

# A New Perspective on Phobia and Trauma

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*By studying people who had naturally healed from PTSD and phobias, NLP developers produced a one session phobia/trauma process. Richard Bolstad and Margot Hamblett are New Zealand/Aotearoa NLP Trainers who have used this process successfully hundreds of times. They report on the research into it, and explain, in general terms and with examples, how it works.*

## Out of the Nightmare

Jo, a sixty year old woman comes to see me (Richard) because she has been having recurring nightmares. When she wakes up, she is too frightened to go back to sleep. Some of the nightmares involve imaginary situations, but some involve terrifying experiences from her childhood. Jo thinks of those experiences frequently through the day, and even the mention of them brings a flood of tears. For thirty years she has been treated with antidepressants and tranquillisers, but the memories still wait for her, returning as soon as she stops taking the medication (which she confesses she did some months before coming to see me).

After a half hour of establishing rapport and clarifying her outcome, I guide Jo through a simple ten minute visualisation process, with each of the two most disturbing memories. The next week the changes she reports are dramatic. She now sleeps peacefully through the night and has much more energy in the day. Her obsessive reliving of the early experiences has completely stopped. I add Jo's name to the list of hundreds of people suffering from phobias and trauma-

based disorders whom I have seen change in the same way. And once more, I find myself thinking "It would really make sense if we could get every counsellor in New Zealand to learn this." This article explains the powerful yet simple process I guided these people through.

## Learning from the Experts

The process I have used with this woman is the NLP (Neuro Linguistic Programming) fast phobia process. By phobia, we are here referring primarily to Specific Phobias (DSM-IV™ 300.29), though with some additions the method was also used for general Panic Disorder Without Agoraphobia (DSM-IV™ 300.01) and Panic Disorder With Agoraphobia (DSM-IV™ 300.21). In a phobia, the presence or anticipation of a specific object or situation cues the person into such excessive fear that the cue situation must be avoided or else intense distress results. This intense distress generally equates with the DSM definition of panic, involving symptoms such as heart pounding, sweating, chest pain, nausea, and fear of death or total loss of control.

The fast phobia process was developed in the early 1970s in a rather interesting way. NLP Trainer Richard Bandler simply put advertisements in the paper asking for people who had once had phobias, and then "gotten over them". He studied the way these individuals recalled the subject of their phobia, and compared this to the way people still suffering from phobias recalled the focus of their panic. The difference was absolutely consistent. These people, who healed their own trauma naturally, are the real experts on phobias. Drawing on the powerful tools of NLP (described in our book *Communicating Caring*, 1994), Bandler designed a process to install the successful strategy in others.

By 1975, the first research on this new

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technique was available. Denholtz and Mann reported enthusiastically on "An automated audiovisual treatment of phobias administered by non-professionals" in the *Journal of Behaviour Therapy and Experimental Psychiatry*. In 1982, Allen published *An Investigation of the Effectiveness of Neuro Linguistic Programming Procedures in treating Snake Phobias*. This study found the NLP process behaviourally as successful as far longer behaviourist desensitisation regimes, and more convincing subjectively to the participants. In 1988 the University of Miami Phobia and Anxiety Disorders Clinic again confirmed the value of the technique (used this time in combination with Ericksonian hypnotherapy). Clients showed marked improvement on inventories for both phobia and depression symptoms (Einspruch, 1988).

### **Specific Phobias and PTSD: the Same Response**

Meanwhile, the NLP developers had discovered something even more dramatic. The internal structure of a Specific Phobia (DSM-IV™ 300.29) is in NLP terms the same as that of Posttraumatic Stress Disorder (DSM-IV™ 309.81) and Acute Stress Disorder (DSM-IV™ 308.3). In these diagnoses, the traumatic situation is persistently re-experienced, and the person responds with a phobia-like panic to any cues which could evoke this re-experiencing. Whether the initial experience is a terrifying experience with a snake, an objectively "safe" aeroplane ride, a brutal rape, or a horrific motor vehicle accident, the result depends on exactly how the person recalls their experience.

