

SUCCESSFUL TREATMENT OF PHOBIAS AND ANXIETY BY TELEPHONE AND RADIO

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Anxiety, according to Chaplin's Dictionary of Psychology, is a "feeling of mingled dread and apprehension about the future without specific cause for the fear. A phobia is defined as "a strong, persistent, and irrational fear elicited by a specific stimulus or situation.'

Phobias and anxiety are the most common psychological problems in the country according to recent extensive surveys of mental health. Most clinical practitioners in the field are aware that these problems are even more prevalent than the surveys indicate.

The conventional treatments for these problems are very expensive, time consuming, painful to undergo, and often totally ineffectual. Highly trained professionals who typically work with one patient per hour per week must spend months with the anxious or phobic patient and then hope that the problem is more "under control". An actual cure for the problem is a rare event. The psychotherapists who work in this area don't talk much about cure. Their goal, typically, is to help the patient "control his problem."

Against this background, it is to be expected that the public would be skeptical of my claims of dramatic success, achieved with ease, within minutes.

Therefore, when I was promoting The Five Minute Phobia Cure [new title How Executives Overcome Their Fear of Public Speaking and Other Phobias, Enterprise publishing, Wilmington, Delaware 1985) I did not wish to appear on TV and merely talk about the book as I had done several years earlier with It Can Happen To you: The Practical Guide To Romantic Love (A Signet Book: New American Library 1983; a Book of the Month Club Selection).

The love book illustrated a little known, hitherto unnamed, and ubiquitous phobia that I called "amouraphobia" which I believe is one of the major reasons why, in a country loaded with successful people of all sorts, who are unusually devoted to human happiness and uniquely in favor of romantic love (despite the antagonism of most professionals), we find very little enduring success in the realm of romantic love.

While it was perfectly appropriate to talk about the love book, The Five Minute Phobia Cure, however, presents such revolutionary claims that I would not expect anyone to believe me if I merely talked about what I do. It is a basic principle of reason that the burden of proof is upon the one who makes claims that flaunt common knowledge and experience. It was my responsibility to demonstrate why serious people should take my claims seriously.

When I was called upon to appear on various television shows I explained to the producers that I didn't want to merely talk about what I do, since I expected disbelief, but if they would get volunteers I would attempt to treat them right on the show. I explained that the more severe and long-lasting the problem the more dramatic would be the result (if successful).

I asked The TV producers to restrict the selection of people to those whose cure could actually be demonstrated on the air. For example, I didn't want to treat someone who was afraid of flying unless

they could be taken in an airplane in order to demonstrate that they were REALLY better after the treatment.

Since location shots are quite expensive, not many were done. Location shots were done on "Evening Magazine" (a national show) for driving phobia in Baltimore, Maryland with a very grateful lady who had been unable to go on freeways or over bridges for 18 years and who had not been helped by other professional approaches. She was cured quickly and easily. A location shot was also done to treat fear of heights and elevators in Los Angeles at the Bonaventure Hotel, with its' outside glass elevators. This hotel is a veritable nightmare for acrophobes and claustrophobes. All three of the severe acrophobes were cured

Inn the TV studios many were treated who were afraid of ladders, snakes, needles, spiders, cats, and other such things or situations where the actual cure could easily be demonstrated in the studio. Tom Snyder, for example, was cured of a severe phobia for ladders that he suffered from for eight years.

Regis Philbin, on "The Morning Show" (New York, ABC), succinctly stated what I was trying to do: On March 6, 1985 when I appeared on his show Mr. Philbin said: "The test is this: either the guy's cure works or it doesn't. Rarely do you get a chance to test these authors who come through here with their books."

After the weatherman on the show was cured of his fear of heights, after a severe case of life-long snakeaphobia was cured, after a brief treatment the formerly terrified young lady, now totally relaxed, held in her hands a very large python with ease, and after a severe case of stage fright was also cured within minutes; Mr. Philbin commented, "A remarkable demonstration, a very dramatic and convincing demonstration."

I put my processional reputation on the line because, of course, it was possible for me to fail. I did fail a few times but for the most part the television tour went well with a treatment success rate of well over 90%. An unprecedented high degree of success.

After the television tour I was called upon to do a series of radio shows. At the time I had no idea how I would be able to treat people if I were not with them to carry out the diagnosis and treatment. To make a long story short, I was able to develop special procedures for treating over the telephone and hence by radio.

