise reduces the levels of stress hormones in your body. At the same time, it stimulates production of endorphins. These are natural mood lifters that can keep stress and depression at bay. Endorphins may even leave you feeling more relaxed and optimistic after a hard workout. Experts agree that more quality research is

needed to determine the relationship between sports and depression.

Improves Sleep Habits: Sports and other forms of physical activity improve the quality of sleep. They do this by helping you fall asleep faster and deepen your sleep. Sleeping better can improve your mental outlook the next day, as well as improve your mood. Just be careful not to engage in sports too late in the day. Evening practices within a few hours of bedtime may leave you too energized to sleep.

Helps Maintain A Healthy Weight: The Centers for Disease Control and Prevention (CDC) recommend sports participation as a healthy way to maintain weight. Individual sports, such as running, cycling, and weightlifting, are all particularly effective ways to burn calories and/or build muscle. Staying within a recommended weight range reduces the likelihood of developing diabetes, high cholesterol, and hypertension.

Boosts Your Self-Confidence: The regular exercise that comes with playing sports can boost your confidence and improve your self-esteem. As your strength, skills, and stamina increase through playing sports, your self-image will improve as well. With the renewed vigor and energy that comes from physical activity, you may be more likely to succeed in tasks off the playing field as well as on it.

Linked To Leadership Skills: Team sports such as soccer, baseball, and basketball are breeding grounds for leadership traits. Studies done in high schools reveal a correlation between sports participation and leadership qualities. Because of the opportunity to train, try, win, or lose together, people involved in sports are naturally more inclined to adopt a "team mindset" in the workplace and in social situations. The team mindset leads to strong leadership qualities over time.

The pros of participating in sports are plentiful, from the advantages they provide to young children, to the proven link to mental health and happiness, and of course the endorphins they trigger. There is no shortage of reasons to find a sport to get involved in. Pick one and get moving!

REMEMBER: Speak to your doctor before beginning any sports activity. Make sure that your heart is healthy enough for strenuous exercise.

Keep in mind the possibility of serious injury and exercise-induced asthma. Though there are hazards to participating in sports, there are some that are safer than others. If you are worried about injury, consider a low-impact sport such as swimming.

ATTENTION SPAN



It has been stated that a goldfish has a longer attention span (*9 seconds*) than a human (*8 seconds*). With the pace in growth of technology in this millennium, attentions spans have been shrinking.

An effective attentional system must be able to (1) quickly identify and focus on the most important item in a complex environment; (2) sustain attention on its focus while monitoring related information and ignoring other stimuli; (3) access memories that aren't currently active, but that could be relevant to the current focus; and (4) shift attention quickly when important new information arrives.

Some stable elements in our attentional system, which develop early, automatically and predictably reduce the complexity of the surrounding sensory environment. They allow us to quickly respond to sudden threatening events. Other more adaptable elements develop later, and we can teach these adaptable elements to respond to more subtle sensory stimulation, gradual changes, and social demands, such as school procedures.

Attention generally begins as a passive process—the brief unfocused reception of the multitude of molecules and rays that continually bombard our body's specialized sensory receptors with information on the outside environment. This period of passive reception is important because it allows our brain to process as many stimuli as possible while it actively searches for anything that might require immediate attention.

But because our brain can't process all this information, stable mechanisms limit input to narrow ranges that contain the potentially most useful information. It's interesting to note that our brain's sensory range differs from those of animals that

share our environment. For example, our 10-octave sound range doesn't extend to the higher pitches that dogs hear, and visible light doesn't extend into the lower infrared levels that insects see and that we experience only as heat.

Further, our stable attentional mechanisms are primed to focus automatically on those sensory patterns within these narrow ranges that contain high contrast and/or emotional intensity. Thus, even a passive glance will pick up rapid movements and the lines that define the edges of objects, and a familiar voice will automatically bound out of the babble into our ears.

The external-internal shift. In this active search, our brain frequently shifts its focus between external events and internal memories and interests. For example, while I'm listening to a friend's story, the memory of a related personal experience may suddenly pop up in my mind. I'll usually shift my attention to my own mental story and merely monitor my friend's story while I'm processing mine.

This attentional shift between external and internal events appears to be an important element in maintaining and updating long-term memories, since it ties past experiences to the present situation. Much of our conscious activity involves the deliberate search for cultural experiences (*such as TV shows, films, novels, music, trips, conversations with friends*) that we know will trigger memories. The recalling and retelling of our memories strengthen the neural networks that contain and process them.