Koziy and McLeod (1987) reported on their use of the phobia process with 18-19 year old rape survivors, saying that their study supported the NLP view of anxiety reactions experienced by rape victims. In his book *The Trauma Trap*, Muss (1991) documented his extensive use of the NLP process with victims of PTSD: A policeman involved in the Hillsborough soccer disaster described how his flashbacks, insomnia and alcohol abuse disappeared after two sessions. A patient (Barbara Drake) told how one session

with Dr Muss completely resolved flashbacks and other symptoms resulting from a sexual abuse experience. These and the other stories Muss documented parallel our own experiences as trainers and Master practitioners of NLP.

A phobia is a response to a traumatic experience (either real or imagined). Whether the person is reacting to an imagined event with a spider, or to an actual sexual assault, it's the way the person stores their memory that generates the various symptoms of PTSD.

### **If it's easy, why aren't we using it? The Problem of Speed**

Muss (1991) says he was puzzled that, six years after the research proving the greater success of the NLP phobia/trauma cure, "psychologists still continued to believe that it takes months or even years of therapy and drugs to cure people of their phobias... They appear to be possessed of certain inertia and seem suspicious of a method which claims to do in a very short time what they have traditionally taken months or years to accomplish."

Of course, this unease about quick fixes is something we are familiar with in counselling, as it has occurred with each new breakthrough in the field. When Carl Rogers and others developed brief 30 session therapy, the psychoanalysts who believed in 10 year studies of the transference relationship were more than a little uneasy (Rogers, 1951). When Eric Berne said "A Transactional Analyst will try to cure his patient in the first session. If he does not succeed he will spend the next week thinking about it, and then will try to cure him in the second session" (Claude Steiner in Wyckoff ed, 1976, p245), many other psychotherapists were very uneasy. When Robert Carkhuff first demonstrated (Carkhuff & Berenson, 1977) that in 100 hours of counsellor training they could enable students to function as highly as Carl Rogers and Rollo May on the criteria these men considered keys to helping, there was unease again.

And rightly so. There is no great advantage in speed per se. But each of these people (Rogers, Berne and Carkhuff) was concerned above all

with results, not with speed. It is in that light that we need to assess the NLP phobia process. Wilson van Dusen, Chief Psychologist at Mendocino State Hospital in California says "I have observed the psychotherapy scene since the days when Freud was the main voice. Later brief psychotherapy took a mere 6 months. Now we have the 30 minute and even 5 minute cures of NLP. Speed is not the real issue. We must be closing in on the actual design of people." (in Andreas & Andreas, 1989, p1).

### **If it's so easy, why aren't we using it? The Problem of Visualisation**

Another explanation for the slow response by psychologists is that offered by communications researcher Paul Watzlawick, author of *How Real Is Real?* He discusses how radically new ideas have often been greeted initially with dismissal. He compares this to a first time piano player who says: "Piano playing does not exist. I have tried it several times, and nothing came of it." (Heller & Steele, 1992, p.1) Like piano playing, the NLP phobia cure only "exists" for those who take the time to learn how to do it. Many people will find it puzzling that a simple visualisation process can change something like a phobia.

To explain this to clients, I frequently have them do a simple physical exercise.

1. First stand with your feet slightly apart, and bring your left arm straight up in front of you, pointing directly ahead. Now, keeping your feet still, turn your arm to the left pointing around as far as you can before the shoulder gets tight. Look along your arm and notice exactly where on the wall your finger is pointing when the arm is tight. Then turn back to the front, and put your arm by your side.

2. With your feet still in place, close your eyes and see your arm turning in your imagination. See it going around much further than last time, the finger pointing 30-40 centimetres further round. Feel what it feels like to flow round that easily and comfortably, and say to yourself in a delighted voice "This is easy".

3. Now open your eyes and again point your arm out. Go right ahead and see how easily you turn **now**.

Most people will experience a dramatic change in their physical ability with just this few seconds of visualisation.

