

**THE WALKING ZOMBIE SYNDROME (PTSD)
APPLIED TO VICTIMS OF FALSE ACCUSATIONS AND MARRIAGE FRAUD**

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Having the law and the entire “legal society” turn against you, losing your home, family, life, liberty, etc, especially for Combat Veterans like myself who spent 2 years in Vietnam in the Marine Corps Infantry fighting we thought for at least the Bill of Rights. Then, to find that was also a waste, and that there is no Bill of Rights for American men. The Bill of Rights is easily done away with by lying, scamming criminals who use laws such as VAWA the same as other more respectable criminals would use a gun.

Mental Health professionals have for years written of the dread of physical termination and numerous clients grumble of an irrational trepidation of passing away. This syndrome has completely nothing to do with such a fear fixation. In fact, the psychopathology of this situation is purely that the client has previously accepted the fact that the client is lifeless. For this rationale, the client will clearly demonstrate no apprehension of fatality in view of the fact that psychological death has, before now, arrived. According to John Scott, Ed.D, 1991, “The death suggestion . . . explain(s) why an individual who is physically sound, socially healthy, developmentally successful from the best of families may become severely depressed. It also explains the depression that occurs in individuals who are inadequate in any of these matters. . . It also provides a specific direction for therapy in each individual case. (In part) for these reasons, it is reasonable to expect that resolutions of the walking zombie syndrome will become more successful than other therapies for overcoming depression. In a later edition of the journal, 1995, Scott wrote, “In my opinion, one of the greatest contributions that Medical Hypnoanalysis offers the therapeutic community is the concept of the Walking Zombie Syndrome.

One of the fundamental principles of members of the American Academy of Medical Hypnoanalysis, www.aamh.com, and confirmed by contemporary medical research is the reality that as soon as an individual accepts a suggestion on emotional and subconscious or autonomic nervous system level, the client alters the clients behavior pattern so that it conforms to the suggestion that the client has received. For this reason, if a client is told that the clients left arm is paralyzed and the client accepts this idea under hypnosis, the client will perform thus, existing under this post-hypnotic suggestion until it is removed. This is true whether the idea was introduced with determination or unintentionally. T. J. Hudson (1893-1923) described “Pseudo Death”: states that were well recognized in the 19th Century, when difficulties in travel made it essential to allow the deceased to remain on dining room tables for numerous days, surrounded by followers. “Dead” people have been acknowledged to rejuvenate after several days of remaining cold, immobile and apparently dead. Hudson interviewed such people. All of them responded to the please of a friend or relative. The client pointed out that people in this death like state are able to think and to have the sense of hearing. They feel at ease and they will not suddenly make the endeavor to come back unless someone passionately insists.

Van Pelt confirmed the actuality that the vast preponderance of the psychoneuroses and psychosomatic diseases are in reality purely cases of persons who have been

inadvertently hypnotized and have received destructive suggestions. Thomas Ritzman, MD, 1987, defined "Accidental Hypnosis" as the "implantation of a thought or emotion into the subconscious at any time when the critical factor of the conscious mind is paralyzed by the emotion of the event. When a similar situation arises later in life, the original emotion may be reactivated and result with an inability to deal with the situation in a rational way."

Visualize then, the odd assortment of symptoms, which could begin from a client who thought that the client had essentially expired. Such clients give histories like the following:

1. I feel unexciting and lacking energy all the time.
2. I'm utterly detached.
3. Nothing means anything to me any longer.
4. I have no energy.
5. I just don't have any curiosity in stuff to any extent.
6. I feel like I have lost my persona.
7. I just exist; I don't get pleasure out of anything.
8. Existence has been a predicament; I'm very miserable.

This does not mean that every client who states the client feels dreary and lacking energy has accepted the idea that the client is dead, but several of them are and this syndrome has only gone on unsuspected.

There are scores of Medical Physicians nowadays to whom such a history may call for treatment by pep-up medications or tranquilizers. Neither will be of any help to a client who has by now received the thought that the client is deceased and is acting it out.

The Walking Zombie, or client who believes the client is departed on a subconscious or autonomic nervous system level, has no conscious knowledge whatsoever concerning the nature of the clients dilemma. In fact, if confronted with it, the client would most surely disagree with it, but the clients very denials would enclose phrases which, when interpreted analytically, would persuade the Medical Hypnoanalyst that this was the client's true pathology.

