

The Hypnosis Examiner



HAPPY 4th OF JULY!

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

Feature Article: “HABITS: Part 3 - Bad Habits”



Bad (*personally undesirable and/or socially unacceptable*) habits can create problems in your life and make it difficult for you to function on a daily basis.

It's easy to think of habits falling into black and white categories -- exercising good, biting your nails bad. But habits also sit on a continuum in our ability to exercise control over them: Some are mild, like taking off your shoes and dumping in the middle of the living every night; others moderate like eating dinner in front of the TV, or drinking too much when you go to a party; and then those that are strong and addictive like smoking, the nail-biting, watching porn.

Habits become hard to break because they are deeply wired by constant repetition into our brains. And when you add pleasure to them — like you have with drugs or porn, for example — the pleasure centers of the midbrain get fired up as well and continue to fire long after the habits stop, creating the cravings that folks struggle with.

But habits are also patterns of behavior and it is the breaking of patterns that are the key to breaking the habits themselves. Usually there is a clear trigger to start the pattern. Sometimes the triggers are emotional — the wanting a drink or cigarette or nail-biting driven by stress. Other times the trigger is more simply situational and environmental: You see the TV and couch as soon as you hit the front door and now your brain connects the dots and *(see page 2 - HABITS)*

HABITS

(from front page)

eating dinner in front of the TV on the couch is not far behind. More often, it is a combination of both the mix of social anxiety and the party environment that leads to your heavier drinking.

These patterns are also usually wrapped in larger ones. This is where routines come to run our lives. Here is where, as soon as you hit the front door after work, the dumping the shoes, the grabbing a beer, the sitting in front of the TV with dinner, flow together without much thought just as your morning work-break automatically leads to you and your friend going outside and chatting while you each have your mid-morning cigarette.

Overall these auto-pilot habit / routine behaviors are evolutionary-wise and practically a good thing. They keep us from having to re-invent the wheel of our daily lives by making an infinite number of decisions all day long, which in turn, provide us with more brain-space to think about more important and creative things. The downside of these routinized patterns comes when those patterns land more in the bad-column than the good.

There is a theory that it takes an average of 66 days to break a habit. The amount of time it takes to break a habit is generally between 18 and 254 days. This should often be repeated once or maybe twice depending on what the habit is. Something small like chewing fingernails should only have to be done once. Larger habits like smoking should be repeated twice but every one is different so it could be less. There are sources that phrase the breaking of bad habits under habit-formation and that an individual acquires a new habit within 66 days. A study found that this process is marked by an asymptomatic increase of the behavior with the initial acceleration slowing to a plateau after the said time period. There are several variations regarding the period of development. For instance, a source stated that breaking a bad habit or changing an unhealthy behavioral pattern such as smoking takes 90 days while forming a new habit that sticks requires 66 days.

A key factor in distinguishing a bad habit from an addiction or mental disease is the element of willpower. If a person still seems to have control over the behavior then it is just a habit. Good intentions are able to override the negative effect of bad habits but their effect seems to be independent and additive. The bad habits remain but are subdued rather than cancelled.

The best time to correct a bad habit is immediately, before it becomes established. So, bad habits are best prevented from developing in childhood.

There are many techniques for removing bad habits once they have become established. One good one is to go for between 21 and 28 days trying as hard as possible not to give in to the habit, then rewarding yourself at the end of it. Then try to go a week, if the habit remains repeat the process. This method is proven to have a high success rate.

We hope you enjoyed this article, however, be sure to look forward for the finale, "HABITS: Part 4 - Changing Habits" in this year's last edition of THE Newsletter.



AUTISM

Autism is a developmental disorder characterized by difficulties with social interaction and communication, and by restricted and repetitive behavior. Parents usually notice signs during the first three years of their child's life. These signs often develop gradually, though some children with autism reach their developmental milestones at a normal pace before worsening.

