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Editorial

Volume 17, Issue 1 - 2023. Dr Ann Moir-Bussy

Welcome to the New Year and our first issue. Unfortunately, we did not have enough manuscripts to publish the second issue in 2022. It seems COVID and difficulties for many prevented this creative work. We now have many in the pipeline and we look forward to both issues this year.

Karen Philip is a Master practitioner in Counselling and Hypnotherapy, and she generously shares her ongoing research. This current article explores her research on a new Anxiety reduction method. We are all aware how anxiety and its ensuing distress has grown rapidly during the COVID pandemic, so this pilot study provides a breakthrough for practitioners wanting to alleviate their clients' distress. It is named as a Rapid Anxiety Reduction Method (RARM). A group of therapists were trained to use this method and the results were promising showing effectiveness in 86% of cases. In addition, there was a 70%-90% reduction in symptoms.

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Pilot Study into the Effectiveness of the Rapid Anxiety Reduction Method

Karen Phillip

In this pilot study, we measure the efficacy of using the new rapid anxiety reduction method with those struggling with an anxiety issue who have failed to remove or diminish the issue through various treatments. A group of therapists were trained to use the rapid anxiety reduction method (RARM). The results suggest the RARM to be effective and successful in 86% of cases demonstrating a 70-90% reduction in symptoms, while the remaining 14% displayed a smaller decrease in anxiety symptoms of around 40-50%. We conclude this new imagery method is a handy tool to reduce anxiety symptoms in clients who encounter their anxiety issue within a few days.

Keywords: *anxiety, imagery, visualisation, the velocity of therapy*

Introduction

Anxiety disorders are a prevalent health concern for populations worldwide (Freudenthaler et al., 2017). Anxiety refers to the physical and/or mental response to the sensations of feeling under pressure, overwhelmed, or fearful of circumstances that are yet to occur, a negative future projection. It can immobilise the individual, prevent them from living a full life, and significantly damage the sufferer's health (Williams & Pojula, 2016).

Anxiety has been reported as the number one mental health concern in women and second for men (Chambala, 2008). Anxiety has been described as a conscious pattern aimed at planning behaviours for anticipating and avoiding future damage or injury (Porcelli, 2020). While those suffering from anxiety either do not know their symptoms, attend extended psychological or counselling sessions, and often take prescribed medication, anxiety remains a major debilitating issue within the population (Deady et al., 2017; Saarni et al., 2007). Researchers have attempted to enhance psychological and counselling treatments (Shepherd et al., 2012).

The most designated evidence-based psychotherapeutic approach for anxiety is cognitive behavioural therapy (CBT) (Meyerson & Konichezky, 2011). CBT aims to identify and challenge the deficiencies in cognition and information processing to improve functioning (Muller & Roberts, 2005). In a study conducted in 2019 (Fung et al., 2019), subjects showed

the existence of a hierarchy ranging from fear to anxiety. Fear was reported as an immediate automatic reaction triggered by survival needs, while anxiety required adequate time to activate behavioural control. Anxiety indicates cognitive evaluation and management of behaviour in facing challenging situations, whereas fear is related to our need for survival from immediate harm (Porcelli, 2020). Anxiety is a cognitive processing issue linked to an activity, affecting decisions and control. Anxiety is considered an internal feeling created by an external fear of something that may never occur, whereas fear is a physical variation triggered by emotion (Porcelli, 2020).

Regardless of the research discussing improved ways to reduce and manage the symptoms and feelings of anxiety, there seems to remain a delay in the speed of obtaining successful treatment results. Psychological counselling and hypnotherapy techniques can often aid clients with successful results. However, the time taken for therapy continues to remain considerably protracted (Ramando et al., 2021).

Contemporary psychological literature often focuses on aspects of disassociation when dealing with anxiety issues. It is often viewed as an interruption in the integrated function of consciousness, perception and a dearth of integration in the individual's conscious thoughts, feelings, and experiences (McCarty et al., 2009). Over many years researchers and therapists have explored various techniques using a combination of CBT and hypnosis to reduce anxiety, with many positive results (Bryant et al., 2005; Phillip, 2021; Ramando et al., 2021). Using the individual's unconscious mind combined with guided imagery using specific positive required outcomes, as advised by the client, the rapid anxiety reduction method (RARM) was developed.