The focus and intensity of active attention can vary widely. Contrast a proofreader and a cursory reader of a magazine article. The first carefully examines individual words and punctuation; the second focuses on the general content. When we consciously seek such specific information, our attentional system primes itself in anticipation. It increases the response levels of the networks that process that information, and it inhibits other networks. Thus, the proofreader scans a page and spots spelling errors, and the cursory reader skims the same page and spots key content words and phrases.

Finding a focus: Our principal attentional activity is the constant conscious selection of a current focus. We must extract what's most important from it context and then focus on it while we merely monitor the context. The stupid attentional lapses and decisions we make, such as backing our car into a visible post, are a contact reminder that we have yet to achieve perfection in attending to the important and ignoring the unimportant. (*see next page*)

ATTENTION SPAN (*continued*)

Emotion obviously dominates reason in many attentional decisions, and a stressful situation can chemically trigger an intense focus on something unimportant—such as when we work on an unimportant task to avoid facing a looming deadline on an important project.

Fortunately, our attentional system provides us with a short-term memory buffer that allows us to hold a few units of information for several minutes while we determine whether to go on to something else or store the data in our long-term memory. The advantage of this limited capacity is that it forces us to constantly select a relatively small focus of attention from a large (*and often confusing*) sensory field. The disadvantage is that it contributes to our human tendency to make inappropriate snap judgments.

Processing information: Our brain is designed to simultaneously process information from at least two noncompeting stimuli or from different dimensions within the same modality. We can simultaneously observe a friend's face, listen to her talk, and reach for our car keys; but we can't read a novel and write a letter at the same time. We can also increase our ability to divide our attention in some areas. Young children can't carry on a conversation while putting on a coat, but most older children can. An experienced teacher can monitor the specific behavior of more students than a beginning teacher.

Conceptual development increases our attentional span by combining related elements into a single unit. We automatically see a face as a single unit (*rather than as individual eye/ear/nose/mouth elements*), but readers, who generally focus on individual letters and words initially, have to learn to read entire phrases as single units. The intuition we ascribe to experts in a field may reside in their ability to rapidly size up a situation by identifying relationships among elements that novices don't recognize.

The chemistry of attention: Our ability to maintain attention is affected by normal cyclical fluctuations in the efficacy of the neurotransmitter molecules that chemically regulate attention. These fluctuations occur in 90-minute cycles across the 24 hours. People differ in their rhythmic patterns, but at about 6 a.m. many people experience a sharp rise in the availability of these attentional molecules (*which causes us to wake up*), and the average level of the molecules remains relatively high during the morning. The average levels begin to decline during

the afternoon and reach their lowest levels after midnight, when sleep becomes inevitable.

Unexplained curiosities abound—for example, our tendency to doze off around 3 p.m., when we should be awake, and to wake up around 3 a.m., when we should be asleep. Generally, however, we follow our body's predictable rhythms. We tend to do the things that we have to do during the morning, when it's easiest to maintain attention—and things that we want to do in the late afternoon and evening, when it's more difficult to maintain attention without the emotional support of personal interest.

Dysfunctions in attention: Dysfunctional brain mechanisms and/or chemical imbalances can lead to attention deficit disorder (ADD) and other attention-related problems such as retardation and schizophrenia. Although only a small percentage of students suffer from the form of ADD called hyperactivity (*Attention Deficit Hyperactivity Disorder, or ADHD*), their unfocused, restless, and impulsive school behavior is very disruptive.

It's probable that ADHD emerges at least partly from lower metabolic activity and specific neurotransmitter deficiencies in brainstem and limbic system structures that (1) regulate motor inhibition and control and (2) project into the areas of the frontal lobes that organize and regulate goal-directed attentive behavior.

Properly prescribed stimulant drugs (*such as Ritalin™*) that increase the availability and activity of our brain's neurotransmitters (*catecholamine*) seem to inhibit distracting stimuli and impulsive behavior and thus improve the child's ability to attend to appropriate stimuli—to separate foreground from background information and attend to the foreground. The diagnosis and treatment of ADD is still a controversial matter however, because of the drug's side-effects on some children.

Dyslexia is another serious attentional problem that we currently treat with limited success. Dyslexia researchers recently identified a coordination problem in the timing of the visual pathway systems. Our brain processes sensory information through two separate pathway systems: a fast system that processes the background (*where objects are located*), and a slower system that processes the foreground (*what the objects are*). The fast visual system of dyslexics appears to be sluggish. Thus, it doesn't erase the previous fixation quickly enough when the eyes move rapidly from word to word in reading, resulting in blurring and fusing words. Similar patterns of sluggishness in the auditory system may cause auditory attentional problems.