Autism is associated with a combination of genetic and environmental factors. Risk factors during pregnancy include certain infections, such as rubella, toxins including valproic acid, alcohol, cocaine, pesticides, air pollution, fetal growth restriction, and autoimmune diseases. Controversies surround other proposed environmental causes; for example, the vaccine hypothesis, which has been disproven. Autism affects information processing in the brain by altering connections and organization of nerve cells and their synapses. How this occurs is not well understood. In the DSM-5, autism and less severe forms of the condition, including Asperger syndrome and pervasive developmental disorder not otherwise specified (see page 4)

Sports Page

“SPORTS MEDICINE”



Sports injuries are injuries that occur during sport, athletic activities, or exercising. In the United States, there are approximately 30 million teenagers and children combined who participate in some form of organized sport. Of those, about three million athletes age 14 years and under experience a sports injury annually. According to a study performed at Stanford University, 21 percent of the injuries observed in elite college athletes caused the athlete to miss at least one day of sport, and approximately 77 percent of these injuries involved the lower leg, ankle, or foot. In addition to those sport injuries, the leading cause of death related to sports injuries is traumatic head or neck occurrences. When an athlete complains of pain or an injury, the key to a diagnosis is to obtain a detailed history and examination. An example of a format used to guide an examination and treatment plan is a S.O.A.P note or, subjective, objective, assessment, plan. Another important aspect of sport injury is prevention, which helps to reduce potential sport injuries. It is important to establish sport-specific dynamic warm-ups, stretching, and exercises that can help prevent injuries common to each individual sport. Creating an injury prevention program also includes education on hydration, nutrition, monitoring team members “at risk”, monitoring at-risk behaviors, and improving technique. Season analysis reviews, preseason screenings, and pre-participation examinations are also essential in recognizing pre-existing conditions or previous injuries that could cause further illness or injury. One technique that can be used in the process of preseason screening is the functional movement screen. The functional movement screen can assess movement patterns in athletes in order to find players who are at risk of certain injuries. In addition, prevention for

adolescent athletes should be considered and may need to be applied differently than adult athletes. Lastly, following various research about sport injury, it is shown that levels of anxiety, stress, and depression are elevated when an athlete experiences an injury depending on the type and severity of the injury.

Sport involvement can initiate both physical and mental demands on athletes. Athletes must learn ways to cope with stressors and frustrations that can arise from competition against others. Conducted research shows that levels of anxiety, stress, and depression are elevated following sports injuries. After an occurrence of an injury many athletes display self-esteem issues, athletic identity crises, and high levels of post-traumatic distress, which are linked to avoidant coping skills.

Sports medicine is a branch of medicine that deals with physical fitness and the treatment and prevention of injuries related to sports and exercise. Although most sports teams have employed team physicians for many years, it is only since the late 20th century that sports medicine has emerged as a distinct field of health care.

Sports medicine physicians have completed medical school, specialized in residency training, and then specialize further in sports medicine or 'Sports and Exercise Medicine' (*the preferred term*). Specialization in sports medicine may be a doctor's first specialty (*as in Australia, Netherlands, Norway, Italy*). It may also be a sub-specialty or second specialization following a specialization such as psychiatry, family medicine, pediatrics or orthopedic surgery. The various approaches reflect the medical culture in different countries.

Specializing in the treatment of athletes and other physically active individuals, sports and exercise medicine physicians have extensive education in musculoskeletal medicine. SEM doctors treat injuries such as muscle, ligament, tendon and bone problems, but may also treat chronic illnesses that can affect physical performance, such as asthma and diabetes. SEM doctors also advise on managing and preventing injuries. These physicians are frequently involved in promoting the therapeutic benefits of physical activity, exercise and sport for the individuals and communities.

SEM consultants also deliver clinical physical activity interventions, negating the burden of disease directly attributable to physical inactivity and the compelling evidence for the effectiveness of exercise in the primary, secondary and tertiary prevention of disease.

AUTISM *(from page 2)*

have been combined into the diagnosis of autism spectrum disorder (ASD).

Early speech therapy or behavioral interventions can help children with autism gain self-care, social, and communication skills. Although there is no known cure, there have been cases of children who recovered. Not many children with autism live independently after reaching adulthood, though some are successful. An autistic culture has developed, with some individuals seeking a cure and others believing autism should be accepted as a difference and not treated as a disorder.

Globally, autism is estimated to affect 24.8 million people as of 2015. In the 2000s, the number of people affected was estimated at 1–2 per 1,000 people worldwide. In the developed countries, about 1.5% of children are diagnosed with ASD as of 2017, from 0.7% in 2000 in the United States. It occurs four-to-five times more often in males than females. The number of people diagnosed has increased dramatically since the 1960s, partly due to changes in diagnostic practice. The question of whether actual rates have increased is unresolved.

