

THE RAPID TREATMENT OF FEAR, PANIC AND PHOBIA DISORDERS USING HYPNOANALYSIS . . . WITH ILLUSTRATIVE CASE HISTORY SUMMARIES.

Alan Matez, D.O.

INTRODUCTION

An estimated 20 million Americans suffer from phobias. "What schizophrenia was to the 1960's, what depression and burnout were to the 1970's, phobias are to the 1980's," according to *Newsweek*, April 23, 1986. This article will discuss phobias since they are a timely subject, Phobic Disorders, particularly agoraphobia, social phobia, simple phobia and the panic disorder of anxiety neuroses.

Medical Hypnoanalysis can uncover the unconscious forces that are responsible for a particular symptom complex. Once the underlying root cause - the **Initial Sensitizing Event** - and the **Symptom Producing Event** have been identified and resolved, the person is then free to give up his or her particular symptoms and reactions.

Case histories are included. These will describe the patient's symptomatology, the object of the fear (phobic stimulus), and will demonstrate the necessity of a careful, detailed and complete history - in the patient's own words. Specific hypnoanalytical techniques include Word Association Test, Dream analysis and Age Regression. The case histories demonstrate the removal of the highly charged emotional negative beliefs that were responsible for the problem. They also demonstrate the usage of positive, healing suggestions utilized to achieve the therapy goals, mutually established by the patient and the hypnoanalyst. The importance of making

a correct subconscious diagnosis cannot be over-emphasized, since this is the basis for successful treatment.

In most cases of this type, less than 15 sessions are necessary to complete therapy.

PHOBIC DISORDERS

The essential feature of a phobic disorder is a persistent and irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid it (the phobic stimulus). The phobia is a special variety of the anxiety reaction. The person knows that what he or she fears is silly, but feels powerless to do anything about it and cannot help himself. The root of the fear is in the person's subconscious mind. It originates during an emotional turmoil and results from unresolved problems and conflicts; these find their way to the consciousness, creating the clinical symptomatology. The value of the phobia to the person is the comfort resulting from denial or concealment of the real internal fear and danger.

In summary, some external threat ("reality") is feared, and therefore must be avoided. The fear itself is beyond voluntary control and cannot logically be explained by the person. The person seeks professional help when the symptoms become incapacitating and grossly interfere with his/her life. In most cases, while the person expresses a sincere desire to get rid of the problem, marked

resistance in giving up the phobia can be expected.

The **PHOBIC DISORDERS** are subdivided into three types: Agoraphobia, Social Phobia, and Simple Phobia. Simple Phobia is the most common Phobic Disorder in the general population. Agoraphobia is the most common among people seeking treatment. It is the most severe and pervasive of all. It can exist with or without panic attacks.

I. AGORAPHOBIA has as its essential feature, a marked fear of being alone; it may include the fear of being in public places where escape might be difficult or where help would not be available in case of sudden incapacitation. The most common situations agoraphobics avoid are ones that involve being in crowds like on a busy street or in a crowded store, being in tunnels, on elevators, on bridges, or on public transportation. Very often, the patients will insist that a trusted family member or friend accompany them whenever they leave home. Because the fears or avoidance behavior dominate the individual's life, normal activities become increasingly restricted.

When Panic Attacks accompany the Agoraphobia, the individual develops anticipatory fear of having such an attack, and becomes reluctant or refuses to enter a variety of situations that are associated with these attacks. Agoraphobia generally has its onset in the late teens or early 20's, and it is more frequently seen in women.

The term "Agoraphobia" was coined in 1871 by a German psychologist, Dr. C. Westphal. He used the term to describe a peculiar syndrome he observed in some of his patients. From the roots, "Agora," meaning market place, or a place of assembly, and "Phobia," meaning dread.

Avoidance is the benchmark of phobias,

and elaborate habit patterns are developed to avoid the stimulus situation. This avoidance in turn, produces feeling of hopelessness and helplessness.

II. SOCIAL PHOBIA has, as its essential feature, a persistent, irrational fear of, and compelling desire to avoid, situations of exposure to the scrutiny of others that might lead to humiliation or embarrassment. Therefore, the person attempts to avoid such situations, and this avoidance becomes a significant source of distress. Social phobias usually occur singularly. Examples would be: fears of public speaking, performing in public, using public lavatories, eating in public, and writing in the presence of others. This disorder often begins in late childhood or early adolescence.

III. SIMPLE PHOBIA is a persistent, irrational fear of, and compelling desire to avoid an object or a situation. These are often referred to as "specific" phobias. These phobics rarely seek treatment unless there is a specific need to confront the situation.

Most commonly, the Simple Phobias involve animals, particularly dogs, cats, snakes, birds, insects, and mice. The simple Phobia is usually the easiest to treat and has the best prognosis.

PANIC DISORDER (of ANXIETY NEUROSIS)

The essential features involve recurrent panic or anxiety attacks. These may occur unpredictably, in certain situations, e.g., driving a car, flying, or being in water. In the **DSM-III**, the diagnostic criteria for panic attacks require at least four of the following symptoms during each attack:

(1) dyspnea, (2) palpitations, (3) chest pain or discomfort, (4) choking or smothering sensa-

tions, (5) dizziness, vertigo, or unsteady feelings, (6) feelings of unreality, (7) paraesthesias (tingling in hands or feet), (8) hot and cold flashes, (9) sweating, (10) faintness, (11) trembling or shaking, (12) fear of dying, going crazy, or doing something uncontrolled during an attack.

Attacks usually last a few minutes; rarely an hour or more. A common complication of this disorder is the development of anticipatory fear of helplessness or of loss of control during a panic attack; the individual may then become reluctant to be alone or to go into public places. The individual may develop varying degrees of nervousness and apprehension between attacks. The problem usually begins in late adolescence or early adult life, but may also start in mid-adult life. It is seldom incapacitating unless the disorder is unusually severe and complicated by Agoraphobia. It occurs more frequently in women.

HISTORY TAKING IS OF UTMOST IMPORTANCE

To illustrate the importance of taking a careful and complete history, the presenting complaint "fear of flying", can exemplify the procedure;

When people present with the problem, fear of flying, it is crucial to obtain their history in their own words and to record it, verbatim, including notations of body language and how the words are said, as well as notations on pauses and hesitations . . . and what the person does NOT say. At the appropriate time, ask the following question: "WHERE IS YOUR FEAR THE GREATEST?" The answer will often help the hypnoanalyst arrive at the correct diagnosis.

In the FEAR OF FLYING, there are five possible areas for the person to be fearful.

