The Hypnosis Examiner

Great American Smokeout 2018

Great American Smokeout takes place on November 15, 2018. The Great American Smokeout is an annual social engineering event on the third Thursday of November by the American Cancer Society. The event encourages Americans to stop tobacco smoking. The event challenges people to stop smoking cigarettes for 24 hours, hoping their decision not to smoke will last forever.

Feature Article:
"Understanding Sleep: Part 3"

Clusters of sleep-promoting neurons in many parts of the brain become more active as we get ready for bed. Nerve-signaling chemicals called neurotransmitters can "switch off" or dampen the activity of cells that signal arousal or relaxation. GABA is associated with sleep, muscle relaxation, and sedation. Norepinephrine and orexin (also called hypocretin) keep some parts of the brain active while we are awake. Other neurotransmitters that shape sleep and wakefulness include acetylcholine, histamine, adrenaline, cortisol, and serotonin.

Genes may play a significant role in how much sleep we need. Scientists have identified several genes involved with sleep and sleep disorders, including genes that control the excitability of neurons, and "clock" genes such as *Per*, *tim*, and *Cry* that influence our circadian rhythms and the timing of sleep. Genome-wide association studies have identified sites on various chromosomes that increase our susceptibility to sleep disorders. Also, different genes have been identified with such sleep disorders as familial advanced sleep-phase disorder, narcolepsy, and restless legs syndrome. Some of the genes expressed in the cerebral cortex and other brain areas change their level of expression between sleep and wake. Several genetic models–including the worm, fruit fly, and zebrafish–are helping scientists to identify molecular mechanisms and genetic variants involved in normal sleep and sleep disorders. Additional research will provide better understand of inherited sleep patterns *(see page 2 - SLEEP)*

SLEEP *(from front page)*

and risks of circadian and sleep disorders.

Your health care provider may recommend a polysomnogram or other test to diagnose a sleep disorder. A polysomnogram typically involves spending the night at a sleep lab or sleep center. It records your breathing, oxygen levels, eye and limb movements, heart rate, and brain waves throughout the night. Your sleep is also video and audio recorded. The data can help a sleep specialist determine if you are reaching and proceeding properly through the various sleep stages. Results may be used to develop a treatment plan or determine if further tests are needed.

Millions of people are using smartphone apps, bedside monitors, and wearable items (including bracelets, smart watches, and headbands) to informally collect and analyze data about their sleep. Smart technology can record sounds and movement during sleep, journal hours slept, and monitor heart beat and respiration. Using a companion app, data from some devices can be synced to a smartphone or tablet, or uploaded to a PC. Other apps and devices make white noise, produce light that stimulates melatonin production, and use gentle vibrations to help us sleep and wake.

Getting enough sleep is good for your health. Here are a few tips to improve your sleep:

Set a schedule – go to bed and wake up at the same time each day.

Exercise 20 to 30 minutes a day but no later than a few hours before going to bed.

Avoid caffeine and nicotine late in the day and alcoholic drinks before bed.

Relax before bed – try a warm bath, reading, or another relaxing routine.

Create a room for sleep – avoid bright lights and loud sounds, keep the room at a comfortable temperature, and don't watch TV or have a computer in your bedroom.

Don't lie in bed awake. If you can't get to sleep, do something else, like reading or listening to music, until you feel tired.

See a doctor if you have a problem sleeping or if you feel unusually tired during the day. Most sleep disorders can be treated effectively.

Scientists continue to learn about the function and regulation of sleep. A key focus of research is to understand the risks involved with being chronically sleep deprived and the relationship between sleep and disease. People who are chronically sleep deprived are more likely to be overweight, have strokes and cardiovascular disease, infections, and certain types of cancer than those who get enough sleep. Sleep disturbances are common among people with age-related neurological disorders such as Alzheimer's disease and Parkinson's disease. Many mysteries remain about the association between sleep and these health problems. Does the lack of sleep lead to certain disorders, or do certain diseases cause a lack of sleep? These, and many other questions about sleep, represent the frontier of sleep research.

This concludes the article on Understanding Sleep. We hope that you have enjoyed it. We look forward to bringing more exciting articles next year.

