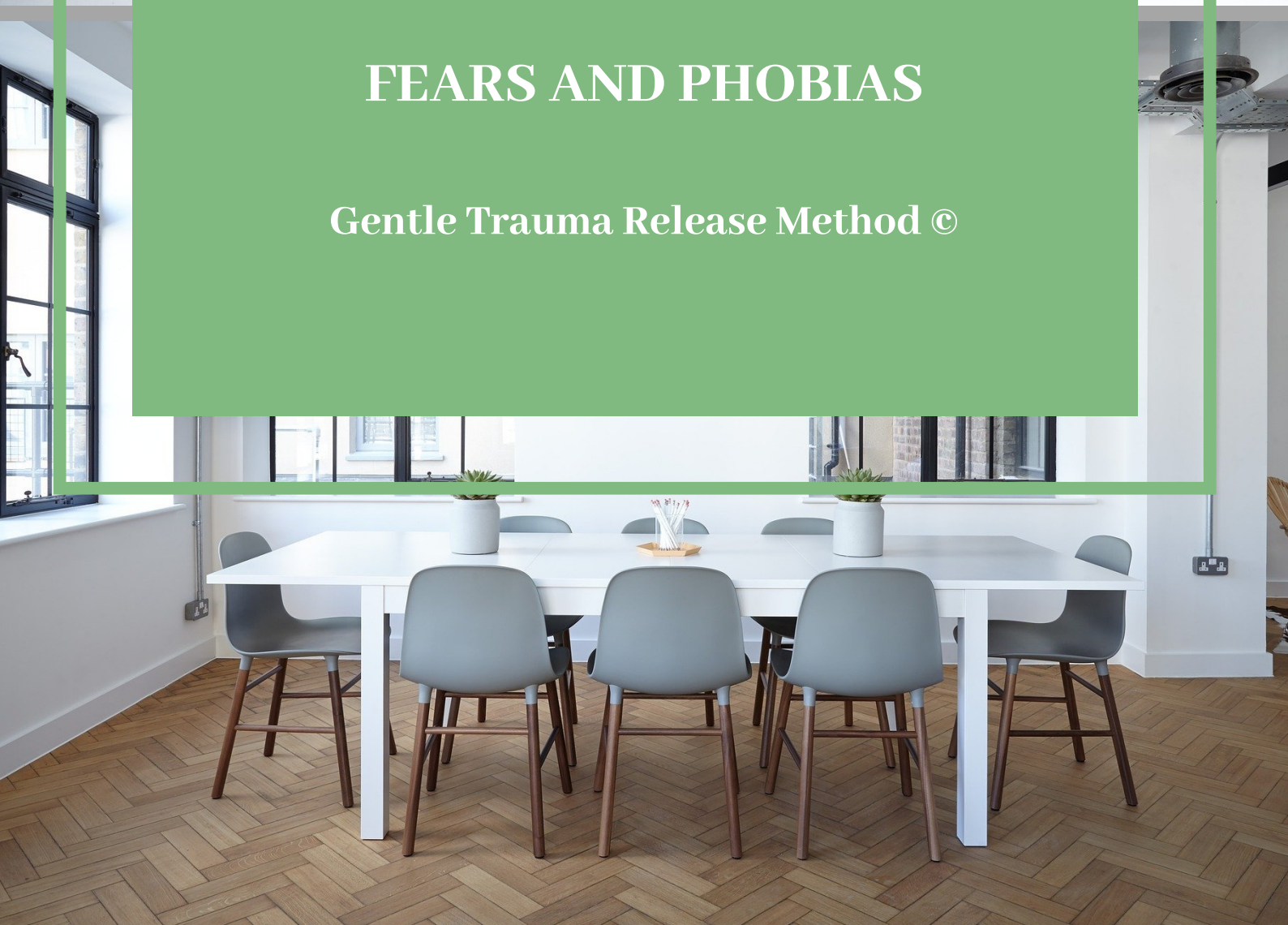




FEARS AND PHOBIAS

Gentle Trauma Release Method ©





FEARS AND PHOBIAS

DEFINING PHOBIAS

- A phobia is fear of an overwhelming, intense nature. In fact, many people who suffer from a phobia, refer to it as a “fear of...something”, often not realizing that their fear actually qualifies as a phobia. Many of your clients (perhaps even you yourself) might use the word fear when in reality, the defining features of a phobia are clearly in place. These are:
 - Anxiety, related to a specific source
 - Avoidance behavior
- **Anxiety:** Phobias trigger intense feelings of anxiety. In fact, phobias belong to a group called Anxiety disorders. The anxiety (that in a phobia can often feel like a life or death situation) is triggered by encountering (or even thinking about) the source of the phobia. These can be:
 - Objects (needles, dentist drill)
 - Animals (snakes, spiders)
 - Environments (elevated places, open areas)
 - Elements (water, fire)
 - Situations (driving, walking over a bridge)
- Typically, the source of phobias is something that can trigger, at least mild fear, in most people. But that fear is contained within a certain intensity and is manageable. For example, the sight of a spider might not be pleasant to many, but they would still be reasonably ok watching a documentary on spiders. But with a phobia, the response to spiders would be way more intense than that. This could be recurring, intrusive thoughts on spiders. Physically, there can be sweating, shaking, shivering, trembling, being nauseated, lightheaded, feeling like choking or about to have a heart attack.



FEARS AND PHOBIAS

DEFINING PHOBIAS

- With phobias, we talk about disproportionate fear – disproportionate in the estimate of the danger that can result from the source of the phobia or from having an encounter with...that spider, that needle, that driving in a car. It's a disproportionate fear compared to what the threat very likely is.
- Managing phobia-related anxiety is one of the biggest challenges of a phobia because it can escalate quickly when encountering the source of the phobia. Furthermore, living with anxiety (a fight or flight way of being causing significant emotional distress) will sooner or later undermine one's overall wellbeing.