1.) **ANTICIPATION OF A JOURNEY.** Generally, the person has previously moved away and is expecting to move away from a secure situation to an insecure one, or that person may expect something terrible will happen while flying away. This causes the fear response, and, in these cases, the fear starts soon after the person begins to think of making arrangements for a trip. 2.) **ON ENTERING AN AIRPLANE** (or any other enclosure). This is really a "claustrophobic" reaction, and the "danger" the person fears is that of being trapped inside an enclosed place. Often the Initial Sensitizing Event of this problem goes back to birth or even a pre-birth experience. The response to hormones, such as adrenalin, secreted during the birth experience, is similar to the response a person may experience when entering an airplane. The fear of flying phobic usually remains reasonably calm until nearing the gate of the terminal. 3.) **ON TAKING OFF.** This is often a fear of "taking off" literally! It can be a fear of leaving home, leaving a marriage, or "running away." Once the underlying "real fear" is identified and resolved, the person is "free" to travel without the fear of leaving and not returning. The return flight is usually not nearly as traumatic for this person. 4.) **HIGH ALTITUDE.** During this possible area of fear, the person may remain fairly calm and relaxed until the airplane is already up in the air, and then he or she begins to have a fear reaction. This is NOT the fear of flying, but a fear of heights. Very often the root cause of this fear is from early childhood when the person was "taught" to be afraid of heights or of falling from them. Such "learning experiences" would include being tossed in the air as an infant, a scarey amusement park ride, being on the roof of a tall building, and very often, the birth experience itself. - especially when the

obstetrician held the infant upside down and slapped his bottom, resulting in the Initial Sensitizing Event. 5.) **ON LANDING.** This area of fear actually constitutes the true fear of flying. And a person with this true fear of flying rarely seeks help because he or she just WON'T fly! This is usually secondary to a previous experience with an actual plane crash - either involving themselves or a friend or relative. It is NOT a fear of flying as much as a fear of crashing! During the past 6 years, I have had a number of patients because of the fatal crash of a commercial jet liner in a residential neighborhood while on the final landing approach into the San Diego airport in 1980: All aboard were killed as were many people in their homes. The crash became the Symptom Producing Event. These patients had flown before, but were now afraid to fly and sought professional help.

As with all fears, the fear of flying has a root cause, i.e. an underlying subconscious stimulus. This root cause is **WHAT IS IN THE MIND OF THE PERSON AT THE TIME WHEN THE ORIGINAL INCIDENT OCCURED.** It is the **VOLTAGE** of the **EMOTIONALLY LOADED NEGATIVE SUGGESTION THAT WAS ACCEPTED.** The problem is NOT later, as it is remembered frequently with the emotion repressed out of awareness. The problem is a fear stimulus that brings up the **MEMORY** with the reverberating emotion that produces the fear and panic. It is the **FEAR ITSELF** that is the problem . . . not the object or situation that is producing the fear. Treatment can only be successful when age regression is used to go back to the Initial Sensitizing Event and Symptom Producing Event. Each subsequent event that produces the same fear response is a Symptom Intensifying Event.

CASE HISTORIES

In each of the following illustrative case histories, the conscious diagnosis is given at the beginning, and the subconscious diagnosis is given in the text and discussion. Only the most pertinent information is given here, and the reader needs to be aware that a complete history, lasting as long as 1½ hours, is taken on each patient. Only the more relevant hypnoanalytical material is presented here as a case summary.

CASE #1

AGORAPHOBIA with PANIC ATTACKS PANIC DISORDER - Fear of Driving

Elaine is a 37 year old married woman. When I asked her "WHAT IS YOUR PROBLEM?" she answered, "I can't drive alone. If I am alone, it is not a pleasant experience for me. It's a problem for 7 years. It all started when I was driving on an Interstate Highway in San Diego with my 8 year old daughter. I thought I would pass out and had to pull over and stop the car. I sat on the curb. The police had to get someone to get me and drive my car home. My family physician gave me pills to take, but I could only take a 'child's dose' of it. I am in a prison and have lost my independence. I feel impending doom all the time. I am always prepared, on guard, and feel that something awful will happen to me or to someone else."

When asked: **WHAT WOULD YOU DO IF YOU WERE CURED?** she stated: "I'd be able to drive alone."

PERTINENT HISTORY: Her parents divorced when she was 3 years old. Her father was an alcoholic and was killed in an automobile accident 3 years ago. Elaine's birth was uneventful except that her mother had to drive herself to the hospital because her father

was out getting drunk.

Elaine also reported "a neighbor boy, 18 years old, was killed before my very eyes while driving a farm tractor in circles. He was fooling around to entertain me. I was 8 years old at the time."

Also, "when I was 16, while on a hiking trip with other kids, there was a set of twins who wanted to go swimming. I didn't want to go swimming so they went alone. And they drowned!"

THERAPY GOAL: "Help me to overcome the fears I have of being alone. I don't know how you will do it, but I will help you."

WORD ASSOCIATION TEST:

Immature	Me
I am stuck at the	
emotional age of	8
I will be well when	I can get rid of this prison
My problem goes	
back to	The age of 8

The patient had NO DREAMS. An age regression, using the calendar technique was given, suggesting that she go back to the root cause of her problem. She readily regressed back to the age of 8 and saw herself on her neighbor's farm watching the 18 year old neighbor boy "showing off" on his tractor.

She began to abreact with a lot of emotion and related the following: "He is fooling around, making me laugh. He is so happy. He is getting married tomorrow. He is so funny driving his tractor in circles and making it bounce and tip from side to side. All of a sudden it tips over and he is caught underneath. He is smashed. He is crushed underneath it. I don't know what's wrong. I grab him and kiss him. Everyone comes and says 'leave him alone! He's dead!' (NOTE: She subconsciously connects alone with dead.) It's all MY fault! If we weren't alone maybe he wouldn't be dead. His fiancée blamed

me for it. She was never the same again. I want to say I am sorry. No one talks about it. Maybe they are angry with me and it IS my fault. I wished he'd get up and be alive. I wish it never happened!"

When I asked her: "HOW COULD YOU MAKE IT NEVER HAVE HAPPENED?" she replied: "I could turn back the clock to the day before and pretend that it never happened. That's what I did! to avoid the guilt of being responsible for his death. I'm nothing more than an 8 year old . . . THAT'S MY PROBLEM! I removed her guilty feelings explaining that she did not kill him. There was no intent. It was a very unfortunate accident but certainly not her fault. I said to her it is now safe to mature beyond that age and that incident.

AGE REGRESSION TO 7 YEARS AGO TO THE SYMPTOM PRODUCING EVENT: Immediately following this regression, she was taken forward to the Symptom Producing Event, and she said: "I am driving with my 8 year old daughter. I swerve to avoid hitting another car that is changing lanes in front of me, and it feels like my car is going to tip over. Suppose I DIE? Just like the neighbor boy did. My daughter is 8 years old, just like I was. I feel the same feelings as I did when I was in his yard. After I pull over and I am sitting on the curb I am afraid. I feel like I was then, sitting and watching everyone trying to help him. As I watched the traffic going by, it's like watching him driving the tractor, and I am getting more frightened and panicky."

