



WSN Counselling and Coaching

Fact File

Fears, Anxiety and Phobias

*Fears anxiety and phobias are all related to each other and to our deepest subconscious processes. There are many styles of therapy that can be employed and our counsellors are all skilled in many different methodologies - if the **WSN** method is not the way forward for you, then your counsellor will know exactly what sort of work IS needed to get you right! It's a good idea to study the **WSN Counselling** fact file before reading this one.*

Fear is a normal response for the human animal and intricately involved with our survival mechanism. But we sometimes need help in overcoming fears which serve no useful purpose.

It can sometimes be difficult to differentiate between fear, stress, anxiety, phobic response, and panic attacks - in fact, all of these situations are actually based on fear in one form or another. Within the world of psychotherapy and psychology, anxiety is often referred to as 'fear spread thinly', and this sums it up quite well; fear is simply a more affective form of anxiety. Overcoming fears and phobias without help can sometimes be enormously difficult but the good news is that most fear-based symptoms can be alleviated easily with modern therapies.

*Where the anxiety or fear has its roots in the conflict between how you subconsciously feel you 'must', 'should' or 'have to' behave, and how you actually want to behave (very common, though you won't usually be aware of it) then the **WSN** style of working can set you free far faster than you might think!*

A lot of the time, fear is actually a conditioned response, which means that it has in some way been learnt via a repeated circumstance. The fear of spiders is a common example. There is rarely any deep psychological reason for it but there is usually a parent, parent-figure, or some other 'influential' individual who exhibited a profound fear reaction in the presence of the insect. When a child observes an adult repeatedly exhibiting 'survival responses' in the shape of screaming or jumping up onto chairs, the youngster can do little other than interpret the fear object - in this case, a spider - as being extremely dangerous. And the younger the child is when he or she observes this behaviour, the deeper the fear will appear to be; it is almost inevitable that he or she will adopt the coping behaviour that has been observed and understood as being necessary for survival.

This does not mean the fear is not real; it simply means that there is no sound reason for its existence and it can often be dealt with far more easily than most people might imagine - often just a single session will result in a complete alleviation of symptoms. Although it might seem impossible to believe, we are saying here that overcoming fears is something that can be achieved very easily. **WSN** work can discover which part of your subconscious is actually being triggered and which part can put a halt to the process!

It's not always like that, though; sometimes, an individual feels fearful most of the time, for no reason that he or she can say or understand. It sometimes appears to be 'hard-wired', a natural way of being for the individual concerned.

- Where the fear is of a known circumstance, then telephone work or online therapy, when you can find it, can be enormously effective. **WSN** is an excellent method here.
- If it is a feeling of fear that 'flares up', then that is more like a panic attack and needs a different approach. This sometimes needs an investigative style of working.
- If it seems to be a 'way of life' then telephone therapy or (preferably) face-to-face work can make considerable improvement. Again, **WSN** can be hugely effective,

Another 'face' of fear

Another form of fear is Anxiety; indeed, as already mentioned, it has often been described as 'fear spread thinly'. There are a great many possible roots for the sources of anxiety and anxiety attacks and a full medical investigation should be conducted before beginning any form of complementary therapy. When there is no apparent medical cause for the anxiety symptoms, the problem can usually be greatly relieved by modern drug-free therapies, though the style that you would need is not easy to forecast without conversation. Here are a few examples, though, all of which are based on the use of **WSN**:

This first group can often be dealt with by online-therapy or telephone work:

- Mild anxiety and worry on a day-to-day basis that seldom causes you to feel ill enough that you cannot function is more often than not linked to self worth or personal confidence issues, or poor self belief. *2 - 3 sessions can often be sufficient.*
- Anxiety attacks in certain circumstances only can often be dealt with in only 1 or 2 sessions. Where the circumstance that triggers the anxiety is unavoidable, this therapy can change your life!
- Anxiety around a certain individual can be relieved effectively, though to avoid continual reoccurrence, you may also need help to resolve the difficulties within the situation that exists between you and the other individual. This can quite often be achieved by Telephone work, though sometimes face-to-face work is needed as well.

*The following anxiety symptoms may need more 'in depth' work, though **WSN** can still be a good way to work:*

- Anxiety that leaves you feeling ill a lot of the time can be helped enormously with the right sort of therapy. It is probably beyond the scope of online therapy, though telephone consultation can be helpful.
- Continual anxiety that stops you doing things really needs face-to-face sessions with a competent therapist. Telephone work will make it easier for you to contemplate this.
- Random anxiety attacks really need some sort of investigative therapy to help you discover the reason for the attacks. This is not generally suitable for online-therapy or for telephone work.

Phobia and the Phobic Response pattern

Probably the most profound of all fear and anxiety symptoms is the Phobic Response. Having said that, it is a fact that many phobias can respond readily to a variety of therapies,

including **WSN**, even where they may have been causing severe disruption to an individual's life for many years.

Sometimes, profound results can be achieved in just one session, even where the phobia has been active for many years and having a far-reaching effect on an individual's life. Sometimes it can take a few sessions but it is rare indeed that some beneficial change cannot be made. It is actually not an unusual situation that a phobia is not truly a phobia at all, but instead is a severe fear. The distinction is important, for severe fear - which will feel and 'behave' just like a phobia - is far more easy to deal with and can often be resolved in one or two online-therapy sessions or telephone work.

Here's a 'rough and ready' way to tell the difference. Think about 'your' phobia for a moment; then see how much would you have to be paid to voluntarily encounter the phobic object/situation - think carefully about the amount of money we are talking about here:

1. **£1,000?**
2. **£10,000**
3. **£100,000?**
4. **£1,000,000?**
5. **£10,000,000?**
6. **No amount of money would be enough?**

If you answered 'yes' to possibility number 6, then you probably DO have a phobia. If you answered 'yes' to any of the amounts of money, then you probably have a fear, the severity of which can be judged by the amount you would have to be paid. Of course, some people are not tempted hugely by money, when this test 'falls down' but you get the idea. In general, if there is anything that could persuade you to 'face' the phobia, then you are likely to be able to set yourself free from it far more readily than otherwise. If you have a phobia or a '£10,000,000' fear, then face-to-face work is indicated; otherwise, it is likely that telephone work or online therapy will be effective. It is impossible to accurately predict the number of sessions here, although improvement would normally be felt quite early on.

There is another possibility, though... some *apparent* phobias (especially Emetophobia - the fear of vomit and vomiting) are actually symptoms of obsessive compulsive disorder and without doubt need face-to-face therapy if effective relief is to be found.

How can I tell? Well, again, here is a rough and ready guide. Generally speaking, the phobic response is only fully triggered in the presence of the phobic situation or object; thinking about it might cause unease but no intolerable discomfort. With obsession, however, the situation is different, in that the individual will continually check, throughout waking hours, to see if the phobic situation or trigger is present. This continual checking usually leads to a conviction that it IS present and the phobic response 'fires up'.. Hence the sufferer of Emetophobia checks how he/she feels immediately upon waking and at frequent intervals throughout the day, especially after eating or drinking anything. Most days, there will be at least one surge of anxiety, and probably more, when this 'testing' engenders nausea.

Obsession is not treatable in the long term by telephone or online-therapy (though symptoms may be eased temporarily) and might require a fairly lengthy series of face-to-face sessions with a qualified Cognitive Behavioural Therapist. Although considered a 'brief therapy' it can still be of many sessions duration.

Nobody should ever have to 'just put up with it' as far as anything in this article is concerned; if you wish, please contact us for our professional advice on how best to find competent and effective help.

There is a way to get better!