I was interviewed on a total of 23 talk shows between July 6,1985 and June 28,1986, which were recorded on audio tape. The listening guests were invited to call in if they were experiencing an anxiety problem at the time of calling. They were told that I would attempt to help them with the problem over the air.

The reason we asked for them to be experiencing a problem at the time of calling was so that the therapy, if it worked, would be able to show a meaningful difference. If someone isn't experiencing anxiety at the time of treatment they can still be treated it's just that they are not good to use for a demonstration since there can be no observable difference as a result of treatment. Though the listeners were mainly asked to call if they experienced anxiety, we also got a few calls for other problems and treated them as well.

The guests were asked to express the degree of disturbed emotion that they were feeling at that moment, in terms of the commonly used ten point scale, where 10 represents the highest degree of a problem or the most discomfort Possible, while 1 represents the absence of a problem.

There is no better index of emotion than the person's subjective report. Though there are physiological correlates of various emotions their measure is not a valid or reliable indication of actual emotions which, by definition, are subjective. The problem is the same in the attempt to measure physical pain; there is no physiological indicator which can substitute for the patient's subjective report.

The results include everyone who called in and also those whose treatments were interrupted because time ran out, or where the phones were accidentally disconnected before treatment was concluded. This stringent procedure was carried out in order to minimize bias.

In order to demonstrate the power of the treatments themselves and to minimize suggestion, placebo, or hypnotic effects, when talking to the call-in subjects, I assumed a rather cool business-like tone in contrast to the warm tone used in hypnosis or psychotherapy. Also, I avoided direct suggestion or relaxation procedures in order to highlight the effect of the treatments themselves. Nevertheless, it was typical for the subjects to report spontaneous relaxation after the treatments even though no mention of relaxation was ever made.

Incidentally, as one who has used hypnosis and suggestion for over 3 decades of clinical practice, I can tell you that they can't even come close to these new procedures in effectiveness or rapidity. If the effects WERE due to suggestion or hypnosis it would be the most significant breakthrough in those methods since their inception. However, I can assure you that the results are NOT a result of suggestion or hypnosis. That was the first possibility I examined when I first began developing these rapid treatments nine years ago. In fact, I am usually working in the face of extreme negative suggestion since the subjects do not expect to receive help from my novel and unusual procedures. An expression that I hear often from the amazed and cured individual is "I don't believe this!" as they engage relaxedly with the situation or event that moments before was terrorizing them. They didn't expect any help and they are quite surprised when the help is suddenly there.

For a listing of the various problems treated and the pre and post- treatment scores, see the table below. As you can see there were a few problems other than anxiety and phobias that were treated. Rapid treatments have been developed and are being developed to treat virtually every psychological problem.

The other problems that were treated (which require different treatments than anxiety) were: chocolate addiction; trauma due to an accident; war trauma; and what I call "love pain" (the pain of losing a lover through death or rejection). Until now there has never been an effective treatment for love loss pain. Psychotherapists typically offer words of encouragement and assure the victim that eventually time will heal the wound (sometimes it doesn't). The summary of the data includes these problems as well as all fears, phobias and anxieties that were presented.

A limitation of treating over the radio, as opposed to TV is that it usually is not possible to test the results in reality to see if the person is better. Remember that the TV guests were selected on the basis that it could be determined whether they actually were better. For example, if they were terrified of snakes then a snake would be presented to them to see, not merely how they imagine they would be with a snake, but how they actually are in the presence of a real live (and usually very large!) snake. This limitation is the same limitation that all psychotherapists face when treating

people in their offices. We never know how the patient is doing for sure until they go out into the world and test the treatment.

There was, however, one opportunity to see how well the radio caller was really doing when he presented the problem of public speaking, because that is what he was actually doing as we worked. usually, it makes a nervous public speaker even more upset if he has a lot of people listening to him. We had an acid test for them since none of them had ever before talked to so many people.

Public Speaking

Most surveys of phobias list public speaking as the most common fear or phobia and indeed it was the most frequently mentioned fear in this study. Of the 68 people presenting problems 11 of them presented a fear of public speaking.

It was particularly interesting to treat this fear because it was a live test of the power of the treatment since the people were actually nervously engaged in public speaking, while talking over the radio. They could realistically evaluate the success of the treatment without relying solely on their imagination. It was also possible for listeners to discern the improvement in their voice as they immediately became relaxed as a result of the treatment.