DISCUSSION: The DIAGNOSIS is PONCE DE LEON SYNDROME. This woman remained subconsciously, a child, in order to avoid having to deal with the guilt she felt over the neighbor's untimely death. By staying 8 years old emotionally, the incident never has to happen, and she does not have to encounter the emotional pain of it.

Being alone represented impending doom, disaster or death for her or for someone else. This was further brought out by the twins' drowning - they were alone. And her father's death occurred when he was driving alone. These latter incidents are all Symptom Intensifying Events.

Eight year old children are not old enough to drive; neither are they old enough to be traveling alone . . . hence Elaine's need to have someone with her when she leaves the house. Once these subconscious beliefs were exposed, resolved and neutralized, Elaine was able to resume normal driving by herself without panic or fear.

So many Initial Sensitizing Events originate with the birth process. In Elaine's case, an age regression back to birth was indicated by her history. She, however, stopped therapy after the fifth session, reporting that she was perfectly fine, and no longer needed any additional sessions. A one year follow up confirmed she is symptom-free and remains cured of her problem.

CASE #2

AGORAPHOBIA with PANIC ATTACKS

Mary is a 32 year old, 5 month pregnant woman. She is married to a Navy officer. Mary was referred by her obstetrician and came to the office accompanied by her husband.

When I asked her: WHAT IS YOUR PROBLEM? She stated: "I am falling apart at the seams. It all started with a fear of driving. I just don't like to be alone. I panic and go to pieces. My husband has to be with me or I cannot go anywhere. It all started about a year ago just before moving from my home state of Ohio to San Diego. I'm afraid

I will have a heart attack and die if I am alone. There will be no one there to help me. I can't be out of my security zone of safety. My chest gets tight, my heart beats fast, I can't breathe. I feel like I am a WALKING ZOMBIE. I have no energy. I sleep like the dead. I am a 'down' person all of the time. I feel like I am in a hole and I don't even want to dig myself out of it.

My husband can't go and do things that he enjoys, like camping, because of me. I am terrified of death and heights, too, I've been very depressed for about 2 years. I can't go anywhere without him. Luckily, his Navy duties involve work that can only be done on land. He would never get orders for sea duty."

When I asked her: WHAT IS THE WORST THING THAT EVER HAPPENED TO YOU? She said: "When I turned 16 and realized that I was an ugly duckling and that I was stuck with ME. Oh, my grandfather, my favorite, died on my sweet sixteen birthday. He had leukemia."

When I asked Mary WHY DID YOU GET MARRIED? She responded: "I was ready to have someone around for security to be with me that I could trust. And no one else asked me and I was afraid that no one else would either."

When asked to describe her husband, she said: "Trustworthy and dependable."

On the question: WHAT WOULD YOU DO IF CURED OF THIS PROBLEM? She responded: "I'd drive home to my home state where I belong!"

FIRST AGE REGRESSION: With appropriate suggestions, she was able to regress back in time to the age of 4 and reported: "I was the oldest of 5 children. When my sister was born, she was really cute. I was the ugly duckling and lost it all. When I was younger, I was cute, too, and I got ALL of the attention."

The subconscious diagnosis of the Ponce de Leon Syndrome was made and explained to her at this point. She fully agreed that many of her ways of thinking and behaving were very immature. She began a maturing process following her analysis.

AGE REGRESSION TO BIRTH: She reported the following: "I was premature. My weight was about 3 pounds. I thought I was going to die. I needed constant attention and I could not be left alone even a minute, even after I got home. I had a specialized doctor taking care of me, and because of him I survived."

Since she believed she was not going to survive her birth, she had accepted a death suggestion, and the subconscious diagnosis of the Walking Zombie Syndrome was explained to her. She realized that she had been "dead-like" all of her life, and this helped her understand the origins of so many of her difficulties in living. What "saved" her life, according to her own belief system, was that someone was available and she was not left alone. For her then being left alone, equates with the fear of dying and that's what she feared the most.

AN AGE REGRESSION TO ANOTHER DEATH EXPERIENCE: She related: "I am 5 years old. We are living in Europe. My father is a Navy chief. Mother got very ill with pneumonia and had a collapsed lung. They will not let me see her. I was left alone a lot. I was afraid she would die. I wanted to die, too, so I wouldn't have to be left alone. They take her away to a hospital and I thought she and I would die."

HER SECOND AGE REGRESSION TO BIRTH: "They keep poking me to see if I will move - to see if I am still alive. It hurts! Leave me alone. I'd rather be dead. I woke up with pain and they keep hurting me when they poke

me. I've been angry all of my life that I survived."

"When I got pregnant, I was worried that my baby would die. When the baby is born, I won't be alone. But, I don't want to be dependent on the baby for my survival."

DISCUSSION: Through multiple age regressions, subconscious diagnoses of Walking Zombie Syndrome, Ponce de Leon Syndrome, Birth Anoxia Syndrome and Identity Problem were made. These negatively charged complexes were resolved over a course of therapy of 24 sessions. The presenting symptomatology was that of the typical agoraphobia/panic attack victim. The underlying root causes of her difficulties were however from varied traumatic experiences of the past, the most poignant one equating being alone with death. Subsequent to the above treatment, Mary had a relaxed uneventful and normal delivery. In addition to the resolution of her subconscious conflicts, she also had received suggestions to prepare her for the delivery. She was taught to visualize her pregnancy and the childbirth as a natural, easy, normal process. She became quite proficient in self-hypnosis and hypnoanalgesia. She returned for further therapy about 6 weeks post-partum. She complained of having difficulty taking care of her baby. She felt that she was unable to "bond" with her baby boy and actually felt resentful of his presence in the family, since he took all of the attention away from herself . . . just like when her sister was born when she was 4 years old. Her baby had colic, seemed nervous, was fussy most of the time, and was not sleeping very well.

In our hypnoanalytic work together, it was discovered that she actually had wished the baby dead. She felt extremely guilty about this. Mary was unable to share these thoughts with her husband or anyone else. She felt very

"left out" and would become very angry with her husband for paying more attention to the baby than to herself. She was angry at the baby for being so cute and getting all of the attention and love. Several sessions were needed to help her resolve the underlying causes of her inability to love herself, and to further resolve her Love-Identity Problem. Once Mary was more able to accept and love herself, she was able to change her negative self-destructive ways of thinking and behavior patterns. She learned to share her love with her baby and her husband, and others in the world. Even the baby calmed down and is doing much better.

