

Phobia Cure & Social Anxiety Reduction

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The phobia cure techniques described in this article are also effective in helping overcome anxiety and lack of confidence in any situation.

Phobia Definition 'Intense irrational fear of something which is not dangerous'. There are over 200 different types of phobia and definitions of phobia include abnormal, irrational, and obsessive fear, and/or dread, horror, terror, loathing, aversion and revulsion. There are two main categories of phobia, **simple** and **complex**. A simple phobia is irrational fear of one something, for example fear of frogs. Simple phobia, although inconvenient, does not usually have a major impact on the life of the sufferer. *Simple phobia's can often be cured quickly.*

Complex phobia often have a number of strands which often lead to major disturbance of the sufferers life e.g. claustrophobia, agoraphobia, social phobia, emetophobia [fear of vomit] haemophobia [fear of blood]. Complex phobia usually has deep roots and cure takes longer, sometimes much longer.

Social Anxiety & Shyness Anxiety and lack of confidence when around people tends to have deep roots but all of the techniques mentioned in this article can be used to build confidence when exposing oneself to the risk of embarrassment in social situations, interviews, giving presentations, meeting someone for the first time, speaking out in groups, etc.

Techniques: In working with phobias and social anxiety in specific situations I use techniques drawn from:

- Hypnotherapy, including regression techniques and calming techniques
- Transactional Analysis [TA]
- Neuro Linguistic Programming [NLP]
- Cognitive Behavioural Therapy [CBT]
- Eye Movement Desensitisation & Reprocessing [EMDR]

If you are a therapist I will happily coach you in any of the techniques mentioned in this article. Simply call me on 01455 612181 to make arrangements.

How Phobia Cure & Social Anxiety Reduction Works I find it really helpful in understanding why phobia cure techniques work to remember that our brain has many of the characteristics of our computer, especially that it has been programmed [by life experience] and can be reprogrammed [by therapy].

The Supercomputer We Call Brain: Just like our computer our brain works on electronic impulses, it is programmed [by life experience] it has files [neurons] folders [memory networks], an index [neural pathways] and, just like our computer, files can be edited and changed. All techniques for phobia cure are based on reprogramming the way in which the brain has stored the memory of the original incident/s experienced as terrifying.

Complex Phobias' Are Born In Real Trauma Sometimes the trauma is vividly remembered in flashbacks; sometimes it is 'forgotten' hidden in the subconscious and may need hypnotherapy regression to uncover. It may be a single incident, multiple incidents, or sustained abuse over a period of time. For example a phobia about being sick or being close to vomit may be rooted in a 'forgotten' event where the child choked and thought she might die. A fear of water may be sourced in a 'forgotten' incident of panic caused by fear of drowning whilst in a swimming pool as a child. A phobia about blood may result from the 'forgotten' witnessing of an horrific accident. The brain has stored dominant details - the sight, smell, sounds, and body sensations and is instantly ready to transport us back to the feelings of fear and panic we had at the time.

The cluster of information [data] associated with the terrifying incident is stored by the brain in what is called a memory network [a cluster of linked associations with the terrifying event]. Whenever in future the grown up child is exposed to any situation, sight, smell, sound, or body sensation which is similar to the original situation [for instance being confined in a cupboard and unable to escape = flying phobia, or claustrophobia] the memory network is activated and she experiences intense irrational fear, a replay of the original fear. She is now safe, but her brain can't compute that because its data has the situation recorded as not safe.

Sometimes The Phobia Has Been Picked Up Second Hand For example the infant child witnessing a parent panicking at the sight of a mouse. The infant, who is struggling to understand the world around her, may then become

irrationally programmed to believe that mice are life threateningly dangerous, and a phobia is born. After all, something which so terrifies the giant she calls mummy must be very powerful and very dangerous. Her brain would absorb and store aspects of the event she witnessed. As she grows she may 'forget' the incident but it remains stored her subconscious ready to remind her to be terrified when she sees a mouse.

Her brain will have stored a number of details about the original phobia causing incident – not only the picture of the mouse, but the fact that it was grey, small, fast, furry, had bright little eyes. In adulthood she may find that she is not only afraid of mice but any animal which is grey, small, moves fast etc. She may also develop a fear spiders because they are small and move fast too. She may find that she dislikes the colour grey and can't understand why.

This simple example of the mouse phobia captures one of the ways in which phobia's are born and maintained. The sight of a mouse, the taste of a certain food, the sensation of having ones head under water, the smell of alcohol or vomit, the sight of blood, feeling restrained, in fact any of the ingredients of the original trauma can activate the brain's memory network attached to that phobia and the person is instantly transported back to the original feelings of terror.

All phobia cure is based on using techniques to change the stored content of the brain's memory network so that the irrational fear attached to the phobic stimulus is removed.

