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A CASE OF DRIVING PHOBIA TREATED WITH DISSOCIATIVE IMAGERY

Dr Ann Williamson

Mossley, Ashton-under-Lyne, Lancashire, UK

Abstract

This is a case study of a woman (Mrs T), who developed driving phobia following a traumatic incident two years previously whilst a passenger in a car. Treatment consisted of self-hypnosis training, instituting a calmness anchor, and use of dissociative imagery using a cinema technique, together with positive mental rehearsal. There was full resolution after two sessions.

Key words: calmness anchor, cinema technique, dissociation, driving phobia, imagery, self-hypnosis, special place

Introduction

Driving phobia is listed in DSM-IV under anxiety disorders as a specific phobia within the subset of situational phobias. With a driving phobia the sufferer experiences anxiety and panic when anticipating driving or actually driving in certain situations. This leads to increasing levels of avoidance and this avoidance may become entrenched and generalised to other driving scenarios. Those with driving phobia often travel many miles out of their way to avoid certain stretches of road or may discontinue travelling altogether.

Desensitization (Wolpe, 1958) has been a traditional method of helping phobia sufferers but is slow and often emotionally painful. Even when using hypnosis to create the feared object (Deiker and Pollock, 1975) treatment may take some time. As many of those with driving phobia report some triggering incident (Munjack, 1984; Blaszczynski, Gordon, Silove, Sloane, Hillman, Panasetis, 1998) it would seem appropriate to use a technique that would allow 're-learning' around the triggering incident and a resolution of the excessive fear surrounding the driving situation. Fear may be seen as a negative emotion with the positive intention of protecting the individual. Once the 'unconscious' has realized that it no longer needs the fear for protection but that the fear itself is causing a problem, resolution may be very rapid.

Case study

The plan was to see Mrs T for two sessions. During the first session it was planned to build rapport, take any relevant history, explain hypnosis and teach her self-hypnosis and a calmness anchor (Bandler and Grinder, 1979). In the second session it was intended to treat the sensitizing event using a cinema technique (Bandler, 1985) and teach her positive mental rehearsal.

Mrs T was a married, 34-year-old mother of three who worked part time as a classroom assistant. She requested treatment of her driving phobia that had been present for two years following an incident on a local road. Two years previously she had been a passenger in a friend's car that had taken a bend too fast and skidded into the crash barrier at the side of the road. The barrier had prevented the car from falling down a steep incline into a ravine that was situated at this point. Despite no one having been injured she developed high levels of anxiety and panic following this incident. She had avoided driving along that particular stretch of road since, despite having to make a considerable detour to avoid it. She reported increasingly high anxiety levels when having to drive over the previous two years and would now try to avoid driving whenever she could. She reported that her husband did almost all the driving but she still had to ferry her children to school each day, which she managed with considerable reluctance and anxiety. This particular journey would be very much quicker if she could use the road that bent around at the top of the ravine but she felt unable to do so. The one time she had tried this after the incident had resulted in such severe anxiety that she had turned around and gone home. She also said that she realized that driving when feeling very anxious made driving more dangerous and she very much wanted to feel calmer.

In the first session it was discussed how often phobias arise as one-shot learnings by our unconscious mind in an effort to protect us from something that was perceived as dangerous and how, by using hypnosis, we can help our unconscious to relearn a more helpful response. The concept of right and left brain was discussed and how when entering a right-brained state we have greater access to our unconscious processing and our emotional state. We also discussed the fact that hypnosis, far from taking away her control, would induce a state of mind allied to daydreaming that would give her much greater control. The metaphor of her being the pilot and myself being the navigator was used. The hypnotic state was likened to that of becoming completely absorbed in a good book, to which she was easily able to relate. It was explained that while you may feel relaxed when in hypnosis, hypnosis is not relaxation but rather more about focus of attention inwards rather than outwards. When asked what she already did that absorbed her attention she talked about her painting which was an activity she enjoyed. She described how she would lose herself when painting a picture and had to use an alarm clock to remind her when she had to pick the children up from school. She also admitted that she felt much calmer after doing some painting, a link which she said she had not recognized before.