After a few more sessions she started to come to the office by herself, leaving the baby at home with a baby sitter. Therapy was completed in 42 sessions over a period of 10 months.

CASE #3

PANIC DISORDER

Henry is a 24 year old college graduate, manager of a convenience store. At the time of his consultation visit he was engaged to be married in five months.

When asked: **WHAT IS YOUR PROBLEM?** He stated: "It's a neurosis I'm having. Started during college classes. It left when I left the classroom. I always sat near the door. I thought it would stop when I graduated. Waves of fear go through my body. I'd get nauseous. I graduated one year ago and I am the manager of a store I worked at for several years. I become overwhelmed by fear. Attacks of flight or fight. My body fills with nervous tension. I feel overwhelmed. My neck gets stiff and painful and I get fears of fainting. I was referred by a customer with a similar

problem that you cured in 5 session." (See Case #1)

PERTINENT HISTORY: Henry was reared as, and still is a practicing Catholic. He is absolutely terrified of the prospect of the marriage ceremony and fears he might have an attack in front of all these people. His mother had a massive stroke 4 years ago and died after being in a coma for 7 days. He stated: "I had to decide with my father to 'pull the plug' and let her die. I still dream of her as not being dead - still alive." Henry's parents were going through a divorce at the time of his mother's cerebral hemorrhage.

When he was 18 years old, his friend Jack had a nervous breakdown and was hospitalized. He said: "I helped him through it by being supportive. Afterwards, Jack developed agoraphobia and he still suffers from it."

WORD ASSOCIATION TEST:

Problem	Me
Fear	Life
Please	Help me Lord
I need most	To get my life back together again
I thought I died	When mother died
Punishment	Fear
My punishment is	My neurosis of fear
My burden	Mother's death
It all started	When mother died
All would be OK	
if not for	Mother's death
To resolve my problem, I'd have to remove	My fear of resolving it
I'll be well when	I can let go of what is eating me up in inside

AGE REGRESSION TO MOTHER'S STROKE AND DEATH: "She is my rock, my support, she is my best friend! My survival is threatened. What will I do without her? The doctors need MY - I mean, OUR permission to turn off the machines. She was in a coma for 7 days and had brain death for sure. I do not want to let her go. (Henry starts crying and sobbing) . . . I KILLED HER! I MURDERED HER! I AM GUILTY OF HER DEATH!"

THERAPEUTIC SUGGESTIONS: The negative suggestion that he caused her death was removed. He then was able to accept the idea that God gave her death and that he, the patient, did not kill her. Therapeutic suggestions included: "Her body may be dead, but the person who was your mother, the soul, the energy, the personality that lived within her body - that part of her - is still very much alive within the hearts and memories of everyone who knew her. Let her body go, and keep her memory alive."

Henry also came to realize that if he were guilty of her death, he would somehow, at a psychological level, have to DENY her death and thus keep her alive. Otherwise he'd have to be executed as a murderer. He was taken through the entire death experience, the funeral and the burial in order to facilitate his more complete acceptance of her death so that he then could mourn and do the necessary grief work.

Because he had judged himself guilty for her death, he had to punish himself. When his 18 year old friend, Jack, developed the panic and fears following his nervous breakdown, the worst punishment Henry could come up with for himself was similar kinds of panic and fear Jack had. Henry took on the symptoms and some of the behavior patterns of his friend as being the BEST punishment for himself.

His panic symptoms served a double function for Henry's psychic economy. They not only served as self-punishment, they also proved to him that he was indeed alive!

DISCUSSION: While his presenting complaint was fear and panic reactions, his Subconscious Diagnosis included both (1) A problem of Guilt and Self-punishment, and (2) Spiritual Walking Zombie Syndrome. His hypnoanalysis was completed in eleven sessions. He is now happily married and free of symptoms. Anytime he experiences a slight fear coming on, he is now able to quickly use self-hypnosis to relax himself completely and remove the negative thoughts that triggered that response. I am glad to report that Henry's wedding went well.

CASE #4

AGORAPHOBIA with PANIC ATTACKS

Ellen is a 31 year old housewife, mother of three. Her husband accompanies her to the office on every visit.

When asked: **WHAT IS YOUR PROBLEM?** She stated: "I have what is called agoraphobia, I can't be alone. I want to be free to go. It happens in a store, if I am driving alone, or in a shopping center. I am always OK if someone is with me - but not a child. All of the symptoms stop after I get out or leave the situation."

Her symptoms of the panic attack included: shortness of breath, inside trembling, panic and fear, a dry nervous cough, and nasal congestion and drainage. When asked how long she had the problem, she reported: "The first time was when I was 14 in a department store, when I smelled the odor of new clothes. And there were two episodes before. At 8, I fainted in the doctor's office when I was

treated there for bleeding, the evening after my tonsillectomy. And at age 12 when I panicked and fainted in the Catholic Church on a very hot, muggy day. It's always worse when it's hot and stuffy and I cannot breathe." When asked: **WHAT WOULD YOU DO IF YOU WERE CURED?** She said: "I'd be able to go to places and be alone!"

PERTINENT HISTORY: Ellen had an over-protective mother who always warned her of what NOT to do, for fear she might get hurt. As a child, she was not allowed to go anywhere without her mother or someone else being with her at all times to watch her.

When asked what her **THERAPY GOAL** was, she responded: "Take away my fear; give me a positive outlook, and be able to handle any situation and be alone."

WORD ASSOCIATION TEST:

Mother	Fear
Problem	Fear
Fear	Driving
There must be	A way to be rid of this and be free
Being alone means	Having to rely on myself
Smell of new clothes	Awful, sickening
When I panicked in the store	I needed room to get out; it was hot
Dry, nervous cough	A reminder that I can still breathe
If I let go To resolve my problem	I'm afraid I'll die I must remove the reason for my fear
Nasal congestion	I feel like I'm

suffocating

DREAM: Ellen brought in the following dream on her visit after her Word Association Test: "I was on the balcony, waving at people below, and then we were filtering through a doorway. It was the feeling of being in church, but the man at the podium was telling jokes and stories. The people were bored and not listening. A large table was reserved for my family. I couldn't decide where to sit - on the end or the side. I remember myself as a child when we came in, but became an adult after I sat down. The chair became a sofa which could recline, like a sofa sleeper. I had a conversation with a little girl regarding the use of the mattress, but said it was too old and torn and didn't have a plastic cover on it. The last thing I remember was trying to get comfortable and situated, and I couldn't."

DREAM ANALYSIS: At first she thought the church scene had to do with some guilt feelings, but she realized it was that hot and muggy day and fainting that was the problem. (She did have guilt conflicts, but as it turned out in further analysis, they had very little to do with the panic and fears.) I proceeded with age regressing her back to the age of 12 and the fainting incident in the church.