Autism is a highly variable neurodevelopmental disorder that first appears during infancy or childhood, and generally follows a steady course without remission. People with autism may be severely impaired in some respects but normal, or even superior, in others. Overt symptoms gradually begin after the age of six months, become established by age two or three years and tend to continue through adulthood, although often in more muted form. It is distinguished not by a single symptom but by a characteristic triad of symptoms: impairments in social interaction; impairments in communication; and restricted interests and repetitive behavior. Other aspects, such as atypical eating, are also common but are not essential for diagnosis. Individual symptoms of autism occur in the general population and appear not to associate highly, without a sharp line separating pathologically severe from common traits.

Social deficits distinguish autism and the related autism spectrum disorders (ASD) from other developmental disorders. People with autism have social impairments and often lack the intuition about others that many people take for granted.

About a third to a half of individuals with autism do not develop enough natural speech to meet their daily communication needs. Differences in communication may be present from the first year of life, and may include delayed onset of babbling,

unusual gestures, diminished responsiveness, and vocal patterns that are not synchronized.

Autistic individuals can display many forms of repetitive or restricted behavior, which the Repetitive Behavior Scale-Revised categorizes as follows:

Stereotyped behaviors: Repetitive movements, such as hand flapping, head rolling, or body rocking.

Compulsive behaviors: Time-consuming behaviors intended to reduce anxiety that an individual feels compelled to perform repeatedly or according to rigid rules, such as placing objects in a specific order, checking things, or hand washing.

Sameness: Resistance to change; for example, insisting that the furniture not be moved or refusing to be interrupted.

Ritualistic behavior: Unvarying pattern of daily activities, such as an unchanging menu or a dressing ritual. This is closely associated with sameness and an independent validation has suggested combining the two factors.

Restricted interests: Interests or fixations that are abnormal in theme or intensity of focus, such as preoccupation with a single television program, toy, or game.

Self-injury: Behaviors such as eye-poking, skin-picking, hand-biting and head-banging.

No single repetitive or self-injurious behavior seems to be specific to autism, but autism appears to have an elevated pattern of occurrence and severity of these behaviors.

It has long been presumed that there is a common cause at the genetic, cognitive, and neural levels for autism's characteristic triad of symptoms. However, there is increasing suspicion that autism is instead a complex disorder whose core aspects have distinct causes that often co-occur.

Autism's symptoms result from maturation-related changes in various systems of the brain. How autism occurs is not well understood. Its mechanism can be divided into two areas: the pathophysiology of brain structures and processes associated with autism, and the neuropsychological linkages between brain structures and behaviors. The behaviors appear to have multiple pathophysiologies.

Although many alternative therapies and interventions are available, few are supported by scientific studies. Treatment approaches have little empirical support in quality-of-life contexts, and many programs focus on success measures that lack predictive validity and real-world relevance. There is tentative evidence that music therapy may improve social interactions, verbal communication and non-verbal communication skills.

The Blog Post
 “CAN HYPNOSIS HELP YOU FIND
 LOST OBJECTS?”

Posted on July 19, 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.



One of my favorite characterizations of hypnosis is as follows: “Hypnosis is not magic, but it looks like magic.”

Most of us have been conditioned by media to believe that amazing results are possible with the use of hypnosis—and in some cases that is true. What is also true, however, is that allowing the public to think that hypnosis is some kind of supernatural voodoo is not helpful to hypnotherapy as a scientifically-proven mode of help and healing.

Yes, practitioners can sometimes achieve startling results with hypnosis, but the results are only startling because many observers don’t fully comprehend what they are seeing. Take the example of using hypnosis to find a lost object. A patient recently asked me if it was possible to do just that. My answer was, “Yes, assuming that you already know where the object is, but you are for some reason unable to access that information in your conscious mind. Your unconscious mind, however—the part of your mind that notices things that your everyday conscious mind may overlook—may well remember where that object resides.”

Proceeding on that assumption, I conducted a hypnosis session dedicated to this subject, giving the patient a post-hypnotic suggestion that while she did not consciously know where the object was (her

family had searched the entire house), as soon as she walked in the door of her home she would instantly know where the object was and would go directly to that object and retrieve it.

Sure enough, the patient told me the following week, the minute she walked in the door she went to a bookcase, moved it away from the wall, and retrieved her lost object, which had apparently fallen on the floor behind the bookcase. Her conscious mind had no idea that the object had fallen behind the bookcase, but her unconscious mind evidently had noticed it and had given up that information while she was under hypnosis.