- **Avoidance:** Avoidance is another tell-tale sign of a phobia, as well as trauma. In trauma, the person carrying trauma tends to avoid the so-called external or internal cues (popularly known as “triggers”) that are linked to their trauma. In a phobia, the person will try to avoid the source of their phobia.
- Intrusive thoughts are another common feature of both phobias and trauma. In trauma, these often emerge in the form of flashbacks and nightmares.
- Organizing one's life around a phobia is another big challenge, along with managing the constant anxiety. In fact, avoidance behaviors become a strategy that people suffering from phobias usually choose in order to cope...even if it means living in more and more constrictive ways.
- Sometimes, it is not entirely possible to avoid the source of the phobia, so one will endure it. It is, however, at the expense of terribly elevated levels of anxiety and emotional distress that can last for days or weeks, as well as exhaustion.



FEARS AND PHOBIAS

MAINSTREAM APPROACH TO PHOBIAS

- The most common mainstream ways of treating phobias are:
 - Cognitive Behavioural Therapy
 - Exposure Therapy
 - Medication
- **Exposure Therapy** is the most common mainstream way of treating phobias. It's based on the idea of "gradual desensitization" - gradual, repeated exposure to the source of the phobia so that the person gradually "habituates" to that source of their phobia. The working premise is that by means of this gradual exposure, the phobia will eventually subside. Exposure Therapy can take many sessions to get the phobia under control (which may demotivate the client in the process and they might simply not show up for all the sessions needed to get rid of their phobia). Another challenge is that the results might not last.
- **Cognitive Behavioural Therapy (CBT)** is another mainstream approach recommended to those who suffer from phobias. CBT is a form of talk therapy with the aim of helping the client change the way they think about the things that cause them emotional distress. This would be identifying and challenging thoughts and beliefs that might be unrealistic, distorted, and generally unhelpful. The fancy term for this is "cognitive restructuring". In the instance of a phobia, the client would talk to the therapist about the object of their fear and the thoughts and beliefs around it. The therapist would then attempt to help the client challenge these thoughts and beliefs. According to research, the results of cognitive restructuring were not shown to be effective in eliminating phobias.