AGE REGRESSION: "It's hot and sticky. I am 12 years old, and am in church with my mother. I can feel the other people's heavy breathing. I am standing, and it gets hotter. I start getting weak, faint, and can't breathe. I faint and black out. Mother is scolding me for fooling around and tells me to 'stop it.' I breathe heavier (she abreacts as in a panic attack) and I pass out. I lose consciousness and fall down. Mother yells at me and everyone stopped singing to see what's going on."

When I asked her: **WHAT DOES THAT**

FEELING REMIND YOU OF? She began to talk like a little child, crying, "Mommy, Mommy, let me out." I asked her: What is happening? and she said: "I am locked in a car, the windows are shut, mommy left me alone in the car. I am scared. A man looks in the window at me and scares me. It's hot and stuffy and I can't breathe. I want to get out, but I can't because mommy will punish me. She went into a store for just a minute and I have to wait in the car . . ."

I told her to go to another time she felt the same feelings, and she responded: "We are in the doctor's office. I am bleeding. I had my tonsils out that day. I'm coughing up lots of blood. I'm choking and can't breathe. His office smells . . . like the hospital . . . mediciney. He opens my mouth and puts something in it so I can't close it. I am really scared now. I am crying and choking. He puts something down my throat and gags me. It tastes awful . . . I choke some more. He said to stop crying and hold my breath for a minute. I can't. I just breathe faster and faster." (Patient abreacts and hyperventilates)

I told her to go back to the tonsillectomy and she screams: "That mask! That mask! They are going to suffocate me. I can't breathe. The smell is awful. I'm choking. I fight them. I am gonna die. They are going to put me to sleep and they tell me I am a bad girl for not cooperating. They hold me down. I hold my breath and then I pass out . . . I'm dead." (At this point a reference was made to the idea that being put to sleep reminded her of a nighttime prayer she always had to say: "Now I lay me down to sleep, I pray the Lord my soul to keep, if I should die before I wake . . . etc.") Her death suggestion was removed at this point, and the Walking Zombie Syndrome was explained to her. Since the patient remained very emotional, I continued

and asked her to go back to the incident at the age of 14 in the department store.

She immediately began to abreact, saying: "The smell hurts my throat. We are going into the store and I start choking on something I smell. New clothes?" When I questioned her further to determine what the odor was, she realized it was a strong-smelling detergent of some sort - like ammonia - that was used to wash the floor or windows near the entrance of the store. She was going to the store to buy new school clothes.

After she had become aware of these sympathetic emotional reverberations, I asked her to reject the fear and panic associated with all of these experiences. She now understood how it was the **memory** of the original emotion that was being "remembered" and "relived" each time she found herself in similar circumstances. With this understanding, she could perceive how the inability to breathe, to start choking (the "dry, nervous cough") and the nasal drainage, was a self-protection against traumas similar to those that had scared her in earlier situations. Following that session, she related feeling a tremendous sense of relief, and now the terrified feelings were gone. She said she was now looking forward to a life without the panic and fear.

On the next visit, three days later, she related to me that she had gone, alone, to a large shopping center and department store, and "FORGOT" to get afraid. She didn't realize it until she was standing in line waiting to pay for her purchases. She just felt good at having done this without her old fear patterns.

AGE REGRESSION TO THE INITIAL SENSITIZING EVENT: She went back to her birth experience, she experienced great difficulty getting through the birth canal, with

oxygen deprivation due to compression of the tangled umbilical cord between her body and the wall of the birth canal. She experienced tremendous fear that she would die from suffocation, and it was at that moment in her treatment that she began to cough and choke. When I asked her: "what is happening?" She stated: "I can't breathe and they are putting something down my throat to make me breathe. I have a lot of mucus in my throat and they are sucking it out. I am gagging. Finally, I do breathe and then they take me away from mother and put me in a box with a plastic lid on it. (At this point, I reminded her of the mattress and plastic cover in her dream). I am all alone in this glass cage. And it's warm and stuffy. I can't get comfortable because I cannot breathe. Then they give me some air, (Oxygen was pumped in) and I can breathe OK. I fall asleep and the next thing I know, mother is holding me, trying to breast feed me. She smothers me with her breast so I can't breathe." She makes reference to the fact that mother always "smothered" her by being over-protective.

DISCUSSION: The subconscious diagnosis is Birth Anoxia Syndrome because she experienced oxygen deprivation during the birth process. The fear associated with the birth process was intensified with the smothering feelings she experienced during breast feeding as well as from mother's "smothering and over-protective nature," and again when she was left inside the car. It was further intensified with the tonsillectomy when she could not breathe. Again, she could not get her breath in the church where it was hot and muggy, and then finally, in the store, feeling smothered by the chemical odors. All of these experiences were associated and the common emotional reverberations were desensitized.

Earlier, she reported how she would always panic when going into and being in a situation, and how she would then feel safe and asymptomatic AFTER SHE GETS OUT. This refers to the Birth Anoxia Syndrome, and it serves in her case as the Initial Sensitizing Event. The problem here with this syndrome is the **MEMORY** of the emotion itself; that is, how a video camera would record it or how the mother or the attending physician saw the situation is actually beside the point. What is to the point is what the patient experienced and her emotionally charged memory of that experience. The cure - to "get out" - involved the release of and the neutralization of anxiety voltage along with a replacement of negative self-talk with positive cognitions and imagery.

A six month follow-up revealed that she is doing very well, is able to go wherever she wants to with minimal difficulty, and that she continues to be "in control."

CASE #5

PANIC DISORDER

George is a 35 year old professional actor. When asked **WHAT IS YOUR PROBLEM** he stated: "I am having a classical fear response to having reconstructive surgery on my nose. A great deal of fear and apprehension. The right airway is obstructed due to an injury from when I was a child. And also, cosmetically, I want my nose put back in its normal position. There is also some cartilage imbedded in my upper lip. I could **FORCE IT THROUGH** or **BITE THE BULLET**, but there must be a more civilized way to deal with this instead of forcing it through.

I don't remember what really happened. My mother, father and sister all have conflicting stories. Whatever it was, it was a severe

injury to my face and nose. Very, very traumatic. I was 2-3 years old, playing, and somehow got severe cuts on my face and nose. Has something to do with gardening with my father. I went into shock and almost died from the blood loss. Apparently, my nose was almost cut off, and they had to sew it back on. My parents drove me to the hospital, 45 minutes away. I am not afraid of anything, it's just not my temperament. Only if it concerns my nose and face. I have an unconscious response to fear and there is no logic to it whatsoever.