So, is this magic? Definitely not! There was no psychic manifestation. What happened was simply that the patient was able to tap into her subconscious mind and retrieve information that was not available in her conscious thinking. She really “knew” all the time where the object was.

While this is a wonderful use of hypnotherapy, we must emphasize that nothing supernatural or occult took place here. This is not to deny, however, that the supernatural is real—as most practicing adherents of religions would surely acknowledge. To be sure, we still do not fully understand the workings of the subconscious mind, but we do understand that the mind has many wonders that we are just now discovering.

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

THE ANALYTICAL THINKER

Analytical Thinkers are reserved and quiet persons. They like to get to the bottom of things. Curiosity is one of their strongest motives. They want to know what holds the world together deep down inside. They do not really need much more to be happy because they are modest persons. Many mathematicians, philosophers and scientists belong to this type.

Analytical Thinkers loathe contradictions and illogicalness. They quickly and comprehensively grasp patterns, principles and structures with their sharp intellect. They are particularly interested in the fundamental nature of things and theoretical findings. For them, it is not necessarily a question of translating these into practical acts or in sharing their considerations with others. Analytical Thinkers like to work alone. Their ability to concentrate is more marked than that of all other personality types. They are open for and (see page 7)

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ANXIOUS -VS- EAGER



Although some of us use the two adjectives *anxious and eager* interchangeability, there is a definite difference between the two words. Anxious should be used when a person is worried or uneasy about an anticipated event. Eager is characterized by enthusiastic or impatient desire or keen interest. Thus, the key difference between *anxious and eager* is that eager refers to keen interest and enthusiasm whereas anxious is marked by unease and nervousness.

What Does Anxious Mean?

Anxious refers to showing worry, nervousness, fear, or unease about something with an uncertain outcome. This word is generally used when someone is very concerned about something. At the same time, anxious can sometimes be used to indicate your interest and eagerness in something as well. But this eagerness is usually driven by your nervousness and unease. For example, you might be anxious to see your test results; you might be eager to see the results, but at the same time, you might be worried about obtaining low marks. Anxious refers to “anxiety” about something.

Anxious is often followed by a preposition. About and for are the most common prepositions that are used with anxious.

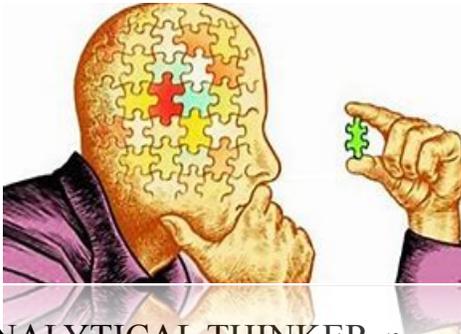
What Does Eager Mean?

Eager is marked by enthusiasm, keen interest, and desire. To be eager is to show a strong and impatient desire to do something or for something. For example, suppose that your favorite actor’s movie is releasing soon; your enthusiasm and impatient desire to watch the movie can be termed as eagerness. Thus, you are eager to watch this movie.

You will notice that eager is often followed by the preposition “to” of an infinitive. This adjective is often followed by an infinitive form.

The distinction between *anxious and eager* was much stronger in the 16th century. Although “anxious” is evolving today, many people use the two words interchangeably and its being more acceptable in today’s society.

Regardless, professional healthcare workers might want to be more careful in using these words as they may portray an incorrect description of patient’s or client’s mental state. Certainly, charting patient/client progress may be seriously affected if incorrect terminology is used to record a legal document!



ANALYTICAL THINKER (from page 5)

interested in new information.

Analytical Thinkers have little interest in everyday concerns. They are always a little like an “absent-minded professor” whose home and workplace are chaotic and who only concerns himself with banalities such as bodily needs when it becomes absolutely unavoidable. The acknowledgement of their work by others does not play a great role for them. In general, they are quite independent of social relationships and very self-reliant.

Analytical Thinkers therefore, often give others the impression that they are arrogant or snobby especially because they do not hesitate to speak their mind with their often harsh (*even if justified*) criticism and their imperturbable self-confidence. Incompetent contemporaries do not have it easy with them. But whoever succeeds in winning their respect and interest has a witty and very intelligent person to talk to.