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MAINSTREAM APPROACH TO PHOBIAS

- **Medications** typically prescribed for phobias are:
 - Beta-blockers (medication used for high blood pressure)
 - Antidepressants
 - Antianxiety medication (sedatives)
- The problem with using medication for phobias is that the minute you stop taking them, you're back to square one. Plus, in the case of antianxiety medication, if you continue taking them, you'll develop a tolerance and you'll need higher and higher doses. They are highly addictive.





FEARS AND PHOBIAS

ROOT CAUSE OF PHOBIAS

- The good news is that Psychology now seems to see and acknowledge the link between phobias and traumatic events in a person's past. However, the problem is that in practice, these traumatic events are not targeted during the treatment, in order to eliminate the phobia.
- Instead, mainstream approaches focus on stopping or limiting the avoidance behaviors of the client. Say, someone, suffers from a driving phobia. Instead of clearing the traumatic event that triggered the phobia (perhaps the person was in a car accident or they saw a terrible car accident happen in front of their eyes), mainstream treatment would focus on how to make it so that this person can sit in a car again or drive a car again.
- In other words, the mainstream approach to treating phobias seems to be about patching up the symptoms, rather than looking at the root cause of the phobia and neutralizing that root cause.
- In the GTR Metod©, we practice a simpler approach which consistently yields long-lasting effects. We find the root cause of the phobia (traumatic event(s) that triggered the phobia), clear it out of the client's system and the phobia goes away. And the beauty of it is that more often than not, one GTR session is enough to accomplish this.





FEARS AND PHOBIAS

COMMON TRAPS IN APPROACHING PHOBIAS

- We've said that a simple, elegant way of helping clients get rid of phobias is finding the traumatic events that triggered them, detraumatizing the client's system by clearing those traumatic memories, thus targeting the root cause of the phobia. Looking at it from the other end, here are the common traps in approaching phobias:
 - **Not targeting the root cause of a phobia**
 - **Using a conversational approach (not a body-oriented approach)**
- **Not targeting the root cause of a phobia:** Think of the dental phobia example from your video class. Until the core traumatic event behind the phobia was cleared, the phobia was still there. Rationalizing or cognitive restructuring made no difference whatsoever.
- **Using a conversational approach instead of a body-oriented approach:** In GTR, we operate on the premise that trauma is a bodily response to threat and therefore releasing trauma from the system has to actively engage the body. In Gentle Trauma Release®, we do this through our healing protocols.
- You can't talk someone out of trauma because it's stuck in the body. Therefore a conversational approach will not be enough to get rid of a phobia for good. Changing one's beliefs and thoughts around the phobia will not turn off the fight/flight or freeze response because it's a natural response of the body where the body essentially thinks that the threat is still out there to get you.
- What's needed is a direct communication channel to the body in a way that helps the body understand that you are safe. This typically doesn't happen through asking the client to be "rational" or to look at things from a bigger perspective. Not when it comes to phobias anyway.



FEARS AND PHOBIAS

WHAT DOES IT LOOK LIKE WHEN PHOBIAS GO AWAY?

- First of all, when one encounters the source of the phobia, it won't feel like it's a life or death situation. The anxiety around the source of phobia will go away or be significantly reduced.
- The avoidance behaviours will stop. Therefore, it will not be necessary to organize one's life around the phobia.
- The intrusive thoughts about the source of phobia will stop flooding the mind.
- However, the unexpected surprise is that not only is it possible to clear phobias but what we often see with the GTR Method©, is that the client often goes above and beyond just clearing the phobia itself.
- After applying the GTR Method© to clear a phobia, the clients also end up feeling more optimistic and confident about themselves and their lives across the board. The likely explanation is that conquering their phobia – a big fear that they have been carrying for a long time and that was constricting their life experience – gave them a natural boost in confidence. They end up feeling like “If I conquered this, I can do anything!”





MY NOTES

FEARS AND PHOBIAS



MY NOTES

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