Imagery, symbol and metaphor can be seen as the language of the unconscious (Kopp, 1995) and it was stressed how imagery from her unconscious mind would be more powerful for her than any that the therapist could suggest and that she should develop a special place, real or imaginary, inside or outside, where she could feel completely at peace, tranquil, calm, safe and happy. By talking about this beforehand it was suggested that her unconscious mind would go on a search so that her conscious mind (rather than trying) could wonder just what kind of a place would pop into her mind's eye at the right time. It was also stressed that not all people find visual imagery easy but that it would work in just the same way if her mind just had 'awareness' in some way, although with her love of painting it was felt she would be good at developing visual imagery.

Re-vivification (Kroger and Fezler, 1976) of a time when she was painting was then used to enable her to go into hypnosis. She was asked to use all her senses to really connect with that time and it was suggested that this might be one way for her to do her self-hypnosis when on her own at home and suggestions were given that each time she would be able to do it more easily and feel more deeply relaxed.

After re-orienting her and getting feedback, her breathing was used as a focus of attention to re-induce hypnosis. She was asked to focus on her breathing, not to change it in any way, but just to become aware of the rise and fall of her chest and the flow of air in and out, letting go on each outgoing breath. Her attention was then directed to the temperature difference in the flow of air through her nostrils and she was asked to notice the cooler air flowing in and the warmer air (warmed by its passage through her lungs) flowing out. After a few moments it was suggested that she imagine walking down five steps, allowing each step down to help her feel more comfortable and relaxed. At the bottom of the steps it was suggested that she might like to find a rubbish chute that she could use to throw away any unwanted symptoms, emotions or thoughts that she wished to get rid off before finding a magic archway through which she could begin to be aware of her special place. Once she became aware of her special place she could step through the archway and really be there, indicating with a nod when she had done so. Once she had nodded she was asked to look around, listen, smell and touch things in her special place and then to find something there that symbolized calmness to her that she could bring back with her. Once she indicated with a nod that she had done this it was suggested that each time she brought this special thing to mind she would instantly begin to feel some of the calmness she felt now and that she could use this as a way of keeping calmness with her from day to day. It was suggested that once or twice each day she could do her self-hypnosis for five or ten minutes and reactivate this link so that it would become stronger and stronger and that whenever she began to feel anxious she could bring this special thing to mind and it would help her to feel calm again. Having suggested that she would not do her hypnosis for entertainment but just for herself, and that she could easily rouse if anything untoward occurred whilst doing her self-hypnosis, she was alerted by suggesting that she walked back up the five steps from her special place, breathing in energy with each incoming breath until she was ready to open her eyes, feeling alert and refreshed.

She was then asked to go into hypnosis entirely by herself so that she could be convinced that she could indeed do so and she also practised her calmness anchor, which she said was the sight and sound of waves breaking on the shoreline. On re-alerting the best times for her to do her self-hypnosis were discussed and another appointment made for two weeks time.

At the second session Mrs T reported that doing self-hypnosis and using her calmness anchor had been very useful in that she had felt much calmer than usual and this had been remarked upon by her husband. She was looking forward to getting rid of her phobia and was keen to proceed.

There was discussion about how the unconscious can use symbols and metaphor so that any ‘memory’ that comes to the fore may be, but also may not be, the historic truth. It may just be how the unconscious has coded something and has to be dealt with therapeutically at this level. Mrs T was told that we could not change the past but we could together change the feelings that the past generated in the present. A start was made by describing to her how we were going to work, thus seeding the idea before inducing hypnosis, and we then proceeded as follows.