It is in addition essential to comprehend that the psychopathology of the Walking Zombie could be manifested by any number of highly diverse symptoms. In some cases, the client may appear in a therapist's office for depression, lethargy, or a general lack of drive and liveliness. In others, the client may show as an alcoholic, drinking himself into nothingness, attempting to corroborate the premise that the client has previously received on a subconscious or autonomic nervous system level.

In still other cases, a sexual difficulty may present itself as the symptoms, the client believing herself to be frigid, when in point of fact the quandary is only that she is dead! In a different case, a person presented himself as an asthmatic, killing himself off in order

to act in accordance with the post-hypnotic suggestion that the client had by now received in the client's sub-conscious mind.

It is imperative that we distinguish these clients when they present themselves to us, and this can only be done by a careful history using hypno-analytic techniques.

Unquestionably, this syndrome should be suspected any time statements such as those listed above are found in the history, in spite of the symptom presented by the client. Once this process is supposed, it can without difficulty be differentially diagnosed from other problems by testing the premise with the client's history, physical, and actions. The subsequent step involves the right management of such a client.

The client can be told of the suspicion that the therapists feels regarding a possible emotional adaptation the client may have made via Reflective Counseling techniques (Ronan, 1979). The therapist can go beyond what the client has expressed consciously. The therapist can reflect the thematic nature of the now surfacing feelings as they relate to behavior, experiences or a combination of theses. Once a therapist recognizes the psycho-dynamics of these themes, his task is to reveal them to the client in such a way that either the client can begin to see, understand, and begin to deal with or allowing an opportunity for the therapist to better intervene.. The clinician can reflect "feeling and content" back to the client during history taking saying something to the effect of, "it is not uncommon for people to feel they have emotionally died because of their emotional experiences and subsequently have become like a walking zombie." If the client agrees with this assessment, then the path becomes clearer that this may be the case. Often in a history there are several times where this kind of reflective statement is possible and the possibilities of getting confirmations or denials from the client. This author has found this to be a very useful part of the overall therapeutic process. This is in direct opposition to what the originator of this system who suggested in his paper on this topic. Essentially Bryan had stated, "Under no conditions should the client be told the factual nature of his syndrome, for the reason that the only way the client will be capable to overcome the syndrome is by his own recognition of the trouble on an emotional level simultaneously with the experiencing of a "psychological regeneration."

The therapist should disclose to the client that the therapist knows the clients situation, understands it, and that Medical Hypnoanalysis can treat it effectively. It is central to keep in mind that in taking the history that the client's psychological demise may have occurred at virtually any time during the client's life span. Because youth is a condition of constant hypnosis, and given that one is exceptionally vulnerable throughout the initial years of existence to the planting of such pessimistic suggestions, it is of fundamental significance to investigate these areas comprehensively. Special areas of the history to be singled out for particular consideration are as follows:

All acute infectious diseases in which the client has run a high fever, has "been given up" by the clients doctors, or in which the client states, "I almost died" or "I was dead for two days."

All accidents, injuries, in which the client might have been unconscious mind or the autonomic nervous system or at a low level of consciousness.

Any operations during which the client may have received a suggestion from the doctor at the time of the operation that the client would probably expire. This phenomenon has occurred under deepest anesthesia.

All war experiences. A typical history might read, "You know I died in Vietnam or the Gulf War, or "Mission Iraqi Freedom", and a man can't die twice.

All deaths in the immediate family or close friends with whom the client might identify and thereby bring on death to himself.

Religious and or paranormal experiences where the client may have experienced a psychological death and perhaps even a re-birth of sorts.

Ego threatening experiences where the client feels their emotional integrity has been shaken.

The loss of love can be viewed as greater than the loss of life as people will sacrifice their physical bodies for it.

Any instance of a false accusation of some crime such as domestic assault, rape.