My acting agent said to have the surgery done because it will enhance my career. Three years ago, I was in the hospital to have this done and 2:00 a.m. the night before the surgery I had the classical autonomic/sympathetic reaction of fear of the surgery. I signed myself out. I BACKED OUT OF IT.

Doctor, it's NOT the procedure . . . it's having my nose plugged! I can't stand that. I have great anxiety when I get a cold and my nose is stuffed up. I also have some suppressed anger and I get a physiological reaction to it, and when I do, MY FACE BLISTERS UP within an hour or two."

When I asked him: "WHAT IS THE WORST THING THAT EVER HAPPENED TO YOU?" he said: "I grew up in a very rough neighborhood and was forced to be a survivor. I had to act tough real fast to survive the other kids on the street.

I said: "TELL ME ABOUT YOUR BIRTH" (His body language at this point included: picking at the ear, touching the throat and then grabbing his throat, choking and clasping his hands over the umbilical area). He said, "Mother was told the baby would not live because of a fibrous growth. (Was this fibrous growth uterine fibroids of mother or some fibrous growth on the child?

I never found out which - either from the history or subconscious analysis). She was prepared for the death of the child - ME! It was a very traumatic birth with an extended labor. Maybe I was a breech. I don't really know. Mother was hospitalized for 10 days after I was born."

I asked him: "WAS ANYONE'S DEATH A PROBLEM TO YOU?" and he said: "yes, my grandmother's when I was 5 or 6 years old. My father was hysterical at the funeral. There was an 'extended wake' for several weeks, with frequent visits to her grave for years. At the funeral he picked me up to see her and say good-bye. He shoved my face into her dead face!"

When I asked him: "WHAT IS YOUR THERAPY GOAL?" he stated: "Decondition the fear response to . . . the nose thing. Whatever the hell it is. "Smells' like a classically conditioned fear. Pavlovian?"

He brought in the following DREAM: "Left hand side. Cover the face. Someone pulled something off my face. I woke up very anxious and fearful. I woke up in a sweat." AGE REGRESSION TO THE CHILDHOOD INCIDENT:

"Father is trimming the bushes. I'm 2 years old. Summer-time, very hot. I am playing on the fence and our neighbor is there and he has a bucket of minnows for fishing and I want to see them. I fall off the fence into this stuff. It hurts. My foot gets caught in them and I can't get away. The neighbor man is upset and yelling at me. I fell into his prized rose bushes. I get scared and try to get away and I FORCE MY FACE into the bushes to get away. He's coming after me and tries to get me.

He calls my father and now I am really caught in the thorns. My face and foot are

caught. I tore my face and it's bleeding all over the place. Father gets me out and holds me close, too close, I can't breathe. He's squeezing me against his chest. I'm bleeding and choking. Father says: 'He's gonna die, Oh, my God. Get a rag to put over his face.' They put a rag over my face. I can't breathe. I must be dying. I can't say anything. I go unconscious. I must be dead. I hear someone say, you've killed him!"

He continued: "Father drives me to the hospital, which is 45 minutes away. My mother is holding me with a rag over my face. She is yelling at my father. 'He's gonna die, he's gonna die.' At the hospital, the doctor says: 'Oh, God, he'll lose it. There is a big hole there where his nose is supposed to be.' (When asked, "WHAT DOES THE 'IT' REFER TO?" He responded. "IT means that I lost the ability to breathe and I'd die."

"They stuff something into my nose. They inject it; it hurts. I can't breathe again. They anesthetize me; I feel I am dying again. When I wake up my face is all numb. Everyone is in white. I must be in heaven. (He is in the operating room and awakens as they are preparing for surgery). I can't breathe. There is something in my throat. I try to breathe and I can't. (Patient was intubated with an endotracheal tube for anesthesia). Someone else is breathing for me. I pass out again, as I hear the doctor say: 'do something quick, he's waking up.' They give me more anesthetic. Then later I wake up again. I'm in a bed. I am tied down and I cannot move. Mother hugs me and smothers me. I'm thinking, I don't want anyone to ever mess with my face again, or I'll die for sure."

The following revelations were made by the patient during this age regression: "I do not trust anyone, and especially to have them breathe for me. THAT'S WHAT I'M

AFRAID OF . . . someone else breathing for me! Like the anestheologist in surgery! I am always watching myself breathing - my chest moving, in a mirror, etc. I often make a sort of noise when I try to breathe through my nose. And I sniff a lot. It's proof that I am alive. I have to see or hear myself breathing.

I am walking through life - like an actor playing a role on the stage of life. I am a technical actor. I cannot show any emotion. My teachers and directors say so. I feel like I've been dead all of these years. Now it all makes sense to me!"

DISCUSSION: The subconscious diagnosis of Walking Zombie syndrome was made and explained to the patient; he agreed 100% with it. He realized that he had come to think of himself as dead several times during the incident at age 2. In hypnotherapy he was assured that he was free to be alive and did not have to be afraid of anyone doing anything to his face or nose, and he did not have to be afraid of the anesthesia since he could trust the expertise of the anesthesiologist and feel safe while "someone else breathed for him." He was FREE to decide whether or not He wanted to have the surgery; but he could decide without fear.

He had a completely successful surgery 6 weeks after completing his therapy. He experienced no anxiety or fears with the entire procedure. He had excellent results both physiologically and cosmetically. The surgeon told him afterwards how he had been one of the most cooperative and relaxed patients he had treated.

Some months after the surgery, and following this hypnotherapy, I received a letter from him. The following is a excerpt from it:

". . . I want to express my deepest appreciation for the therapeutic help you gave me.

Because of the hypnoanalysis and hypnotherapy, I was able to overcome and resolve a longstanding fear of surgery. Your competent and gentle approach allowed me to undergo the necessary surgery without anxiety that I had avoided for years. I commend your therapeutic techniques and scholarly dedication to this most important field of Medical Hypnoanalysis . . ."

CASE #6

PANIC DISORDER

Joe is a 26 year old married man. No children. When asked: WHAT IS YOUR PROBLEM? He stated: "Fear of throwing, catching and hitting a baseball, since I was hit in the face by a pitched ball thrown by a pitcher who I taught how to throw a curve ball. I play in a minor league now, and my teammates are getting fed up with me. I'll pull away and miss too many pitches. I strike out a lot. I miss pop flies, or let the ball go through me like on grounders. I make too many errors. I turn my face away for fear, I'll get hit. I also have a fear of scuba diving, even though I decided to take a scuba diving course and passed it. I get nauseous thinking about going diving unless I am with a trained instructor.