After a brief induction using her breathing as described in session one, she was asked to imagine sitting in front of a blank cinema screen. The colour of the seats was ascertained (blue) and she was then asked to leave herself there, and float back into the projection room from which she could see herself in the front of the cinema stalls, watching the screen. She was asked to play a film of a happy event in which she was taking part and to give a nod when she could see it. She was then instructed to float down

into the film and enjoy it. Returning to the projection room she was asked to imagine she had a remote control with a special button which when pressed would immediately transport her into the happy film. It was ascertained what colour the button was and in this instance it was red. She practised using it and was instructed to press it whenever asked and that if she needed to at any other time she could do so but was to tell me (Ibbotson and Williamson, 2001).

She was then asked in hypnosis to tell me if it was all right to work with her on her driving phobia. Having gained agreement to this she was asked to remain safely with me in the projection room, watching herself on the cinema seats, in turn watching a still picture of herself on the screen just before the start of any incident relevant to the development of her driving phobia. Remaining dissociated in the projection room she was then to run an old, grainy, black and white film of whatever the incident was, over a couple of minutes and score it out of ten, where ten was the most distressing and one the least. She scored this first run through at nine and said it was the incident at the ravine. She was then asked to press the rewind button on her remote control and watch the film winding backwards very quickly. She was instructed to repeat playing forwards and then rewinding quickly a couple more times whilst staying safe in the projection room and notice what the score had fallen to. In this case it had fallen to about seven and a half.

She was then asked to be not only the projectionist but also the director of this film and to run the film again, this time stopping it whenever she wished and to intervene in different ways that seemed appropriate to her. It was suggested that she might want to float down into the action to comfort and really make sure that that younger her knew that she had survived (she knew because she was from that younger her's future). It was suggested that she might want to talk to important people in the action; she might want to make changes that, whilst keeping the event the same, would change how it felt. An example was described of how one patient had changed a gun in the hands of their attacker into a banana. She was asked to make whatever changes she wanted and then let me know what her distress score had fallen to. Her score had fallen to three and she was asked what score she would be happy with, to which she replied 'two'. It was then suggested that she play the film again and make whatever changes she needed to in order for the score to fall to two and to give a nod when she had done this. At this point she was asked to re-wind the film but to accidentally press the red button at the same time so that the old film rewound straight into the happy film. She was asked if she wanted to do anything with the old film and she said she didn't need it any more so she threw it into the sea!

It was then suggested that she floated from the projection room down into herself in the cinema stalls and then into the her in the happy film and enjoy it for a few minutes. She was asked to float up and watch herself in the future driving her car, feeling calm and approaching the site where the incident happened and tell me how she was feeling down there. She said she was feeling quite calm and so it was suggested that she float down to actually be there in the car, drive carefully around the bend and to continue on her journey, keeping hold of calmness within her. It was suggested that she could practise this while doing her self-hypnosis and that by seeing herself driving calmly on this road in hypnosis she would find that she could also do this calmly in reality. It was then suggested that when her unconscious knew that she could indeed do this she re-alert as previously described.

It was agreed that she would come to see me or telephone me in four weeks time to let me know how she was progressing. In four weeks she telephoned to say she did not need any further treatment and was delighted because she had driven around the ravine the day

after she left me and had done so without any problems since. She felt that she was generally coping better and feeling much calmer and was regularly using her self-hypnosis.

Discussion

The following is the rationale of the treatment programme. It is helpful to utilize some event from the patient's experience when they have obviously been in a hypnotic-like state, such as painting in Mrs T's case, to introduce them to the idea of going into hypnosis. From what Mrs T said it was clear that she had time distortion when painting and also that this was a pleasant activity for her. This naturalistic approach to hypnosis counteracts possible control issues around hypnosis.

Discussion of any worries builds rapport and facilitates therapy generally. Discussion of the hypnotic techniques first acts as seeding and helps prime the patient, as a pre-hypnotic suggestion. The therapist's input to the patient's imagery should be as minimal as possible, merely directing them to see, smell, hear and feel whatever is around them.

