With arachnophobia in at number one (as they used say) in the phobia charts, I wasn’t surprised to be asked by her mum to help a 16 year old girl with a fear of spiders. What made this different from the usual phobia treatments was that the girl was going off with the school to Borneo for four weeks in the summer and there was only a very short time before the end of term and the trip leaving. In fact, the phobia-busting was all going to have to be done in a single session!

I decided that we would make it a double session with a short break. And I decided to see Sally (not her real name) and her mum together for the first half, which was pretty much an initial consultation with the focus on how our primitive brain leaps in to help us and runs through a behaviour template until we feel safe again. Why did I see them together? Because I thought they could chat over the information in the car going home, and as often as they liked afterwards and so reinforce the information. I was giving which the girl might have begun to forget without someone to remind her.

As we moved towards the end of this first session, I let Sally briefly tell me about how she behaved at the moment, and then we spent much longer looking at how she wanted to behave – particularly how she would behave at the trip leaving. In fact, the phobia-busting was all going to have to be done in a single session!

For the second session, I saw Sally on her own. I told her we were going to do three things – firstly an easy way to relax (because when you relax you’re more able to stay in your intellectual brain); secondly an anchoring technique (so that she could quickly recover the feeling of being confident and in control, even when in situations where she might have felt she wasn’t); and thirdly, a fairly standard rewinding anchor to get her in control, even when in situations where she might have felt she wasn’t. I then asked her to become more aware of what is around them, to let their vision spread out in front of them to the corners of the room, while their eyes are not moving, still looking at the same spot. I then asked her to become more aware of the periphery of their vision. I suggest that they wiggle fingers. And then I suggest that they let their awareness spread behind them. Not that they could see behind, but that they could let their senses

I immediately asked: “What’s your mobile number backwards?” This was to stop Sally associating the action (anchor) with a decreasing feeling of confidence – which would have happened if I switched her focus (breaking state).
I repeated these two steps a couple of times (asking questions about carpet colour) to ensure that the anchor was linked to the feelings of being in control and confident (called the resourceful state).

I then asked Sally to rub her ear and asked: “How does that feel?” She said that it did make her feel confident and in control. She added: “That’s amazing!” I told her that she could use this when she was in Borneo to keep in control and in her intellectual brain. She seemed very pleased with the technique.

The third, and the most important, technique was the rewind. Sally got on the couch and I put on the usual hypnotherapy music. Well already said that she needed to have the first and worst examples of her arachnophobia in mind and she said that she had those memories. I told her that part of the cleverness of this technique is that if she couldn’t remember all the details, she could make them up in her head. I then ran through a simple relaxation starter and straight into a standard rewind session. I kept an eye on the numbers on the GSR monitor and she seemed to be working hard.

Once we finished that, I gave her an improvised paragraph from confidence scripts about how what we think can affect our whole lives. I then spent a little while reframing with some of the information, about how she would like to be, that we had talked about earlier. Finally I told her that when she was ready, and no longer fearful of spiders, she could open her eyes.

Sally and her mum thanked me and left. I found out that, later that evening, her boyfriend had been What’sApping her photos of spiders and she had been laughing at them. Her mum also sent me a picture of Sally holding a spider in her hands that she’d picked from the bath.

It looked like the session had been a complete success. I then ran through a simple relaxation technique.

A recent article on redOrbit.com about weight gain that comes from smoking cessation has shone a fresh light on what’s really going on in the body. It has been found that people stopping smoking are not replacing the smoking with another habit, but a change in the composition of intestinal flora.

Researchers from the Swiss National Science Foundation found that about 80 percent of smokers put on an average of seven kilograms and this is linked to the change in the composition of bacterial diversity in the intestine. They found that bacterial strains commonly found in the intestines of obese people are also present in high numbers in people who recently quit smoking.

It was discovered that the composition of the diverse bacteria in the intestinal flora, changes after giving up smoking and probably provides the body with more energy, resulting in new non-smokers gaining weight.

Linked to this is a 2012 study published by the University of Buffalo found that eating fruits and vegetables could help smokers quit. The study showed that smokers who ate more fruits and vegetables were three times more likely to stay tobacco-free for at least 30 days. It is possible that some fruits and vegetables have nutrients that can help balance intestinal flora and limit weight gain.

There are several terms, of Latin origin, which can and have been used to define/describe the fear of needles, the most common (though still rarely used) being Trypanophobia, but we all know exactly what somebody means by ‘fear of needles’. That a person fears or dreads medical interventions designed to deliver substances (usually drugs), or draw substances (usually blood), through penetration of their skin using a hypodermic syringe, to such an extent that they avoid the intervention altogether.

This avoidance will manifest, even to the extent of risking or damaging their own health, or even that of others, such as where a person is pregnant, or where their fear influences their willingness to consent to the inoculation of their children.

In common with most phobics (though most GP visits too, if research is to be believed), the visits my clients have made to me has when the fear has finally come to stand in the way of something that they have wanted, or perceived themselves to need.

That is certainly how I remember my client presenting with a fear of needles, who I will call Emily. Emily was an Italian, living in this country with her apparently ‘high flying’ partner who worked under contract to the UK Government. Emily designed children’s clothes, with some apparent success, and with interest that suggested she was going to do well. She was confident, evidently ‘well off’, very attractive, and had a level of confidence that could be described as going with ‘the territory’, until, that is, we came to discussing why she was presenting. Emily was required to undergo blood tests for ‘pre conceptual’ reasons by her husband’s medical insurers.

By this (early) stage of my career as a Hypnotherapist I had seen a number of aerophobic clients and some anxious drivers, but when I saw just how anxious

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