THERE ARE TWO MAIN APPROACHES TO PHOBIA CURE REPROGRAMMING

Approach One: Corrective Experience: The brain is reprogrammed by a programme of corrective experience which contradicts and overwrites the original programming.

Approach Two: Direct Reprogramming: The brain is tricked into changing its programming and severs the links between phobic situation/anxiety provoking experience and the memory of it as terrifying. I find Direct Reprogramming very helpful in enabling sufferers to face up to a programme of Corrective Experience – the ultimate cure.

Approach One Expanded: The reprogramming is achieved by a long established and well proven process called Progressive Systematic Desensitisation and was developed Wolpe in the mid 1950's. It involves the client facing their phobic situation in reality in graduated steps of degree of difficulty starting with the least difficult and gradually building up to the most difficult. The process may be achieved in a few sessions or may take much longer. This approach gradually erodes the memory network supporting the phobia until a point where the network is overwritten and replaced with rational feelings.

Graduated Steps Of Increasing Anxiety. In my work with Simple Phobia I am often able to help clients move rapidly through the steps sometimes covering several steps in a one hour session.

With Complex Phobia each step may take several sessions and the treatment spread of several months of weekly sessions. I negotiate progressive steps from least difficult to most difficult. However an important aspect of my work with Complex Phobia is that I use Direct Reprogramming to make each step less uncomfortable to face. *Clients do not move up to the next step until they are no longer afraid at the step they have been working on.*

For example: Here are the steps which a client with an extremely Simple Phobia of spiders agreed to. Prior to the work she would run out of the house in panic [on one occasion in her nightdress] if she saw a spider.

1. Look at pictures of spiders
2. Touch pictures of spiders
3. Tolerate a dead spider in the room
4. Touch a dead spider
5. Pick up a dead spider
6. Tolerate a live spider in a closed container in the room
7. Hold the closed container with the live spider in
8. Not run out of the room at home when she saw a spider but stare at it.
9. Be aware of a live spider in the room and learn to ignore it.

She did not want to face picking up a live spider and so we did not take the cure that far. At each step she at first experienced intense anxiety which gradually

subsided. Only when she could face each step without anxiety did we move on to the next step. The work took six one hour sessions. At the last session she arrived carrying a live spider in a small plastic box which her son had captured for her and reported herself cured of panic attacks when she saw a spider.

The main Direct Reprogramming I used to help her face each step was the Gouldings 'Small Animal Phobia Cure' which is briefly described below.

Approach Two: Direct Reprogramming: Using Imagination Techniques To Create Illusions In Which The Stimulus Is Not Scary.

The Power Of Visualisation The main tool of Direct Reprogramming is creating an illusion using imagination. In some ways the brain is unable to distinguish between reality and imagination. This means that imagination can be used in two main ways:

- To imagine oneself being confident and feeling safe when in a phobic situation or facing a phobic stimulus
- To change key aspects of the stored memory so that the structure of the original memory network [the file] is corrupted and not accessible.

It has been long since been accepted that positive visualisation of anxiety provoking situation can be as effective as positive exposure for real and in this way lead to reduction in fear of the situation.

There are many visualisations available. One of my favourites is to hypnotise the client so they achieve a deeply relaxed state. Whilst in that deeply relaxed state I invite the client to imagine themselves in the phobic situation and notice how calm and confident they feel. In this way I dilute the phobic memory from the past with the reality of the here and now in the therapy room. The brain cannot handle two opposing feelings about the same thing [fear from the past versus deep calmness in the present] and reprogramming occurs – the fear evaporates.

Goulding's Small Animals & Insects Cure: The client is invited into humorous drama with an imagined real creature of the type in the phobia. e.g. frog, mouse, spider, wasp etc. It works on the principle that once you have laughed at something you cannot retain fear of it. The mouse in a phobia is grey. By changing the colour of the mouse stored in the brain, perhaps to pink, or sky

blue with pink spots, and having a friendly chat with it, the problem memory network is blown apart.

At first glance this may seem a crazy idea **but it works** and embodies a central principle in phobia work – corrupt the phobic memory file by adding data which is not compatible with the file content.

Some Of The ‘Direct Intervention’ Techniques

The Swish An NLP technique which rapidly 'swishes' an image of the feared stimulus with an image from a resourceful state [a memory of a time when one felt really confident, or happy, or proud]. This confuses the stored phobic memory network by associating the stimulus with a positive [resourceful] image.

Disassociation Disassociation means experiencing the traumatic scene from outside your own body. This is much less scary than when the scene is experienced from inside your head. The brain is subject to two different emotions about the same traumatic scene, something which it can't handle, so reprogramming takes place and it re-registers the traumatic scene as less scary. One way disassociation is achieved is by getting the client to imagine themselves viewing the traumatic scene from a dissociated point e.g. sitting in a cinema watching the traumatic scene on the screen [disassociation].