One of the developers of Gestalt Therapy was John O. Stevens, now called Steve Andreas, author of *Awareness*. When asked why he is now one of the best known NLP trainers in the world, Andreas explains "When I was first introduced to Neuro Linguistic Programming I was both fascinated and very sceptical. I had been heavily conditioned to believe that change is slow, and usually difficult and painful. I still have some difficulty realising that I can usually cure a phobia or other similar long term problem painlessly in less than an hour-even though I have done it repeatedly and seen that the results last .... If you are sceptical, as I was, you owe it to your scepticism to check this out, and find out if the outrageous claims... are true." (Bandler & Grinder, 1979, p.1)

### **How Does It Work ?**

The principle behind the NLP phobia-trauma cure is quite simple. As NLP trainers, we believe the process is most appropriately used by someone who has a supervised training in it, and a background as an NLP Practitioner or counsellor. For that reason, I do not intend to "teach it" here, as teaching it involves understanding the background of rapport building and checking for secondary gain and other more systemic issues. The steps of the specific ten minute process itself are clearly described in *Heart of the Mind*, (Andreas & Andreas, 1989) and in *Counselling for Sexual Abuse* by Macdonald, Lambie and Simmonds (1995). What follows is an explanation of the principle behind this central technique.

Several New Zealanders lived through horrific experiences in World War II. Bill Houghton of Auckland is one. In 1944 he was a prisoner in Stalag Luft 111, in Poland. He was part of the desperate escape attempt immortalised in the film *The Great Escape*, and lived through events such as the execution of 50 of his friends at that time. Some of the New Zealand soldiers were "permanently" traumatised by the event. But Houghton was not. Unlike others, he does not

constantly suffer nightmares, and is not involved in never ending reliving of the trauma at ex-prisoner of war meetings. What makes him different? He says "I haven't thought about this for donkey's years. It's like something that happened to someone else now." (Sunday Star Times, 20 March 1994, A7).

Houghton's memory of the event is coded in exactly the way that people who naturally heal from phobias or trauma use. He is able to comfortably recall the event and even learn from it, because he remembers it from a different perspective from the way he actually saw it at the time.

Each of us has the ability to remember events in two ways:

1. As we saw/heard/felt them from our own eyes/ears/body.
2. From an outside perspective.

If you think of a pleasant event you have experienced some time in the last week, you will notice that you can remember it seeing through your eyes, and feeling the pleasure of being there. You can also view it from outside, seeing yourself enjoying the event. When used fully, this second view does not enable you to feel the feelings you had; but it may give you some new insights or understandings about how you behaved. A person who is enjoying their life tends to have the flexibility to do both things, and chooses to see through their own eyes and feel the enjoyable times in their memory. They tend to see the less enjoyable times mainly from outside (as Bill Houghton says; "like something that happened to someone else.")

The person with a phobia or PTSD has lost this flexibility. Their brain automatically catapults them into seeing/hearing/feeling the experience the first way, even during their dreams. In panic, they attempt various splitting, dissociative and anaesthetising solutions to avoid the pain.

The NLP phobia/trauma process recodes the brain's perspective, exactly as Bill Houghton and other successful survivors of trauma have done naturally. And it literally takes ten minutes to do.

## Using the Process

In the following example, my partner Margot Hamblett describes her use of the NLP trauma cure process with a recent client. Notice how the process teaches this woman's brain to shift her perspective on the traumatic event.

Jane is a mother of three primary school age children. Four years ago her younger son, then aged 2 years, had a very painful and gruesome accident while playing at home. Since that day Jane had suffered typical symptoms of PTSD.

When she tried to describe what happened to her son she immediately started crying, and getting very distressed. I reassured her it was OK to tell me later. She told me she was constantly anxious about her family, especially her children, but also her husband. She was continuously imagining awful things happening to them, was constantly watchful, needing to know their every move. She could only relax if the children were still and quiet so she was tending to stop them or yell at them if they did any normally boisterous activities. A child's yell in play caused her to panic. If her children had minor childhood accidents, cuts and scrapes, she was immobilised with panic and could not help them. She was planning her life now so there would always be a backup adult there.

Jane very much wanted to relax with her kids, enjoy and encourage their adventurousness, take them skiing, and also let them have some space to themselves.

I asked her to imagine she was sitting comfortably at home, sitting where she would usually sit to watch a video on TV.

"Make that TV screen one of those really small ones, almost like a toy one. Now, on that small screen over there, imagine you can see a still picture of yourself, just like you are now, and make it black and white. Is that easy?" "Yes".