Several years ago I was in the United States Air Force being trained as a navigation officer. I wanted to be a pilot which was why I enlisted. However, since I was not accepted for pilot training, I was able to get discharged, since those were the terms of my enlistment. I have an opportunity to rejoin the United States Air Force and be in flight training. You see, I just recently got my pilot's license, but I am afraid to fly alone. I can only fly with a trained pilot with me in case something goes wrong. I had no problem with the navigator's

training since there was always a pilot flying the airplane. I get the same tightness in my chest and nauseous feeling as with scuba diving".

"And I had asthma since childhood, which ended the day my father died. I was 16. He drowned at the beach . . . in my arms. I tried to do CPR (cardio-pulmonary resuscitation) and failed. He barfed, inhaled it into his lungs and suffocated. If I had known CPR or someone trained had been there, he'd probably still be alive today. But I hated my father and was happy when he died. He was mean to me. Too strict. I had wished him dead for years. I didn't even want to go to the beach that day, but he made me go."

After suggesting he would have a significant dream, he brought in the following DREAM:

"I was showing some guys how to play baseball and pitch, but it was from a stairwell into a grass area, and the ball kept falling short."

DREAM INTERPRETATION: "I can't make it in life; I'm always falling short in reaching my goals." Patient went on to relate how he'd get a tight feeling in his stomach and chest and start to wheeze. When he did, his father would always feel sorry for him and leave him alone when he began to wheeze. Patient had to suppress his anger and choke back the feelings toward his father whom he hated. There were many trips to the doctor and emergency rooms, and his father would always leave him alone when he was sick. He realized how the asthma was indeed a "suppressed cry for help." One time he wanted to hit his father, and at that moment an image of Jesus appeared who said "NO!" It's a sin to hit your father!" This incident happened just three months before his father drowned.

AGE REGRESSION: Patient when to 6th

grade when he was playing baseball and his father was nearby watching. "I was the leader, I was the best of them all and they knew it. I would spend time teaching the other kids how to throw, to catch and to hit better. Father said, 'You're always making a fool of yourself by showing others how to throw and hit.' I got mad at him. I thought being a leader would impress him, and instead he resented it."

I told him to take that feeling and go to another time and he reported: "About 1½ years ago I was teaching this guy how to pitch a curve ball. He did throw a good one and it hit me in the face. I felt like a fool, stupid . . . just like father had said. I've had problems playing ball ever since."

AGE REGRESSION TO FATHER'S DEATH: "My younger brother was having trouble in the water and my father went in to rescue him. He saved him, but my father got caught in the current. Eventually someone was able to get to him and pull him out. He had swallowed a lot of water. He was unconscious when they got him to the beach. I was in the car while all of this was going on. I was mad because I did not want to go to the beach to begin with. I heard all the commotion and went down to the beach to see what was going on. I realized, "It's my Dad." My first thought was FREEDOM AT LAST! It was like a ton of bricks and been lifted off my back. God gave me my wish!

"But my second thought was: I can't let him die. It would be my fault because I wished it. I really do love him even though I don't like him. I just hate the way he is, and what he does to me. I try to do CPR on him, but I don't really know what I'm doing. I fail to save him. It's my fault. I'm a murderer, and I have to punish myself. I've been doing that by not letting myself succeed in life. But the best part was that all of the anger and asthma was gone

immediately."

DISCUSSION: Joe's therapy was completed in 9 sessions. Once the underlying causes of his fears were resolved, he was able again to be the star of his minor league baseball team, he also has been able to scuba dive without anxiety. He applied for and has been accepted back into the USAF and scheduled for flight training. Joe is able to fly alone now.

CASE #7

SIMPLE PHOBIA - Fear of Birds

Rose is a 16 year old female, who successfully, had undergone hypnoanalysis and hypnotherapy at the age of 11 at my office to improve her skill and ability in show horse riding competition.

When asked: "WHAT IS THE PROBLEM?" she stated: "I have an amazing fear of birds. I don't remember when it started, but it was when I was very little. It's NOT a fear of being attacked. I break out in a sweat and panic. If a pigeon crosses my path I have to avoid it. I cannot sit outside and eat, go to a park or a zoo. I am going to school in Europe, and there are a lot of birds, so I cannot travel and sight-see because of it. If I see a bird that is caged, I'm OK. It's wild birds. It's a problem when a bird flies towards me. I remember having a dream of seeing dead birds."

FIRST AGE REGRESSION: "I am 5 years old, and at a farm, where I am learning to ride horses. There are some ducks following me, they are chasing me. They don't want me there, and they scare me. I am afraid they will hurt me. I want to pet them, and they peck at me. The riding teacher comes over to me and says 'Don't go near the ducks, they may

HURT YOU! or you could HURT THEM!"

SECOND AGE REGRESSION: (2nd office visit): "I am about 7-8 years old and driving in a car with mother. It was raining heavily and it was dark. Something hit the windshield very hard and scared me. Afterwards my mother said it was some kind of bird. It took me a long time to get over the shock!"

"Mother went on explaining what probably happened to reassure me. She said that the bird got hurt by the car and is probably dead. I feel GUILTY! It's my fault. It was coming at me and got hurt and killed. THAT'S IT! That's my problem! I'm afraid that the bird will get hurt flying toward me. It's not MY safety I am concerned about, it's the bird's safety . . . we would both get injured. I'm smart to stay away from the birds. The birds can't think. I avoid birds to protect them."

When asked to go to any other event that was important for the complete understanding and resolution of this problem, she immediately age regressed back to the age of 4 and stated: "I lost my first animal then. I had a bird in a cage. I had come home from a car ride with my father, and my mother told me that the bird had died! I cried. I felt guilty. It was my fault. The bird had been left in a draft and died. It was "OUT IN THE AIR" and died, and it was my fault."

DISCUSSION: This analysis and therapy took only 5 sessions to complete. Four weeks later I received a letter from her telling me that she had gone on an "outdoor survival camping/mountain climbing/canoeing trip" in England, and suffered no panic or fear concerning birds whatsoever. She related that she had no further out of control feelings that birds in their natural setting has always given her.

CASE #8

FEAR OF FLYING

Helen is a 35 year old married woman, who has two children.

When asked **WHAT IS YOUR PROBLEM?** She stated: "A fear of flying. Where do I start? I am frightened thinking what if the plane crashes? What about my children if I die? I hate the turbulence. I fly with my husband on business a lot, every couple of months at least around California or the United States. I panic and watch out the window to relax."

I asked her **WHEN WAS YOUR FIRST FLIGHT?** And she said: "The day my father died! We were supposed to fly from New York to Florida for a vacation in December. I was 4 years old. He had a sudden massive heart attack at the age of 37. I was daddy's little girl! The fears have become worse in the past several years now that we have kids."

She brought in the following dream: "We are getting ready to go to the beach to have fun. Our whole family is packing things and food. Everyone is happy and excited."