At such a time the entire community will turn against an individual, even though research suggests we should take such accusations as only a factoid, as approximately 50% of rape accusations are false. The long arm of the law does not take this into account and it is similar to being accused of witchcraft in a previous era. (Kanin, 1995)

By age regressing the client back to the Initial Sensitizing Event (ISE) which was accountable for the clients accepting the idea that the client is essentially lifeless, the client can experience again the incident all the way through to the conclusion realizing that the client didn't in point of fact die. Therefore the client has no need to cling to the symptoms of a deceased man/woman, which continue the client's problem and bewilder the numerous clinicians with whom the client has come in contact. The reality that there are thousands of Walking Zombies on the streets of every city makes it exceptionally critical for us to identify this situation when it occurs and take care of it appropriately. The following are a number of case histories, of the originator of this classification William Jennings Bryan, MD show the assorted symptomatology offered to the Medical Hypnoanalyst, yet the primary origins were constantly the same. These illuminating cases will help to familiarize the Medical Hypnoanalyst who is faced with such a difficulty and ought to assist him/her in pursuing it to a successful wrapping up bringing to the client a comprehensive and enduring resolution of the client's problem.

Case #1

Mrs. A. K., a 37 - year old white female, had a past history of the usual childhood diseases, jaundice, and rheumatic fever, which she believes left her with a "weak heart Case #1 valve". She also had a uterine suspension operation, in which her tubes were tied. She was married once and had three children. Her physical examination was essentially negative, with no murmurs, thrills, or arrhythmias of the heart being present. Her present illness consisted mainly of "spells" which apparently produced various bizarre manifestations of ravings, and other nervous symptoms. Since this particular case was the first case of the WALKING ZOMBIE SYNDROME, which Dr Bryan had ever seen, he did not suspect it when he first began treating her, but only knew that the spells

were obviously psychogenic in origin. She was an excellent hypnotic subject, and was age regressed quickly back to an incident of an auto accident, in which she remembered hearing the ambulance siren blowing, and was covered with sticky blood. The blood was apparently coming from some area of her face. It was her Dad's birthday, and they were going to the Kentucky Derby at the time the accident occurred. She had amnesia for part of the accident, and remembers only that she was looking at a guidebook, and the next thing she remembered was the ambulance siren blowing.

She then regressed to an earlier incident at age 8, in which an earthquake had occurred in the middle of the night, and all the lights went out. She said she felt very, very cold (death), and associated the fact that the lights went out (death) during the earthquake with the fact that the lights went out (death again) as far as she was concerned when she was in the auto accident. She sent back to still another incident in her life when she rolled down a hill in a truck and it threw her out of the truck and injured her. Eventually five major incidents in her life developed. They were: (1) The earthquake, (2) The death of her sister's husband, (3) A plane crash and near death of the client's husband, (4) The auto accident in which both were injured, and (5) The truck rolling down the hill with her subsequent injury.

She was afraid of hospitals and all automobiles. Despite the fact that the emotions were generally removed from each of these five incidents, she was nevertheless unable to get over her spells. A great many other incidents were then brought out which seemed to have little to do with the general pathology, but were explored fully and thoroughly. She had cried for two days previous to her treatment session, and had hallucinations of undergoing various bloody operations, when the thought came to me to give her a suggestion that she would have a very vivid dream, which would explain the nature of her symptoms. In the middle of the night following her treatment session, I received a telephone call stating that she had a very vivid nightmare, and woke up screaming. Indeed, she had the nightmare twice because the first time she couldn't interpret it and she went right back to sleep and had the same nightmare again until she did interpret it, and this of course was the catharsis. She was hypnotized over the telephone and told that she would now rest, and that she did not need to dream it again, that it was all over, and that when she came in the next day, she would interpret the dream completely in every way.

The following day there was a tremendous change in the appearance of the client. The girl was smiling and happy. She felt good, and her whole outlook on life was entirely different. She immediately stated: "I am well, and I know that I am well, and I feel certain that I will never be troubled again. " She had had a nightmare about bloody hair being in her face, and relived the auto accident in detail. While she was lying in the hospital, her aunt had asked if they could not put a towel over the pillow so that it would not look so bad WITH ALL THAT BLOOD. She said she felt that her mind was elevated from the body (obviously death), and that she was just lying there dead. The basic principle of this analysis was that if her hair was all matted with blood, and if blood was all over her and all over the pillow, then obviously the blood could not be in her and therefore she must be dead.

She accepted the fact in her mind that she was dead and that her soul and mind were actually elevated and on their way to heaven. Her trouble was not, therefore, a fear of dying, but that she actually believed herself to be dead. This was such a frightening thing that she repressed it completely, and had been living her life as a Walking Zombie.