Simple head nods are a guide to know when the patient has achieved whatever has been suggested, and is ready to proceed. A calmness anchor creates a link between something seen/heard in the mind's eye and feelings of calmness. A kinaesthetic anchor such as a hand clasp could have been used, but as Mrs T was obviously very visual in her processing, it did not seem necessary.

It is important to plan with the patient when they are going to do their self-hypnosis as this seems to increase the likelihood that they will actually practise. The cinema technique gives a double dissociation from the traumatic event and allows the patient to look at the incident with less emotional distress (Stanton, 1993). Ascertaining the colour of the chairs confirmed that Mrs T was indeed visualizing as requested. The happy film was played first as a useful safety anchor, which was accessed by her pressing the remote control button.

Checking with Mrs T in hypnosis that it was all right to proceed was important, as it is possible that the patient agrees consciously, but is unwilling at an unconscious level to proceed. If this were the case further exploration would be necessary. The film of the traumatic incident was played as an old film as it can be a little less distressing than if it was played in glorious technicolour. Keeping track of how things are progressing by a simple score of one to ten allows the therapist to know when to intervene if the score is rising or remaining static.

Playing the film backwards (Muss, 1991) and forwards usually starts to reduce the distress score, sometimes quite markedly. Enabling the patient to realize that they have survived, no matter how traumatic the event, is often one of the most powerful and therapeutic interventions. It is best to work on the premise that the patient knows what they needed most at the time of the event in order to resolve the trauma (even if they were not consciously aware of this). By getting the patient to help their younger self and to change the imagery, they take control of the event. On the final rewind, the running of the old film into the happy film acts as a collapsing anchor. It is also good to congratulate the patient on the work they have done as they spend a few moments in their special place or in the happy film after reintegration.

Positive mental rehearsal is then taught. It is suggested that they look down on their future self 'who in the past had that problem' and check how it is. Only if it seems all right is it appropriate to suggest that they float down into that future projection. If in the future they were still experiencing problems, then further work would need to be done. It

is then stressed that whatever they can do in hypnosis they can also do in reality. The patient is requested, when they do their self-hypnosis regularly, to see themselves the way they want to be. When they have that image as clear and vivid as possible they step into that future person and experience, saying internally something appropriate such as 'I know I can do this'.

It would appear that using dissociative imagery such as the cinema leads to rapid resolution of traumatic events and such techniques can routinely be used to treat phobias such as needle and driving phobia, which rarely need more than two sessions to resolve. A psychodynamic approach is used in that the patient and therapist assume that the phobia was a one-off learning from a perceived danger. Whether or not the phobia did actually result from the constructed event is immaterial so long as the patient accepts the way that their unconscious mind has constructed the narrative, and is prepared to work on it and take control (Frank, 1986).

Post traumatic stress disorder (PTSD) has been treated in the past with regressive and abreactive techniques (Watkins, 1949; Grigsby, 1987) but this requires association with the traumatic event and reintegrating it into the patient's current narrative. Dissociative techniques seem to be as effective and much kinder to the patient and yet there is little in the literature regarding this type of approach, whether treating phobia or PTSD. Visual imagery has been shown to be useful in treating PTSD (Bryant and Harvey, 1996; Forbes, Phelps, McHugh, Debenham, Hopwood and Creamer, 2003) and phobia (Hecker, 1990). Desensitization and brief psychotherapy have also been utilised (Brom, Kleber and Defares, 1989). This case study shows utilization of a combination of dissociation and imagery to facilitate the patient to take control and rewrite their personal narrative (Lieb and Kanofsky, 2003) to enable a more resourceful response.

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Address for correspondence:
Dr Ann Williamson, MBChB
Hollybank House
Lees Road
Mossley
Ashton-under-Lyne
Lancashire OL5 OPL
Email: ann@annwilliamson.co.uk