

INTRODUCTION TO PHOBIAS AND TRAUMAS

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What is a phobia? A phobia is an exaggerated, irrational emotional (and physical) reaction that is out of proportion with what is happening in reality. People with phobias find that they can't mentally control or permanently talk themselves out of this reaction. Phobias range in severity from mild (i.e. the person may not even realize his anxiety is phobic) to severe (enough to send someone into a panic or freeze them up completely). I usually ask people to rate their phobic response on the following scale of 1-10+:

DISCOMFORT SCALE

- 10+ I am numb, frozen; I feel nothing.
- 10 Panic. The discomfort is the worst it can possibly be. I can't tolerate it.
- 9 Discomfort is very close to intolerable.
- 8 Fear is very severe.
- 7 Fear is severe.
- 6 Fear is very uncomfortable.
- 5 Fear is uncomfortable, but I can tolerate it.
- 4 Fear is noticeable and bothersome, but I can deal with it.
- 3 I feel a slight degree of fear, but I am totally in control.
- 2 I'm rather calm, quite relaxed, with no fear.
- 1 I am perfectly calm - totally relaxed.

How do people get phobias? A phobia is a conditioned response of the fight/flight/freeze reflex that starts when a person experiences a traumatic shock (physical or emotional). At the time the flight/fight/freeze reflex fired off, anything that was in the environment can get associated with that memory. Later on these associations can trigger this original reflex reaction, (like a body flashback) resulting in a phobic reaction, even when nothing dangerous or upsetting is occurring in the present moment. Depending on the circumstances the shock may imprint as a phobia, or in more severe cases, a trauma.

Phobias come in two flavors, fear and shame.

Fear phobias imply an outcome that is life-threatening and end in some form of death, eternal torment, or rejection. For example:

- "I'm afraid to speak in front of a large group of people I don't know because they will disagree with what I'm saying and kill me."
- "I'm afraid to feel angry because I will kill someone." Sometimes, people also add "and be sent to hell" or "sent to outer darkness" (a place worse than hell).

Shame phobias involve character assassination, i.e. there is something fundamentally wrong with me that I am ashamed to admit. For example:

- "I'm ashamed to speak in front of a large group of people I don't know because I'll forget what I'm saying and prove that I'm a stupid idiot."

- I'm ashamed to feel angry because it means I'm evil.

A fear and shame hybrid phobia example is: "I'm ashamed and afraid to speak in front of a large group of people I don't know because I'll forget what I'm saying, look foolish/stupid be rejected."

A person can have more than one phobia on the same subject. In the case of fear of driving over bridges, I often see, "I'm afraid to drive over a bridge because it will collapse under me and I will die" and "I'm afraid to drive over a bridge because I will drive off the edge to my death."

In order to clear a phobia it necessary to use accurate wording. Phobias are extreme, black and white statements of the very worst things the client's unconscious mind and body imagined at the time of the initial shock. There are no maybe's, would's, could's, or might's. Phobias are statements of certainty. If the client does not name the most extreme version that his unconscious mind and body imagined (imagination is a two edged sword) you cannot clear the complete phobia. So, in order to lighten up this process, I tell the client we are going to play a television game show called "Name That Phobia." I remind the client not to give me any limp wording; phobias are very electric.

Note: There is no such thing as a fear of the unknown. This is a strategy to consciously avoid where the unconscious mind went because it's too painful/scary. Remind the client that the unconscious mind knows what it imagined and will tell us exactly what the phobia is so that we can clear it.

How do we clear phobias?

We ask the client to name the phobia precisely. Then we determine which example of the reaction would be the best one to use. It is usually the most charged example, either the worst example, or a recent example that makes it easy to recall the feeling. *Note: When you clear the most emotionally charged example it clears all the other repeats of the pattern through all time (forward and backward).* Then the client concentrates on the feeling that memory evokes and uses a technique, typically an energy psychology technique like Natural Bio-Destressing. These techniques activate the calming reflex, and clear the phobia by neutralizing the fight/flight/freeze reaction and deactivating the triggering stimuli. When a person has cleared the phobia he is now normally cautious as opposed to phobic. So if you have a fear of snakes, you will no longer react to a picture in a book or seeing them in a zoo. This does not mean that you're going to go handle them if you're not trained. Remember, you don't have to be frightened to be cautious.

How are Phobias structured?

Phobias commonly come as a two-part structure.

- I. The **initial shock** is the reaction the client experiences while in the phobic life situation. We clear this while having the client imagine being in the moment that the phobic reaction occurs. (For example, with public speaking, imagine being on stage.)
- II. **Anticipatory phobias** are the dread that something bad will happen again in the future. We clear this using either the best /most highly charged example of having experienced the anticipatory phobia in the past, or use the imaginary worst case scenario of the future. (For example, with public speaking, focus on the fear you felt when you were asked to give a speech, or the fear you feel backstage before you get in front of the audience.

How are Traumas structured?

Traumas are multilayered structures consisting of a variety of predictable negative emotions and limiting beliefs. As with phobias, we find the best example of that trauma to use. It may be the first experience of that trauma, or the worst example of that trauma (for example breakups of intimate relationships). There are several different types of trauma. In HBLU I we cover loss, violence, physical injury, and threshold trauma. A threshold trauma is an accumulation of irritating experiences that accumulate over time. Finally, the upsetting situation occurs one too many times (i.e. the straw that breaks the camel's back) and the client goes over threshold into a traumatic reaction. When treating a trauma we find out which structure to use for the healing, either the Loss Trauma Outline or the Violence Trauma Outline. Physical injury, illnesses, and threshold traumas may code as either loss or violence depending on the client. Loss of someone who committed suicide codes as both *loss and violence* and both outlines need to be treated. Interestingly, one loss trauma event may code as multiple losses. Determine how many losses and what they were that a person experienced during that event.

When focusing to clear a phobic imprint, locate the moment of initial shock precisely. Determine how long to run the scene. If the initial shock was in a phone call, the scene may run for a few minutes. If it is a threshold trauma, the person may have to run several years of history. For a physical injury, the client does not have to remember the moment when he was hurt. It may be enough to focus on the feeling associated with the trauma. This is also true for emotional trauma. For people who have been in a coma and have no conscious memory of the accident, they should focus on the body feeling and run the scene from memories leading up to the accident, through the darkness that was coma, and into the memories of waking up from the coma.

Important Details:

1. If a client doesn't clear all of a given emotion in one round it is because s/he feels that way about more than one aspect of the situation. A person can be frightened or angry about more than one thing in a given situation. Check the specific focus, i.e. "what are you afraid of now" for the next round.
2. The anticipatory phobia in physical injury trauma is the fear that you will injure that area again. The client ends up doing a kind of protective muscle holding/stiffness that predisposes that area to injury. The rest of the body misuses muscles to compensate around the injury predisposing those areas to injury. To clear this locate where the body holds tension or physically compensates (i.e. limping) and clear that sensation.
3. Warn people not to process memories of sexual violence with HBLU Module 1 protocols unless the client is spontaneously experiencing a flashback. Sexual violence is an HBLU Module 4 advanced pattern that should be handled with one of our trained professionals.