*The Blog Post***"WHEN HYPNOSIS DOESN'T WORK"***Posted on January 30, 2017*

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.



Hypnotherapy is a psychological treatment modality that seeks to mobilize the patient's own subconscious mind in order to accomplish a therapeutic goal that is agreed upon by patient and therapist. Like any other treatment modality, however, it is not successful 100 percent of the time.

This is not surprising. When you visit your physician and he or she writes a prescription, there is never a guarantee that said prescription will work as desired, even if it is effective for most people. As physicians know very well, different treatments work for different people. So, when hypnosis, a tried and true method of making behavioral and emotional changes, fails to deliver, what is the problem?

The best answer is that the hypnotherapy treatment does not work because the patient does not want it to work. How can this be? As an example, a patient came to me wanting to start eating healthy and losing weight. Over our first few sessions, he seemed to do very well, reporting modest weight loss each week, along with increased relaxation and a general feeling of good health. Then the weight loss suddenly stopped, and the other benefits were lost as well. What caused the change? It seems that the man's wife, who did all the cooking, was offended that her husband was eating less at every meal and even leaving food on the plate. So, in order to spare his wife's feelings, the man reverted to his former unhealthy eating patterns, which resulted in a halt to his progress.

We see this reluctance to allow the hypnotherapy process to work in habitual smokers as well. While they profess to want to quit this deadly habit, sometimes they are only going through hypnotherapy in order to prove that it won't work, which will allow them to continue. Again, they do not want the hypnotherapy to be successful.

In my clinical experience, this lack of desire for success accounts for most of the cases in which hypnosis fails or is not as effective as hoped. That said, there are also some individuals who, for whatever reason, are not responsive to hypnotherapy as a treatment—just as they might not be responsive to a particular drug prescribed by their physician. There will always be individual differences.

The good news is that for such patients, more straightforward counseling may accomplish what hypnosis cannot. The mind is a wonderful instrument, but each mind is different in terms of how it responds to a treatment. We may never know exactly why this is so. Only our Creator has the final answers.

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COMEDY CORNER

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

"The police couldn't believe his eyes the he saw a woman drive past him on the freeway, busily knitting. Quickly, he pulled alongside the vehicle, rolled down his window and shouted, 'Pull over!'

No, the woman yelled back cheerfully, 'Socks!'

"A married couple was having a disagreement while sitting in bed. The wife said to her husband, 'You are impossible.' The husband replied, 'No. I'm next to impossible.'



APIPHOBIA

Apiphobia or the fear of bees is a common zoophobia affecting a sizable part of the population. The word is derived from Latin 'api' which means bees and Greek 'phobos' meaning deep dread or fear. Many people suffering from Apiphobia are not only afraid of bees, but also fear wasps (sphexophobia), yellow jackets and all other swarming and flying insects that sting.

To an extent, the fear of bees is absolutely normal and healthy. Many people feel apprehension at the sight of bees, since no one wants to get stung. But in case of Apiphobia, even the mention of bees (or pictures of bees) can trigger an anxiety response that is akin to that of actually being stung. Thus, normal and healthy apprehension turns into paralyzing fear which can disrupt the phobic's day to day functioning.

Fears and phobias are usually classically conditioned responses of the brain. A previous traumatic or negative reaction is most likely the trigger behind Apiphobia.

A child, or even an adult, might have accidentally disturbed a beehive and, as a result, been stung several times. (In some cases, one might have only witnessed similar incident and not experienced bee stings at all.)

Socially conditioned responses are often the likely factors that trigger Apiphobia. Parents and caregivers tend to warn children to stay away from bees and wasps. Over protectiveness of this sort can amplify the fear about bees in the young minds.

Likewise, parents or older siblings might show intense fear at the sight of bees and young children learn to fear bees as a result.

Movies, TV shows etc can also trigger such a phobia of bees.

Most childhood cases of Apiphobia resolve by themselves. In some cases though, the fear may persist well into adulthood.

T.H.E. BACK ISSUES

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Feature: Hypno-Reiki

April 2018 - Vol. 7 #2

Feature: Understanding Sleep

July 2018 - Vol. 7 #3

Feature: Understanding Sleep: Part 2

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T.H.E. Editor

8th Year of Publication



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