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What is the Rapid Anxiety Reduction Method (RARM)

The rapid anxiety reduction method (RARM) is a guided imagery technique created within the client's mind and guided by the therapist to reduce the anxiety issue of the client. The first part of the RARM involves relaxing the client with a short induction to allow the body to relax and the mind the clear. The client is then asked to create an image and feeling of their anxiety issue, preferably an issue that will occur within the next few days. The issues many clients experienced included flying on a plane, undertaking an exam, having a needle, going to the dentist, public speaking, driving over a bridge, walking in crowds, or walking into a shopping centre. On a subjective unit of distress scale (SUDS), with 1 being a feeling of relaxed confidence and ten being extremely anxious and fearful. All participants had a SUDS of between 7-10+.

The therapist guides the client to imagine the scenario of success, as guided by the therapist before being brought back to full consciousness. The therapist then follows a pre-set dialogue to guide the client to imagine a positive outcome. The therapist guides the client to do this multiple times. Each time imagining the success with more intensity, louder, larger, and more colourful. The client is then asked to imagine their previous anxious issue, and another SUDS is obtained. A much lower SUDS is expected to be reported, and the client feels more relaxed and comfortable facing their imminent experience. The therapist confirms the release of the client's anxiety issue a few days later via a phone call and normally after the client has experienced their anxiety issue. This is to verify that the SUDS remained low after treatment and that the client has experienced their anxious experience comfortably.

The RARM technique began being taught to counsellors, psychologists and others in hypnotherapy and psychotherapy courses. All students were required to undertake practicals within the class, followed by using the RARM technique when undertaking their practical assessments. Students also used the RARM with family members and friends in practical work for assigned tasks.

The RARM technique was taught, used by psychologists, counsellors and hypnotherapists, and then reviewed. A more formal assessment of the methods and outcomes was undertaken to validate the findings. More formal surveys were conducted to obtain relevant data on the effects obtained by therapists using the RARM technique within their therapy practice. A thematic analysis was conducted to determine themes from the participant comments.

Research Rationale

This study will be the first to focus on developing an in-depth understanding of the RARM treatment method. Research to date has focussed on a variety of methods to treat anxiety. However, the RARM method is new and, to date, unresearched. Our research will extend existing research by interviewing therapists with heterogeneous experiences and modalities and apply a specific focus on the reported results of using the RARM modality.

Recruitment

Permission was obtained to report on the treatment and results from the therapists delivering the same session. Permission was also granted from clients treated with RARM for their results and comments to be used in the research, allowing the use of collected data.

Participants who conducted the RARM therapy were registered counsellors, psychologists and hypnotherapists trained in using RARM therapy. They all underwent training in RARM and were provided with a scripted dialogue, so all patients and clients received the same dialogue and instructions. While some participants may have added some of their own words during the client intake, the therapy session delivered was the same therapy script as the training provided. The clients experiencing an anxiety issue consented to use their data within the research. All therapists and clients were deidentified, no names were recorded, and only therapists' pseudonyms were used for research purposes. All clients had previously sought therapy treatment to reduce their feelings of anxiety over their specific issue. The clients attended as their anxiety issues remained problematic.

Data Collection

Thirty-seven therapist participants were involved, reporting on between two and three RARM sessions with clients. All sessions included

- completing a client intake form with notes of the presenting issue,
- recording of client words,
- a SUDS scale to measure the severity of the anxiety both before the session then again after the session, and
- a third rating a few days later on a follow-up telephone call with the client.

Measures were taken pre-and post-treatment using the subjective units of distress (SUDS) scale. SUDS was obtained when the client initially attended the appointment, directly after the treatment and again a few days after they experienced the anxiety issue for which they sought treatment. The participants conducted their sessions following the dialogue provided by the researcher in anticipation of reducing the anxiety their client was experiencing. In total, 80 results were analysed via reports written on the results obtained from the participant therapists.

Data Analysis

The researcher used Thematic Analysis (TA) to record comments made by the therapist participants to determine the results of using the RARM technique. Eighty results were analysed. Thematic analysis (TA) was chosen as the data analysis method due to its flexible approach focused on identifying patterned meaning across a dataset. TA allows for identifying patterns or themes across a dataset without theoretical underpinnings (Braun & Clarke, 2006). The primary goal of thematic analysis is to investigate, identify, and analyse themes within data (Braun & Clarke, 2006). TA is beneficial and widely used due to its flexibility, allowing the researcher transparency regarding the assumptions about the nature of the data. The use of TA requires no development of axial coding or data saturation procedures. TA is flexible and practical in capturing the participant's beliefs, feelings, and experiences (Braun et al., 2020). In clinical research,

it has been used in numerous counselling and psychotherapy studies (McLeod, 2011).