Despite the fact that all her previous treatment (which included extensive work with four psychiatrists, including a visit to the Mayo Clinic) had not helped her, she was completely cured once she understood the mechanism of her illness she interpreted from the dream induced by hypnotic suggestion.

Case #2

Mr. K.L.A., was a 65 year old, white, male, Real Estate Broker who was referred to me by a Medical Hypnoanalyst who had studied hypnosis in one of the classes given by the Institute. The client was the doctor's uncle and he complained of "swelling muscles which had contracted." He stated: "Nothing wants to move forward." He also complained, "I eat, but I don't know what it is to get hungry."

His physical examination was essentially negative, except for his blood pressure which was 260/130. High blood pressure had always meant death to him since his father died in 1945 at the age of 72 with a stroke. Furthermore, one of his brothers died with a heart attack in 1952.

In his history the initial sensitizing incident was diphtheria at age 5 in which he felt he could not last through the night. This was his first experience with death, and he was able to imitate it in many ways following this. His history was simply one death statement after another. He states, "I have had so many operations, I am tired of it." "I contracted gonorrhea at age 34, and after that I became impotent." Obviously by this time, he had developed a reaction pattern of giving up and lying down for dead whenever adversity came his way. The particular type of death he underwent depended upon the adversity. For example, as illustrated above, a sexual death occurred following gonorrhea.

Other ways in which he manifested his death-like existence as a walking zombie are as follows: (1) His nickname was "Grouch", (personality death), (2) My business partner had a fine personality but I had none, (same), (3) He made friends and I lost them. (same), (4) There is always a thin veil between me and happiness (black veil of death), (5) I feel I am just existing (i.e., not really living), (6) I don't get a thrill out of anything, and I haven't for years and years (he died a long time ago), (7) I have dropped one hobby after another (again imitating death), (8) At the present time, I am very much depressed (most dead people are!!), (9) Life has always been a problem (obviously if he was dead, "life" would be his greatest problem), (10) How can I make the day pass by being less boring? (11) I remember when I had gangrene and a nurse told me "I couldn't go through what I did and live." (He did go through what he did, but mentally died). (12) I am just getting no kick out of life. (Obviously, because he is not living.) (13) I have the worst kind of insomnia. (Obviously, death is the worst kind of insomnia there is, especially the "living death".) (14) Nothing seems to want to register. (Not if you're dead.) (15) The last

time I felt anything was in the world of my parents, and when they died, it was as if I was dead too.

Obviously a history like this tells in many thousands of ways over and over that the client has accepted the fact that he has actually already died. Dr Bryan attempted at first to bring this realization to him by means of suggesting that he was a high diver.

Under hypnosis Dr Bryan told him to climb up a very high ladder to the top of a platform. Dr Bryan's plan being to point out to him when he was on the platform that he had no fear of death in diving down into the water, and hence was probably already dead. As is so often in the practice of hypnosis in medicine, however, the client went me one better. When Dr Bryan asked him if he had reached the high platform in his own mind, he stated that he was a great deal higher than 100 feet high. Dr Bryan asked him then how high he was, and he stated "thousands of feet, I am actually in heaven." This realization was almost too good to be true (obviously if he was in heaven, he must have died first).

The client then related many other incidents, which had reinforced his belief, including an episode in the war and an episode in which another person had committed suicide with the client's pistol. Unfortunately, the client did not complete his series of treatments. Despite the fact that the diagnosis was clear-cut, the client refused to accept the fact that his mental death, which he had inflicted upon himself, was actually the cause of his symptom. Since he was unable to realize this despite the intensive therapy of the few visits, Dr Bryan felt very discouraged and counted his case as a failure. However, a number of years later, Dr Bryan received a letter from the Medical Hypnoanalyst who referred the case to him. He stated in his letter that while the client had not really accepted the diagnosis in his conscious mind, apparently it had had a tremendous effect for good on his behavior pattern. Instead of killing himself off mentally with his repressed hostility, he was able to take a great deal of it out on me, and thereby take a new interest in life. Indeed, one of his main interests which seemed to give him a great deal of pleasure was his complaining that he had spent such a great deal of money in journeying clear across the nation to be treated by a quack hypnotist who was "unable to do him any good." His improvement was a source of pleasure to his relatives if not to himself!