EMOTIONS

The word "emotion" dates back to 1579, when it was adapted from the French word émouvoir, which means "to stir up". The term emotion was introduced into academic discussion as a catch-all term to passions, sentiments and affections. The word emotion was coined in the early 1800s by Thomas Brown and it is around the 1830s that the modern concept of emotion first emerged. "No one felt emotions before about 1830. Instead they felt other things - "passions," "accidents of the soul," "moral sentiments" - and explained them very differently from how we understand emotions today."

Emotion is any conscious experience characterized by intense mental activity and a certain degree of pleasure or displeasure. Scientific discourse has drifted to other meanings and there is no consensus on a definition. Emotion is often intertwined with mood, temperament, personality, disposition, and motivation. In some theories, cognition is an important aspect of emotion. Those acting primarily on the emotions they are feeling may seem as if they *(Continued on page 3)*

EMOTIONS *(from page 1)*

are not thinking, but mental processes are still essential, particularly in the interpretation of events. For example, the realization of our believing that we are in a dangerous situation and the subsequent arousal of our body's nervous system (rapid heartbeat and breathing, sweating, muscle tension) is integral to the experience of our feeling afraid. Other theories, however, claim that emotion is separate from and can precede cognition.

Emotions are complex. According to some theories, they are states of feeling that result in physical and psychological changes that influence our behavior. The physiology of emotion is closely linked to arousal of the nervous system with various states and strengths of arousal relating, apparently, to particular emotions. Emotion is also linked to behavioral tendency. Extroverted people are more likely to be social and express their emotions, while introverted people are more likely to be more socially withdrawn and conceal their emotions. Emotion is often the driving force behind motivation, positive or negative. According to other theories, emotions are not causal forces but simply syndromes of components, which might include motivation, feeling, behavior, and physiological changes, but no one of these components is the emotion. Nor is the emotion an entity that causes these components.

Emotions involve different components, such as subjective experience, cognitive processes, expressive behavior, psychophysiological changes, and instrumental behavior. At one time, academics attempted to identify the emotion with one of the components: William James with a subjective experience, behaviorists with instrumental behavior, psychophysiologists with physiological changes, and so on. More recently, emotion is said to consist of all the components. The different components of emotion are categorized somewhat differently depending on the academic discipline. In psychology and philosophy, emotion typically includes a subjective, conscious experience characterized primarily by psychophysiological expressions, biological reactions, and mental states. A similar multi-componential description of emotion is found in sociology. For example, Peggy Thoits described emotions as involving physiological components, cultural or emotional labels (anger, surprise, etc.), expressive body actions, and the appraisal of situations and contexts.

Research on emotion has increased significantly over the past two decades with many fields contributing including psychology, neuroscience, endocrinology, medicine, history, sociology, and computer science. The numerous theories that attempt to explain the origin, neurobiology, experience, and function of emotions have only fostered more intense research on this topic. Current areas of research in the concept of emotion include the development of materials that stimulate and elicit emotion. In addition PET scans and MRI scans help study the affective processes in the brain.

"Emotions can be defined as a positive or negative experience that is associated with a particular pattern of physiological activity." Emotions produce different physiological, behavioral and cognitive changes. The original role of emotions was to motivate adaptive behaviors that in the past would have contributed to the survival of humans. Emotions are responses to significant internal and external events.

Many different disciplines have produced work on the emotions. Human sciences study the role of emotions in mental processes, disorders, and neural mechanisms. In psychiatry, emotions are examined as part of the discipline's study and treatment of mental disorders in humans. Nursing studies emotions as part of its approach to the provision of holistic health care to humans. Psychology examines emotions from a scientific perspective by treating them as mental processes and behavior and they explore the underlying physiological and neurological processes. In neuroscience sub-fields such as social neuroscience and affective neuroscience, scientists study the neural mechanisms of emotion by combining neuroscience with the psychological study of personality, emotion, and mood. In linguistics, the expression of emotion may change to the meaning of sounds. In education, the role of emotions in relation to learning is examined.

Emotion regulation refers to the cognitive and behavioral strategies people use to influence their own emotional experience. For example, a behavioral strategy in which one avoids a situation to avoid unwanted emotions. Depending on the particular school's general emphasis on either cognitive components of emotion, physical energy discharging, or on symbolic movement and facial expression components of emotion, different schools of psychotherapy approach the regulation of emotion differently.