The researcher gathered results and used TA from the narrative written responses of participants where themes were identified from participant responses and responses recorded from their clients. Repeated patterns and emergent thematic categories were the focus. The responses from participants were used to determine the thematic patterns (Clarke, 2019; Terry & Braun, 2016).

The analysis was informed by Braun and Clarke's (2006) six-stage process. The first stage focused on becoming familiar with the data. NVivo (QSR International, 1999) was used to highlight any related quotes and descriptive language. The second stage involved the creation of codes from participant descriptions. During this stage, the participants' responses were re-read, and any coding focused on specific words or responses related to the research's main aim. The third stage involved the identification of the themes that were important to the research aims. The identified themes were subsequently reviewed in the fourth stage. At this stage, four themes were identified and accurately represented the data. The fifth stage involved completing the data by identifying patterned responses before defining and naming the themes identified. The sixth stage involved the writing up of the research.

Findings

The analysis of the participant responses identified four distinct themes concerning the effectiveness of the rapid anxiety reduction method. The four main themes identified were: (a) the speed of improvement, (b) ease of use, (c) empowerment and control, and (d) anxiety desertion.

Comments from the therapist participants were divided into four themes. Theme one was the speed of improvement noted by participants and clients. The clients' SUDS were reduced after the RARM session. Theme two was the ease of use for the therapist and client. Participants advised that the clients were pleased to obtain not only fast results but the ease with which they were obtained seemed to excite them. Theme three identified empowerment and confidence obtained by the client. Participants reported that the comments made by clients were consistent, expressing their feeling of empowerment and control over their past anxiety issue. Theme four was anxiety desertion, where the client's anxiety relatively or entirely disappeared concerning their anxiety issue. The single RARM treatment was all that was required by over 88% of participants' clients to significantly reduce their anxiety issues, enabling them to undertake their experience with renewed confidence and comfort. The results reported from using the RARM were continuously effective when the taught technique was used.

Theme one: Speed of Improvement.

Participants all indicated positive results from using RARM. Many comments were noted in participant responses to show this speed of improvement with clients:

... amazed at how fast the RARM technique works to significantly reduce the feeling of anxiety with my clients (SW).

I now use the RARM for so many anxiety issues; it is effective, fast ... (JD).

The RARM therapy is typically executed in one

session. While seldom times a second session was required due to secondary gains held by the client if their SUDS was not significantly reduced. If the SUDS remained above a 4, another therapy session was recommended to address and alleviate the issue due to secondary gain.

Participants commented on the speed of using the RARM, saying:

I'm astonished at how fast this session changes clients' thoughts and behaviours (LC).

I almost laugh now when a client calls about their anxiety issue as I know when they come in, they will leave feeling so much better, more in control, and in only one session, they think I am a miracle worker (DG).

Client JM stated: ... I felt different, less distressed, more distant from the issue almost immediately (JM).

...this is by far the fastest anxiety remedy I have every used with clients; the speed of change blows me away (KD).

Participants continued comments on the speed of the RARM to improve and reduce their clients' feelings of anxiety were consistent throughout their responses.

Theme 2: Ease of Use

Participants described the RARM session as so easy to use. Participants who were counsellors and psychologists commented that they often used multiple sessions to reduce a client's or patient's anxiety level. They advised that once learning and using the RARM, they felt it was easy for them and their client:

... it was just so easy to use, once you obtain the client issue and their precise words, you can use these within the dialogue script to connect quickly with the client/patient and just have them follow the instructions, it is really easy' (LW).

...as a counsellor I was unsure at first if the RARM would be as good as I had heard from other therapists who had trained in it, so I thought I would give it a go; I actually needed some CPD points. I was stunned, surprised and thrilled at how easy it was to get such a fantastic and positive result (AR).

...it is so easy, simple to use and non-threatening, yet provides fabulous results (MM).

...her SUDS regarding attending the class was a 7 now a 1. My client felt it was the easiest therapy session she had ever attended (JD).

... the ease of use with this RARM treatment is fantastic, you have the dialogue to use, the steps are easy, and it works incredibly well (ST).