Case #3

This is the case of Mr. H. F. J., age 58, who had unfortunately turned into an alcoholic. He entered the office for treatment of alcoholism. He said, "I am simply unable to accomplish what I intend to do. I have lost all interest in life. I can't earn a dime, and I just don't feel like I am getting anywhere." This client harbored many guilt feelings, because he felt responsible for a great many deaths. This guilt was heaped upon him when he served in the Marine Corps during World War II. He accepted the responsibility for all the deaths, and punished himself for these deaths by actually mentally killing himself off with the death sentence.

This client has been classified for years as an alcoholic, but actually he should be termed a WALKING ZOMBIE. Following treatment by hypnosis, not only was his alcoholism cured, but also his will to live was restored, and his impotency was removed, (a by-product of believing himself to be dead).

This is an important factor because contrary to what many Medical Hypnoanalysts have thought, the mere length of time to which a person has been subjected to suggestion has nothing to do with the ability to cure that client by removing the suggestion. The client may be either 15 years old or 50 years old, and he will get well just as easily once the offending accidental hypnotic suggestion causing the trouble is completely removed.

Case #4

This is the case of Miss B. Z., a 54 year old, white female, schoolteacher who turned out to be one of the most fascinating cases I have ever seen. In the same manner that alcoholics "bottle up" their problems, Miss B. Z. "sat on hers." Although she described her problem as a feeling of guilt over her conflict regarding sex, it was obvious that it was really her "utter futility of living" that was the basis of her problem. The first statement she made was, "I have down underneath something that is buried." As an unmarried schoolteacher, it is true that she had buried her sexual life, but what she did not realize is that she had also buried the rest of her life as well!

She was age regressed to many incidents in her past, which were traumatic, but the most fascinating experience of all was her regression to the birth experience, which she described as though she felt completely trapped, "like in a cave or something. I must be in the womb, and I want to get out and I can't."

After she realized that she was not stillborn and did not die in the birth experience, she was easily and quickly able to rid herself of her other fears and problem. She realized then also that because she felt she had died from birth and that the most traumatic experience of her life was trying to escape from the uterus, she had kept reliving this experience in various ways in later life, trying to escape from her mother. Indeed, in her history under hypnosis she states that "I always escaped from mother to father. That is why I must have called myself 'Bill' as a child." She explained her fear of water as a fear of drowning in the amniotic fluid. As soon as she gave this explanation, she was able to enter a swimming pool and learn to swim. This was the first time she had ever been in a swimming pool in her entire 54 years of life!

The change in her was remarkable, and was observed not only by herself but also by her associates, who described it as "unbelievable. "In order to escape from her mother in the birth experience, she had made herself into a male figure, so that positive suggestions were then given her that she was not longer a male, and that actually she was very much female. The most important part of the suggestion, however, was that she was not dead but was actually alive, as this was the very basis of her psychopathology. Later the entire birth incident was verified. She also was intermittently strangled by the umbilical cord around the neck. Subsequent sessions were devoted to straightening out minor

deviations, which had occurred because of her original pathology. She is now quite well and happy, feminine in personality and appearance. She is a charming lady with a sparkling personality, taking an interest in life, which she never before dreamed, possible.

Case #5

This case is the case of Mrs. E. A. D., a 34 year old housewife who went into acute depression nine months out of every year. During these nine months she was unable to do her housework or communicate with anyone. She stated that she was so withdrawn that she could hardly talk, and so depressed that she didn't want to face anything. It was eventually revealed that her guilt feelings went back to an abortion, which was forced on her by her mother and husband. She was able to handle this feeling all right until the birth of an unwanted child triggered off her symptoms. When she finally realized that the birth from her second pregnancy provided such a lovable and wonderful child, even though previously the child had been unwanted, her guilt feelings were multiplied many fold regarding her first pregnancy which had resulted in death to the child by abortion.

In her need for self-punishment she accepted a "Persephone Complex" in which she spent three months of her year above ground and alive, and then the remaining nine months of each year in the deep depression of death. She was unaware of the fact in the waking state that these nine-month periods of depressions were actually atonement for her guilt feelings and represented a pregnancy period. After she had been age-regressed through these painful experiences and realized the scope of her problem, she became well. This, of course, was not a true WALKING ZOMBIE syndrome, since the client was only dead nine months out of the year, but because of its similarity to the other cases and because of its fascinating psychodynamic interest, it has been included here.