It takes some time before Analytical Thinkers make friends, but then they are mostly friends for life. They only need very few people around them. Their most important ability is to be a match for them and thus give them inspiration. Constant social obligations quickly get on their nerves. They need a lot of time alone and often withdraw from others. Their partner must respect this and understand that this is not due to the lack of affection. Once they have decided in favor of a person, Analytical Thinkers are loyal and reliable partners. However, one cannot expect romance and effusive expressions of feelings from them and they will definitely forget their wedding anniversary. But they are always up to a night spent with stimulating discussions and a good glass of wine!

Analytical Thinkers are one of the introverted personality types. They are not particularly suited for dealing with others, working as a part of a team and be in the position of “continuous exchange.” They would much rather work alone and dwell on their

thoughts undisturbed. They usually put a critical distance between them self and others that enables them to be the keen and incorrupt observer of life. This distance can be truly bridged by only very few other people. That is probably caused by the fact that they are not all that interested to share their thoughts with others.

Generally it is sufficient for them to have clarified a matter for them self or that they have understood something. The continuous in your eyes mostly superficial chatter of the people around them becomes rather annoying. They prefer to work independently and appreciate having a lot of time and quiet in order to concentrate on the really important things like structuring ideas, comprehending complex causalities, understanding of the universe, its rules and the logical analysis of systems. They absorb new information like a sponge and their memory is legendary. Once they have learned something, they’ll never forget it - unless they consider it to be irrelevant for some reason and decide that it seems to be better purging it from their data storage.

Creative problem solving and jumping out of their paradigm to development daring future visions are a part of their greatest strength. At the same time they are the most acute and rational critic of their own ideas. Each one of them will be rigorously examined and discarded at the smallest indication of contradictions or lack of logic. They usually leave the implementation to others and prefer to turn to new theoretical reflections. Especially in case of self employment (*in this case a real possibility*), it is important to surround them self with hands-on oriented and dependable employees who make sure that their incredible suggestions for solutions become reality while they return to immersing them self in their intellectual world.

Some drawbacks of analytical thinkers are: always seeking knowledge (*the pursuit of knowledge takes over the ingestion of it*); procrastination (*too much information to consider which makes it difficult to get started*); hard to make decisions (*because of all the information they need to gather first*); creatures of habit (*must always follow a logical, methodical pattern and stick to their agendas*); appears a little geeky (*great with logical tasks but not with people*); few social skills (*because life is governed by logic, they have no filter when it comes to addressing people*).

They can, however, come across as cold and aloof like Mr. Spock in Star Trek, but we couldn’t do without them. [Next Issue: The Intuitive Thinker]

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COMEDY CORNER

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

We're all aware that ‘humor is the best medicine.’ So, here's your quarterly dose. Enjoy!

“Thanks to fossils, archaeologists have been able to determine that there was once a genetic mutation millions of years ago causing the creation of a five-legged dinosaur.

As far as we know, this is the first evidence we have ever seen of a reptile dysfunction!”

“I spilled Spot Remover on my dog . . . Now, he's gone.”





ORNITHOPHOBIA

Birds can be terrifying for someone with ornithophobia, and not just birds of prey like hawks and eagles. Seeing the shadows of tiny sparrows or finches can send a person who suffers from ornithophobia running to escape, despite the relative lack of harm that these birds can do. Some research suggests that the fear of birds ties into self-preservation instincts leftover from the caveman era, when birds were much more common predators. People with ornithophobia often describe a fear of wings, claws or beaks, and even thinking about birds can make them cringe in fear. Being too close to a bird can bring on a panic attack and intense feelings of fear.

There may be different causes or reasons behind the excessive fear of birds:

Young children can develop Ornithophobia if they have felt threatened by aggressive birds like vultures, hawks or geese.

In some cases, the birds might not have shown any violence, but their mere presence at traumatic events such as funerals or accidents can be enough to trigger a phobia in a young child.

Birds flying inside the homes through an open window and causing upheaval might have made the parents nervous and this can trigger anxiety attack in the child.

Ornithophobia can also be instigated by folklore or movies. Alfred Hitchcock's film *The Birds*, or Edgar Allan Poe's poem 'The Raven' also portray birds in negative light or as killing machines.

Images of carnivorous birds attacking small prey like rabbits seen on TV shows can sometimes develop a fear of birds in young minds.

Most cases of childhood Ornithophobia go away on their own while others may persist even in 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

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T.H.E. Editor

8th Year of Publication



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