Client KW commented: ... I have had this rotten anxiety most of my adult life, been to therapy heaps of times to manage it, but wow, it has completely gone. I was relaxed, and my mind did all the work. I feel it was too easy, but it just worked (KW).

Participants trained in the RARM therapy technique emphasised it was one of the fastest learned and easiest used therapies that delivered positive results. The theme of ease of use was consistent with all the therapists trained in using the RARM.

Theme 3: Empowerment and Control

Participants commented that their clients felt empowered and in control again. Participants advised that the clients had indicated the issue of anxiety they were carrying had been debilitating, annoying, and challenging for many years. While in

therapy, we often seek to find the initial sensitising event (ISE) in some of the anxiety cases reported; there was a lack of identified ISE. Some clients advised their issue began or developed without any significant cause. This results in additional confusion and frustration for the client:

My client opened their eyes and smiled, saying how amazing she felt. Her SUDS, originally an 8, was down to a 1; she felt empowered and more in control (MM).

... scared to death of driving over a bridge, any bridge. The client reported no incident or accident on any bridge and had no idea where this horrid fear eventuated. It prevented her from driving, and she wanted to regain control over this anxiety issue. Her SUDS was 10, and after I did the RARM, her SUDS went down to a 2 and she was excited to drive and go over a bridge. I called the client three days later to check in, and she advised she had driven over many bridges, felt in total control, empowered, no fear, and her suds was a minus 100 – so a 0 (HS).

...RARM enables my clients to feel they have regained their control over their anxiety issue (JP).

Client AR stated:

... this feeling of power and control I feel has blown my mind completely. I was hoping to feel less anxious about performing again but now I feel like I want to just sit in front of thousands and perform and sing and have fun, like right now (AR).

Participants agreed their clients felt an almost immediate empowerment and regained control over their issue. The comments about feeling empowered and a new sense of control were consistent with all participants. This was consistent with the follow-up phone call undertaken 3 – 4 days after they had faced their anxious event.

Theme 4: Anxiety Desertion

Participants advised how the RARM positively affected their clients. The disappearance from the anxiety feeling occurred after the session. The anxiety desertion remaining days after the session and after the client had experienced the event they were anxious about undertaking or participating in.

... after doing the RARM exercise my client stated that she could no longer feel anxiety at all and could not even place herself in a situation where she was able to feel anxiety (RA).

... the anxiety, panic or sweatiness my client said he experienced through those regularly anxiety experiences had vanished completely (SW).

Participant ML used the RARM with a client who was petrified of needles and required COVID vaccines for work:

...as soon as she sat down to have the vaccine, she said that all her fears and worries almost completely disappeared. She said a feeling of calm washed over her, which was comforting and reassuring. She was surprised and relieved to feel this way. Her SUDS was a 10+ but had come down to a 0-1 (ML).

Client SP commented:

...I am amazed at how my anxiety just seemed to disappear. I truly tried to find it when I was asked to and thinking about the pending event I was so anxious about, but I couldn't; it was just gone (SP).

The participants were congruent in their comments about anxiety desertion.

Conclusion

The research was conducted only on issues occurring within the next few days. The issues included driving over a bridge, walking past dogs, swimming in the ocean, flying on a commercial flight, having a needle, taking a driving test, giving a presentation to a group of work colleagues, fearing an ultra-sound to check on the development of the baby, and attending a job interview. The issues were varied; the results were homogenous. Not only were clients and participants excited about the ease of use, speed of treatment, and clients stated a feeling of control and empowerment; many also commented that the anxiety had disappeared.

The RARM training consisted of a one-day training event and 4-6 practice sessions before participants were advised to use the RARM on clients or patients. The training never promised any miracles, only a possible reduction in the level of anxiety experienced by the client. Further research on using the rapid anxiety reduction method could be conducted to validate a broader range of anxiety issues with a more significant number of participants reporting. Further, a longitudinal study to investigate the reduced feeling of anxiety over months or years could be undertaken.

Bio

Karen Phillip is a Master practitioner in Counselling and Hypnotherapy. Karen has worked over 20 years as a clinical practitioner in counselling and hypnotherapy. She teaches Psychotherapy and Hypnotherapy in the Australian Hypnotherapy College diploma course. Karen also conducts many Masterclasses for therapists around the world. Karen has been published previously with research in rapport building over the telephone and how counselling and hypnotherapy can work congruently. The recent article is research conducted on a new rapid anxiety reduction method. Karen continues to work in private practice while teaching and researching.

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