AGE REGRESSING TO FATHER'S DEATH: "We were to meet daddy at the airport, but he never arrived. We were getting ready to get on the plane when mommie got a call to return home, and when we got there we are told daddy is dead! He went to work that day and had the heart attack at work and was rushed to the hospital and died."

WHEN ASKED HOW THIS AFFECTED HER, she answered: "I felt like my life was over, too. I don't want daddy to die." And with appropriate questioning, she was able to realize that what she had done was to turn back the clock of time to the day before her father's death, and pretended that it never had happened. Her dream confirmed this and her

realization is clear when she stated: "I stayed a little 4 year old girl to keep my daddy alive. I denied his death."

WHEN ASKED WHAT SHE LEARNED FROM THIS EXPERIENCE WHEN SHE WAS 4 YEARS OLD she responded with: "Don't go on a trip, or somebody close to you dies! I'm always afraid someone will die when I am on an airplane."

DISCUSSION: The death of her father, coinciding with being at the airport, waiting for him to meet the family for a trip, is the Initial Sensitizing Event. The Symptom Producing Event is the birth of each of her two children and the subsequent flights after her pregnancies. The subconscious problem underlying the Panic Disorder of the fear of flying is, of course, the Ponce de Leon Syndrome. She remained a little girl in her mind in order to deny her father's untimely death. If she does not go forward in time, it never has to happen. She admitted to many immature behaviors that also improved after her subconscious age had been brought up to her chronological age. Total therapy time: 9 sessions.

SUMMARY

The use of Medical Hypnoanalytical techniques have been explained and illustrated in the treatment of fear, panic and phobic disorders. These methods can bring about a rapid identification and resolution of the underlying (subconscious or unconscious) disorder, which is the true "root" cause of the problem. In some of the cases presented, while the presenting symptom is similar, the underlying subconscious cause is uniquely different and individual for each person.

Research and clinical observations in modern hypnoanalysis have shown, that panic attacks provoked by situations or objects causing intense fear are reverberations of emotions from forgotten events. These events were frightening things that the patient has experienced in the past, usually in childhood, and has forgotten or suppressed. These traumatic incidents often occur during the prenatal, natal and post-natal times in a person's life.

One can consider the patient to be suffering from a conditioned reflex. Modern hypnoanalysis and hypnotherapy can rapidly discover the cause of the problem. In order to establish a cure the "conditioned reflex" must be broken and the patient "reconditioned" by repeated correct association of ideas.

A phobia is a special form of an anxiety reaction. The patient knows what he or she fears is silly, but feels powerless to do anything about. The root cause of the fear is in the patient's subconscious mind. It originates in an emotional turmoil from unresolved problems and conflicts that find-their-way consciousness, creating the symptoms. The value of the phobia to the patient is the denial or concealment of the internal or original fear. The external subject or situation is feared and must be avoided.

The patient seeks professional help when the symptoms become incapacitating and interfere with his life.

Fear is a normal emotion that steers us away from situations that are dangerous. Fear is normal and necessary for survival for all species. The patient with a panic or phobic disorder is afraid when there is no real danger. The extreme fear of a particular object, activity or situation cannot be explained logically by the patient. The real problem is that the patient is AFRAID OF A MEMORY.

In hypnosis the patient can let go of the fear of that memory since it represents an event, that has ALREADY HAPPENED. The suggestion they need is: "The past is past and what you have suffered belongs to the past. It does not trouble you anymore, you have forgotten all your suffering and even if you remember it, it will not distress you." It is THE MEMORY that is the real problem. The object of the fear, the phobic stimulus, triggers the MEMORY of the original fear and produces the panic/fear/anxiety attack.

By neutralizing the original emotional trauma and by removing the negative beliefs associated with it, the patient is free NOT to have to react to the phobic stimulus. In this way the memory and the associated conditioned reflex become inactivated.

Insight alone is not sufficient it requires after realization a thorough re-education and

proper reinforcement.

Other treatment modalities, such as cognitive therapy, behavior modification/desensitization, etc. while they may be effective in learning how to better "cope" with the problem, generally take much longer.

CONCLUSION:

Medical Hypnoanalysis demonstrates its effectiveness, in diagnosis, and treatment of the fear and anxiety of panic and phobic disorders. More people can be helped in less time by a professional therapist who incorporates these clinically proven techniques in his or her practice. The feelings of hopelessness and helplessness can be converted into feelings of well-being, security and self-confidence. The patient can be freed to enjoy life without fear.

REFERENCES

1. Boswell, Louis K., Jr., M.D. The Initial Sensitizing Event of Emotional Disorders: Emotional Development Technique. *The British Journal of Medical Hypnotism*, 1960, 12.
2. Bryan, William J., Jr., M.D. The Ponce de Leon Syndrome. *The Journal of the American Institute of Hypnosis*, 1964, Vol. V, No. 1.
3. Bryan, William J., Jr., M.D. The Walking Zombie Syndrome. *The Journal of the American Institute of Hypnosis*, 1961, Vol. II, No. 3.
4. Chamberlain, David B., Ph.D. Reliability of Birth Memory: Observations From Mother and Child Pairs In Hypnosis. *Journal American Academy of Medical Hypnoanalysts* Vol. I, No. 2, Dec. 1986
5. *Diagnostic and Statistical Manual of Mental Disorders*, 3rd Edition. American Psychiatric Association, 1980.
6. Henricksen, A.L., Ph.D. Fear of Lightning, Thunder and Cloudy Days. *The Journal of the American Institute of Hypnosis*, 1965, Vol. VI, No. 3.
7. Hull, William F., Ph.D. Prenatal Oxygen Deprivation, The Course of Birth Trauma. *Medical Hypnoanalysis*, 1984, Vol. V, No. 1.
8. van Pelt, S.J., Hypnosis and Panic. *The Journal of the American Institute of Hypnosis*, 1975, Vol. XVI, No. 6.
9. Scott, John A., Sr., Ph.D., and Stott, John A., Jr., Age Regressions to Birth. *Medical Hypnoanalysis*, 1984, Vol. V, No. 1.
10. Scott, John A., Sr., Ph.D. The Principles of Rapid Dream Analysis. *Medical Hypnoanalysis*, 1982, Vol. III, No. 3.
11. Ritzman, Thomas A., M.D. The Identity Problem. *Medical Hypnoanalysis*, 1982, Vol. III, No. 1.
12. Ritzman, Thomas A., M.D. Stress and the Birth Experience. *Medical Hypnoanalysis*, 1984, Vol. V, No. 2.
13. Taylor, Earl E., M. Div, Th.D., *Agoraphobia (Territorial Apprehension)*, A presentation given at the A.A.M.H. Postgraduate Course: Advances In Hypnoanalysis, Memphis, Tenn., April, 1985.