Case #6

Mr. H. J. was a 50 year old nuclear scientist who had previously had over two years of psychotherapy for the problem of alcoholism with no results. He also presented a problem of hypertension under stress, which he described as "purely emotional." The initial sensitizing event in his life occurred when he had diphtheria at age 7, and stated under hypnosis "I was dead for two days." In going through the experience, he realized that he had actually accepted the idea that he had died completely, and the reason for his alcoholism was merely a desire to imitate the subconscious or autonomic nervous system feeling of death which he believed to be present. This was obvious in his history obtained in the waking state when he said, "I drink for oblivion." He freely admitted that he did not care for the taste of alcohol or for the sensation.

For this reason it is important in treating alcoholics to ascertain the true reason why they drink. Do they drink for the taste? (Are they searching for the bottle?) Do they drink for the sensation? (Perhaps a sexual connotation) or do they drink for oblivion? (Due to a need for death). Many other intensifying incidents were brought to light, but the initial incident was his experience with diphtheria. This serves to point up the importance of

severe, febrile, infectious diseases in childhood, and their psychological effect upon the subconscious or autonomic nervous system mind.

Once the treatment was completed the client's statements were: "I am afraid to believe it, but it works. I have tried it three times and it works. For the first time in my life, I had two drinks and did not feel that I had to empty the bottle. I merely recited the fact that I did not need oblivion, put the bottle down, and rolled over and went to sleep. More and more the desire for alcohol is leaving me entirely, and I am sure it will never bother me again."

It was determined on a word association test given under hypnosis that hypertension also meant death to the client, and therefore as long as he was hyper-tensive, he was in fact partially dead.

For this reason, when he obtained a cure for his alcoholism, his blood pressure began moving steadily down also, and has continued its favorable descent until the present date. This eminent scientist now is living and vital again and is able to contribute a great deal to the betterment of mankind because he has been able to conquer his illnesses through the correct application of hypnotism.

Case #7

Mrs. H. E. was a 50 - year old, married woman, whose initial complaint was as follows: "I am neurotic, and I just don't like it. Life just isn't any fun any more, and I think it should be. I feel that I am withdrawn, and for some reason or other although I have always been a gregarious person, full of pep and life, it has just gone and left me. I just feel very drab and dull, and somewhat like the light has gone out of my life. I suppose this doesn't make too much sense to you, but I am just sort of lost."

Of course this history makes a great deal of sense once one considers the WALKING ZOMBIE SYNDROME as a possible basic emotional cause. The client stated that she always felt like she was dead. Then she gave a clue to her initial sensitizing event when she recalled a vivid identification with a storybook character that had died in her sleep as a child. Later on she stated she actually had to spend one night sleeping overnight in jail when she was arrested late at night for speeding. Under hypnosis she remembers the painful experience in jail in which she actually "wished I was dead, sleeping there behind bars."

Although her initial sensitizing event had occurred many years before, the symptom-producing event was her overnight in jail. This case history adequately illustrates the point that as is the case with allergies, there is always a sensitizing event. This event may in fact be many years previous to the actual outbreak of the illness as reported by the client.

Case #8

Mr. A. L. was a 60 - year old man suffering from asthma, emphysema, and acute dyspnea as a result. His opening statement to me was, "I have a Psychosomatic overlay with every situation that arises, which invariably ends up with a suffocation from emphysema or asthma. I just break out into a sweat and start to suffocate, and then I go into a panic." The key to his opening statement is not that he says he has asthma or emphysema because he does not. The client is telling the Medical Hypnoanalyst that what he really has is a psychosomatic overlay that results in suffocation.

Immediately, therefore, the Medical Hypnoanalyst should realize that some incident in the client's past during which he felt he was suffocated is responsible for the trouble, and such an incident should be looked for and ferreted out by Hypnoanalysis. It was just such an incident that proved to be responsible for the damage. His initial sensitizing event occurred early in childhood when a Medical Hypnoanalyst told his mother that he wouldn't be able to live to be over 11 years of age. He said he felt at the time it was like "taking his last breath." He had difficulty in breathing until at 11 years old he sustained a fracture and they took him to the hospital.

On the way his mother kept saying, " I know he's dead, I know he's dead, I know he's dead." This plus the previous suggestion that he would not live to be over 11 years old fixed permanently in the boys mind the fact that this was certainly his time to go.