Sports Page

"WHY ATHLETES ARE GENIUSES"

The qualities that set a great athlete apart from the rest of us lie not just in the muscles and the lungs but also between the ears. That's because athletes need to make complicated decisions in a flash. One of the most spectacular examples of the athletic brain operating at top speed came in 2001, when the Yankees were in an American League playoff game with the Oakland Athletics. Shortstop Derek Jeter managed to grab an errant throw coming in from right field and then gently tossed the ball to catcher Jorge Posada, who tagged the base runner at home plate. Jeter's quick decision saved the game—and the series—for the Yankees. To make the play, Jeter had to master both conscious decisions, such as whether to intercept the throw, and unconscious ones. These are the kinds of unthinking thoughts he must make in every second of every game: how much weight to put on a foot, how fast to rotate his wrist as he releases a ball, and so on.

In recent years neuroscientists have begun to catalog some fascinating differences between average brains and the brains of great athletes. By understanding what goes on in athletic heads, researchers hope to understand more about the workings of all brains—those of sports legends and couch potatoes alike.

As Jeter's example shows, an athlete's actions are much more than a set of automatic responses; they are part of a dynamic strategy to deal with an ever-changing mix of intricate challenges. Even a sport as seemingly straightforward as pistol shooting is surprisingly complex. A marksman just points his weapon and fires, and yet each shot calls for many rapid decisions, such as how much to bend the elbow and how tightly to contract the shoulder muscles. Since the shooter doesn't have perfect control over his body, a slight wobble in one part of the arm may require many quick adjustments in other parts. Each time he raises his gun, he has to make a new calculation of what movements are required for an accurate shot, combining previous experience with whatever variations he is experiencing at the moment.

To explain how brains make these on-the-fly decisions, Reza Shadmehr of Johns Hopkins University and John Krakauer of Columbia University two years ago reviewed studies in which the brains of healthy people and of brain-damaged patients who have trouble controlling their movements were scanned. They found that several regions of the brain collaborate to make the computations needed for detailed motor actions. The brain begins by setting a goal—pick up the fork, say, or deliver the tennis serve—and calculates the best course of action to reach it. As the brain starts issuing commands, it also begins to make predictions about what sort of sensations should come back from the body if it achieves the goal. If those predictions don't match the actual sensations, the brain then revises its plan to reduce error. Shadmehr and Krakauer's work demonstrates that the brain does not merely issue rigid commands; it also continually updates its solution to the problem of how to move the body. Athletes may perform better than the rest of us because their brains can find better solutions than ours do.

To understand how athletes arrive at these better solutions, other neuroscientists have run experiments in which athletes and non-athletes perform the same task. This past January Claudio Del Percio of Sapienza University in Rome and his colleagues reported the results of a study in which they measured the brain waves of karate champions and ordinary people, at rest with their eyes closed, and compared them. The athletes, it turned out, emitted stronger alpha waves, which indicate a restful state. This finding suggests that an athlete's brain is like a race car idling in neutral, ready to spring into action.

Del Percio's team has also measured brain waves of athletes and non-athletes in action. In one experiment the researchers observed pistol shooters as they fired 120 times. In another experiment Del Percio had fencers balance on one foot. In both cases the scientists arrived at the same surprising results: The athletes' brains were quieter, which means they devoted less brain activity to these motor tasks than non-athletes did. The reason, Del Percio argues, is that the brains of athletes are more efficient, so they produce the desired result with the help of fewer neurons. Del Percio's research suggests that the more efficient a brain, the better job it does in sports. The scientists also found that when the pistol shooters hit their target, their brains tended to be quieter than when they missed.

Good genes may account for some of the differences in ability, but even the most genetically well-endowed prodigy clearly needs practice—lots of it—to develop the brain of an athlete. As soon as someone starts to practice a new sport, his brain begins to change, and the changes continue for years. Scientists at the University of Regensburg in Germany documented the process by scanning people as they learned how to juggle. After a week, the jugglers were already *(continued on page 5)*

GENIUSES *(continued)*

developing extra gray matter in some brain areas. Their brains continued to change for months, the scientists found.