"Great. Now imagine you were standing right outside the house some distance away. Looking through the window. You can see that you are sitting inside on the couch, looking at the screen.... As you stand outside the house, notice that you have in your hand the remote control, and you are going to just watch her inside on the couch, as you show her some special videos.

Is she comfortable out there? Can you see the back of her head?... Great.... Now have her look at a still black and white picture of herself in a safe time just before the accident happened, while she's relaxed and happy at home there.... And now put up a picture for her, of herself in a safe time **after** the accident time, when she **knows** it is all over now. She might feel relieved to know, it's over now. OK? .... Now play through for her the video of what happened, from the first safe picture to the end safe picture. Play it quite quickly, and **you just watch her**, as she watches and learns what she needs to know to let it all go."

Jane looked a little bit tense at times as she did this, but she remained fairly comfortable, and completed this step.

"How was that?"

"Not too bad. Easier than I thought."

"Great. Now, I'd like you to imagine you could float right over into that end safe picture, as if you're right inside that experience, seeing through your own eyes, hearing through your own ears...."

Turn up the colour. Now come backwards inside that experience very quickly, like a video on rewind, to the first safe picture. Take 1-2 seconds. Zip! Then be standing, looking in the window again. How was that?"

"Fine". She nodded.

I guided her through this last step again, then asked her to repeat it by herself very quickly, a few more times, until the picture began to disappear or disintegrate, "so you can't do it any more."

After a few moments, she nodded, "Okay".

"Great. Well, that's pretty much it really."

She laughed in disbelief.

"Well, let's see. Try and remember the accident now, and find out how it's different now."

"It's just gone back into the past" she said, with a shrug. "I know it happened, but it's just over there."

"Can you get back the feelings you used to have? Really try and see if you can, or not."

She laughed and said "I've never felt so relaxed."

I asked her to imagine a kid yelling and shouting outside in play. She shrugged again

and said "It's just normal. Just a kid playing."

As we tested and confirmed the changes she had made, Jane found she could easily and comfortably imagine tending effectively to her kids after minor cuts and scrapes, and enjoying their more adventurous sports and games. She was really excited about looking forward to a relaxing weekend with the family. She even practised how she might explain to her kids how very different she was around them now, because she was sure they would wonder what on earth had happened!

"So what did happen to your little boy?" I asked. This time she told me the story, quite calmly. When she finished she said she felt a bit sad, telling it, and that was OK. She was amazed to be able to talk about it now and feel so calm and relaxed.

## Ethical Conclusions

As is characteristic with this process Jane now has the ability to fully recall the traumatic event. Her previous constant avoidance of the memory was a result of the intense pain of recalling it from a particular viewpoint (a viewpoint called in NLP "associated"). On the other hand, paradoxically, she no longer has any compulsion to relive the event. It is "in the past" where it actually belongs.

Once again, I want to emphasise that this technique, while well researched and totally safe, is developed for use in skilled and caring hands. Obviously, it is one thing to be able to eliminate the symptoms of a phobia; it is another to deal with the human being who had the phobia. As an analogy, just because we now have access to fast, painless dentistry does not mean that dentists can ignore their clients as people. Our purpose here is to report on a new technique, not to deny the value of empathy and other core qualities in counselling.

A trained NLP Practitioner, or a counsellor who has attended a trauma cure workshop run by NLP trainers, will find that generally they can use this method to resolve both phobias and PTSD in one session. Where other severe maladaptions have occurred as a result of the person's attempt to cope with their trauma, e.g.

substance abuse, or where the person has had many and varied traumatic experiences, we would of course draw on a wider range of NLP processes. In our experience approximately 20% of clients will have issues of secondary gain to resolve. Also, we will often use the trauma cure several times with one client as their brain learns to generalise the shift in perspective.

But far more times than I ever would have expected, this ten minute process used in one session is enough to transform a person's quality of life. Put simply, the NLP phobia-trauma cure is a breakthrough for us as counsellors. It facilitates major, deep level change in a fraction of the time I once thought necessary. Because I believe counselling is a beneficent process, my experience with the NLP trauma cure leads me to two conclusions about the ethics of its use.

1. Counsellors should be trained in supervision with an NLP trainer before using this method. It should not be learned from a book.

2. It is urgent that we act to make this process available to all counselling clients with symptoms of PTSD or phobic responses.

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