Under hypnosis he revealed that his biggest fear was the fear of death when the anesthetist lowered the mask over his face and "suffocated him." When placed under hypnosis and a mask was lowered over his face simulating the anesthetist at 11 years, he went into a very deep trance repeating the words, "I am dead, I am dead, I am dead," over and over hundreds of times. Typical of the WALKING ZOMBIE SYNDROME, Mr. A. had no fear of death or any will to live. Finally he was able to reveal to himself the nature of his illness and "live" again. The years of scarring of his lungs from his psychologically-induced asthma and emphysema, however, eventually got the best of him, and despite the fact that he temporarily improved, the residual physical damage which he had accrued over the long period of years eventually caused him to expire. It is important to note, therefore, that psychogenic emphysema, like psychogenic ulcers, nevertheless produces a perfectly real physical lesion. The lesion must be treated along with the psychic cause. Sometimes with the best of treatment both physically and psychologically, the client may expire simply from the physical effects of long standing psychogenic disease.

Case #9

The next client is a 50- year old white female, Mrs. M. H., whose present illness is as follows: "My sickness is the way I feel. No matter what I try to do, I get worse. I cannot sleep; I have terrible nervousness that makes me sick to my stomach; I want to die; and I am scared of myself. I hate to be alone, but people annoy me. I was in a sanatorium and had shock treatments, and I have gone to an internist and a surgeon trying to find out what is wrong with me and why I feel so dead. Life is dull and holds no interest for me,

and I feel as though I was dead, but I am powerless to resist it. I don't know what it means to enjoy life. I have given up all my activities, and sometimes feel I would just like to lie still like a corpse. I have no strength. I am weak, very weak, and I can't do any work. I want very much to get well so that I can do my work, but I just can't think straight." This is perhaps one of the most straightforward histories of a death suggestion having been accepted that has come to Dr Bryan's attention.

The initial sensitizing event was brought out later when it was learned under hypnosis that at age 4, the client had typhoid fever "in the stomach" and "they made me a dress to wear in the casket because they thought I was going to die." The client was able to avoid death however, both physically and mentally by identifying with her mother. This identification, however, was so strong that when her mother finally died, her subconscious or autonomic nervous system was then left no choice but to die right along with her. It was at this time that the worst of her symptoms began, and they have continued on to the present time. The client is undergoing analysis now, and she should experience a permanent cure once she realizes the psychodynamics of her case.

SUMMARY

The WALKING ZOMBIE SYNDROME has been described. It does not have to do with the dread of demise but rather is a situation in which the client has received the idea in the client's subconscious or autonomic nervous system mind that he is deceased.

This syndrome is recognized and characterized by case histories which contain statements such as "I feel dull and listless," "I am totally emotionless," "I have no energy or life," "I take no interest in anything," "I am extremely miserable and feel lifeless all the time," etc.

Simply taking a vigilant history can distinguish such clients, using Medical Hypnoanalytic techniques. The prevalence of the syndrome is extensive, and it ought to be suspected when the history warrants it. The proper management of such a situation involves revealing the Initial Sensitizing Event, in which the client received the idea that he/she was deceased as well as detecting the Symptom Producing Event, and Subsequent Intensifying Events, which amplify the harshness of the symptoms.

In order to discover these events in the client's past existence, it is recommended that a number of areas of the histories be searched quite carefully. These comprise every early acute infectious diseases, school experiences, accidents, sexual experiences, religious/paranormal experiences, injuries, operations, boot camp experiences, war experiences, and deaths of close friends, pets, and members of the immediate family with whom the client might have identified. And any other area that the clinician might feel could possibly play a role as well as any information volunteered by the client that the clinician might not think of as being an area to consider trauma. Trauma is often subjective.

Case histories are offered which demonstrate the abundant variety of the presenting complaints such as "Alcoholism, Impotence, Nerves, Psychosis, Hypertension, Insomnia, Sex Problems, Acute Depression, Asthma, Emphysema, etc. In every case, the underlying origin was the receiving of the death suggestion as a certainty by the client's subconscious or autonomic nervous system mind. The goal is to abandon this incorrect view of life and return to reality (Ronan, 1985). David Leistikow, MD, 1990, noted of the overall therapeutic process, "This is a rapid treatment modality that anyone can learn to do and apply. It changes core beliefs and the person continues to grow and to change on his or her own thereafter and becomes much more capable of dealing with all of life's challenges."

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