Even as practice changes the brain's anatomy, it also helps different regions of the brain talk to one another. Some neurons strengthen their connections to other neurons and weaken their connections to still others. Early on, neurons in the front of the brain (the prefrontal cortex) are active. That region is vital for top-down control, which enables us to focus on a task and consider a range of responses. With practice, the prefrontal cortex grows quiet. Our predictions get faster and more accurate, so we don't need so much careful oversight about how to respond.

Several years ago Matthew Smith and Craig Chamberlain of the University of Northern Colorado examined the connection between the quieting of the cortex and athletic ability. They had expert and unskilled soccer players dribble a ball through a slalom course of cones. At the same time, the players were asked to keep an eye on a projector screen on the wall to see when a particular shape appeared. Even with the second task, the seasoned soccer players could dribble at nearly full speed. Unskilled players did much worse than when they were undistracted, however. The disparity suggests that dribbling didn't tax the expert player's prefrontal cortex as heavily, leaving it free to deal with other challenges.

As the brains of athletes become more efficient, they learn how to make sense of a new situation sooner. In cricket, for instance, a bowler can hurl a ball at 100 miles an hour, giving batsmen a mere half second to figure out its path. In 2006 Sean Müller, then at the University of Queensland in Australia, and his colleagues ran an experiment to see how well cricket batsmen can anticipate a bowler's pitch. For their subjects they chose three types of cricket players, ranging in skill from national champions down to university players. The cricketers watched videos of bowlers throwing balls. After each video was over, they had to predict what kind of pitch was coming and where it would land. In some cases the video was cut off at the point at which the bowler released the ball. In other cases the players got to see only the first step, or the first two steps, that the bowler took while the ball was still in his hand.

Elite cricket players did a much better job than less skilled ones at anticipating the outcome of a pitch. They could make fairly good predictions after watching the bowlers take just a single step, and if they got to see the pitch up to the moment of release, their accuracy improved dramatically. The less skilled players fared much worse. Their early guesses were no better than chance, and their predictions improved only if they were able to watch the pitch until the ball had left the bowler's hand and was in flight.

Predicting the outcome of a task seems to involve the same brain areas that the athlete develops in practice, which would explain why athletes tend to fare better on challenges like these. In a related study, Salvatore Aglioti of Sapienza University assembled a group of people, some of whom were professional basketball players, and scanned their brains as they watched movies of other players taking free throws. Some of the movies stopped before the ball left the player's hands; others stopped just after the ball's release. The subjects then had to predict whether it went through the hoop or not. The pros in the group showed a lot of activity in those regions of the brain that control hand and arm muscles, but in the non-athletes those regions were relatively quiet. It seems that the basketball players were mentally reenacting the free throws in their minds, using their expertise to guess how the players in the movies would perform.

These studies are beginning to answer the question of what makes some people great athletes. They are just able to rewire their brains according to certain rules. As neuroscientists decipher those rules, they may find ways to give people better skills. In February 2009 Krakauer and Pablo Celnik of Johns Hopkins offered a glimpse of what those interventions might look like. The scientists had volunteers move a cursor horizontally across a screen by pinching a device called a force transducer between thumb and index finger. The harder each subject squeezed, the faster the cursor moved. Each player was asked to move the cursor back and forth between a series of targets, trying to travel the course as quickly as possible without overshooting. The group trained 45 minutes a day for five days. By the end of training, the players were making far fewer errors.

The scientists also trained another group of people on the same game, but with a twist. They put a battery on top of the head of each subject, sending a small current through the surface of the brain toward a group of neurons in the primary motor cortex. The electric stimulation allowed people to learn the game better. By the end of five days of training, the battery-enhanced *(continued on page 6)*

More GENIUSES

players could move the cursor faster and make fewer errors than the control group. And the advantage was not fleeting. For three months Krakauer and Celnik had their subjects come back into the lab from time to time to show off their game-playing skills. Everyone got rusty over time, but at the end of the period, the people who had gotten the electrode boost remained superior to the others.

Krakauer and Celnik's study hints at a whole new world of ethical issues that may lie ahead for sports. Would it be cheating for a tennis player to wear a portable electrode as she practiced her serve? She would, after all, just be hastening the same changes that come with ordinary practice. Today's controversies over doping in sports focus mainly on muscles. But tomorrow we may have to decide how much athletes should be allowed to take advantage of neuroscience.