Double disassociation This initially sounds complicated but, once you get your head round it, is very easy to use. It is achieved by the client visualising himself viewing himself watching the film on screen e.g. from a projection room at the back of the cinema. The twice removed experience of double disassociation is even less scary than the once removed experience of disassociation. The **sub modalities** [colours, size of picture, etc] of the phobic/traumatic scene are then varied [e.g. by visualising the traumatic scene as a movie and running it backwards at high speed in black and white]. To this is added the '**Swish effect**' by starting the film at a resourceful moment before the traumatic part and arriving at another resourceful moment at the end of the film. The brain finds it impossible to hold on to the fear when confronted with so much contradictory data and reprogramming takes place.

EMDR [Eye Movement Desensitisation Reprocessing] Two fingers are passed to and fro about 15 inches in front of the clients face. The client follows the finger movement with his eyes without moving his head and simultaneously holds in mind the feared stimulus. After a number of passes, and sets of passes, the client experiences a diminution of the fear. No-one is precise about how and why this works [including its originator Francine Shapiro] but I am convinced that it is the confusion of the memory network holding the phobia by interleaving it with a here and now safe experience i.e. moving the eyes in response to something happening in the here and now.

EFT [Emotional Field therapy] Designated parts of the face and body are subject to tapping whilst thinking about the phobic stimulus. Eye movement whilst tapping is also a feature. The theory is that the tapping of acupuncture points and energy lines is what produces the affect. **It works**, but I prefer the explanation which I have offered for the effectiveness of EMDR above i.e. that it is the confusion of the memory network holding the anxiety by interleaving it with a here and now safe experience i.e. experiencing the tapping in the here and now.

Add Resource To Early Traumatic Scene: The client is invited to add a resource to a traumatic early scene which may have caused their phobia or anxiety. Clients typically choose to add their adult self to comfort their scared child in the scene. Other resources include fictional characters [Batman, The Terminator, and Superman], mother or father, a pet, or a cuddly toy.] The brain experiences the original scene with a significant positive change and cannot hold onto the original fear. After all, how can you continue to be scared with superman on your side! Sounds improbable doesn't it! **It works!**

Circle Of Confidence: A circle of chord is placed on the floor, The client recalls a resourceful state from the past, steps into the circle, and visualises the encircled area become deeply impregnated with the resourceful state. They then step out of the circle. On re-entering the circle whilst imagining the phobic situation they find that their level of fear is changed positively by the charge of positive feelings which the space inside the circle holds. Sounds improbable doesn't it! **It works!**

Time Line Running Though Feared Situation: The client imagines a line on the floor representing time. An object [any small object will do] is used to symbolise a forthcoming feared situation. The object is placed on the time line and the client walks the line, up to and past the symbol, and into the future. The client stops on the line at a point in the future past the feared event and is asked to turn and look back at the symbol of the feared situation [now behind him in time]. When the client looks back at the symbol of their feared situation the severity of their fear has gone or is greatly diminished. The natural relief that we feel when a feared situation is passed is being used to confuse the brain and reprogramming takes place.

Replacing Fear With Boredom The client tells and retells their trauma story over and over again until they become bored with it. The brain cannot handle the conflicting emotions of scare and boredom with the same subject and reprogramming takes place.

Other Techniques In addition to the techniques described briefly above there are also a number of techniques which the client can use to manage panic, reduce anxiety levels in social situations, reduce stressful reactions, and feel calmer. In my opinion none of these will cure a full blown phobia but they are very useful, not only in helping the client prepare for, and handle, scary situations, but also in lowering the general level of the clients stress level. A reduced underlying stress level reduces the incidence, intensity, and duration of panic attacks. Space does not permit me to describe these in detail and I would simply list them as:

- Breathing techniques
- Affirmations and coping statements
- Anchoring a resourceful state [NLP]
- Deep relaxation using customised hypnotherapy recordings
- Fast Forward in imagination
- Shrinking the feared stimulus, person, or group

If you are a therapist I will happily coach you in any of the techniques mentioned in this article. Simply call me on 01455 612181 to make arrangements.

Suggested Reading

Using Your Brain For A Change	1985	Richard Bandler
Changing Lives Through Redecision Therapy	1979	Goulding M & R Goulding
Feel The Fear and Do It Anyway	1987	Susan Jeffers
Healing in Hypnosis	1981	Milton Erickson
Hypnosis In Therapy	1991	Gibson & Heap
NLP at Work	1995	Sue Knight
NLP Workbook	2001	Joseph O'Connor
Phobias & Obsessions	1977	Joy Melville
The Therapists Guide To EMDR	2007	Laurel Parnell