DEATH: ARE YOU READY?

No one really likes to talk about it, especially if you're young but it is inevitable. As we grow older and experience more of it around us in our friends and family, we might become more aware of it but maybe still not ready to discuss it as it pertains to our existence (*or non-existence, as it may be*)!

As sure as we live, we MUST die at some time! So why don't we face the fact and prepare for it? We prepare for work, prepare for weddings, births, holidays and a host of other events in life so why not the ultimate event in life, . . . death?

It should be noted that death is more of a universal fear. It is something that most people fear at some point in their lives. Fear is a key factor in why we don't face the truth about our death and prepare for it.

Death anxiety is anxiety caused by thoughts of death. One source defines death anxiety as a "feeling of dread, apprehension or solicitude (*anxiety*) when one thinks of the process of dying, or ceasing to 'be'". Also referred to as thanatophobia (*fear of death*), death anxiety is distinguished from necrophobia, which is a specific fear of dead or dying people and/or things (*i.e., fear of others who are dead or dying, not of one's own death or dying*).

Existential death anxiety stems from the basic knowledge that human life must end. Existential death anxiety is known to be the most powerful form of death anxiety. It is said that language has created the basis for existential death anxiety through communicative and behavioral changes. Other factors include an awareness of the distinction between self and others, a full sense of personal identity, and the ability to anticipate the future.

Sigmund Freud hypothesized that people express a fear of death, called thanatophobia. He said he saw this as a disguise for a deeper source of concern. It was not actually death that people feared, because in Freud's view nobody believes in their own death. The unconscious does not deal with the passage of time or with negations, which does not calculate amount of time left in one's life. Furthermore, that which one does fear cannot be death itself, because one has never died. People who express death-related fears, actually are trying to deal with unresolved childhood conflicts that they cannot come to terms with or express emotion towards. The name Thanatophobia is made from the Greek figure of death known as Thanatos.

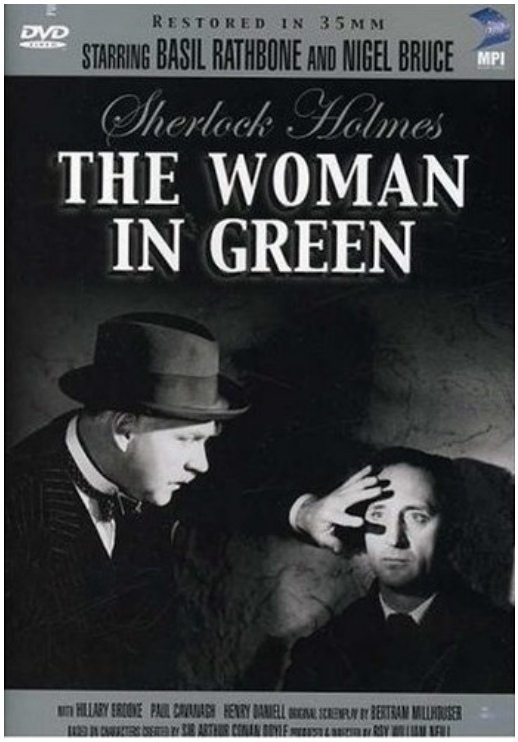
Humans develop meanings and associate them with objects and events in their environment, provoking certain emotions within an individual. People tend to develop personal meanings of death which could accordingly be negative or positive for the individual. If they are positive, then the consequences of those meanings can be comforting (*for example, ideas of a rippling effect left on those still alive*). If negative they can cause emotional turmoil. Depending on the certain meaning one has associated with death, the consequences will vary accordingly whether they are negative or positive meanings.

It is during the years of young adulthood (*20 to 40 years of age*) that death anxiety most often begins to become prevalent. However, during the next phase of life, the middle age adult years (*40–64 years of age*), death anxiety peaks at its highest levels when in comparison to all other age ranges throughout the lifespan. Surprisingly, levels of death anxiety then slump off in the old age years of adulthood *(65 years of age and older*). This is in contrast with most people's expectations, especially regarding all of the negative connotations younger adults have about the elderly and the aging process.

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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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 smile on your face:

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.

The Energizer bunny had to audition for his job and had to pass a difficult battery of tests.

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.

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