In this real test, as opposed to the solely subjective results of the other fears treated, the results were comparable to all the other fears treated. Here is an analysis of just the public speaking fears treated:

Total public speaking 11

Average score before treatment: 8.8

Average score after treatment: 1.9

Average time for treatment: 5:16 minutes

All of the 11 public speaking fear volunteers were dramatically and significantly helped by the Callahan Treatments.

These results, remember, were not obtained in the privacy of my office, with patients who had come to me for help, but was carried out with skeptical strangers, and witnessed by millions of people in the total radio audiences. Millions more have witnessed comparable results obtained on numerous television shows all over the country. I have appeared and demonstrated my work three times, for example, on Cable Network News alone, which is seen all over the world. The public demonstration of results is especially important for those who are aware that too many scientists, including famous social scientists., have been exposed as cheating on their "scientific" findings.

PSYCHOLOGICAL REVERSAL

The high degree of success achieved would not have been possible without the discovery of the problem of psychological reversal and how to overcome it. The presence of this state is what prevents patients from getting better or achieving success regardless of the problem or area of endeavor. Before this discovery, my success rate was half as great. The degree of success is somewhat higher than the results from my practice reported in The Minute Phobia Cure (85%) and this improvement is due to some additional discoveries in the realm of psychological reversal, which has boosted the efficiency of the procedures since that book was written.

A question that I hear often is "Does the treatment last?" The answer is that it does usually last but sometimes (less than 5% of the successful cases) it may not. Of course there is always a reason why it doesn't last. However, it is not a major effort to repeat the treatment.

As a result of what I have learned from my experiences of treating over the radio, I now treat most of my psychotherapy clients by telephone. This allows for an immediacy that is simply not available in conventional office treatments. For example, the in-night telephones available on some airline flights make it possible to treat the fear while the person is actually flying. (We also treat them before, to make sure that they are comfortable prior to leaving). Telephone treatments make the help available to agoraphobics and panic disorder patients who cannot leave home. We are now treating people literally all over the world with the telephone treatments.

PROBLEMS TREATED ON CALL IN RADIO SHOWS

I was interviewed on 23 radio talk shows between July 6, 1985 and June 28, 1986. All of the subjects (68) who called were experiencing anxiety at the time of the call. The time is recorded the moment we start talking and continues until we finish treatment; so the time refers to the total time spent with the caller and not just the actual treatment time. With some individuals, there was not enough time due to the constraints of the show but they are included also; every caller is included in the results.

Anxiety level is measured on a 10 point scale, where 10 is the highest anxiety, and 1 is no trace of anxiety.

SUMMARY OF STUDY RESULTS

Number treated	68
Successfully treated	66
Failures	2
Success rate	97%
Average anxiety level before treatment	8.35
Average anxiety level after treatment	2.01
Average improvement	6.34
Average time for treatment	4.34

PROBLEM * = counted as failures	SUBJECTIVE UNIT OF DISTRESS RATING (SUD) 1-10			
	Before	After	Improvement	Time (mins)
Being on radio	8	2	6	5:25
Talking on radio	10	3.5	6.5	6:28
Talking on radio	10	2	8	11:31
Talking on radio	6	1	5	4:15
Speaking on radio	9	1	8	3:40
Speaking on radio	9	3.5	5.5	3:41
Public speaking	9.5	3	6.5	7:10
Public speaking	10	1	9	4:45
Public speaking	7	1	6	3:08
Public speaking	10	2	8	3:18
Public speaking	8	1	7	3:24
Flying	4	1	3	2:51
Flying	5.5	1	4.5	2:55
Flying	10	1	9	5:30
Flying	5	1	4	4:28
Flying	10	1	9	2:38
Flying	10	1	9	3:20
Flying	10	4	6	4:15
Flying in small planes	10	5	5	5:35
Shopping crowds	8	2	6	4:39
Restaurant crowds	10	1	9	3:49
Crowded cars	8.5	2.5	6	4:15
Closed spaces	10	1	9	9:00
Closed in	10	5	5	7:10
Being closed in	8	1	7	3:13
Feeling trapped	8	1	7	3:15
Clothes over head	10	1	9	2:50
Elevators	10	4	6	9:53
Elevators	10	2	8	2:36
Heights	5	1	4	4:50
Heights	8	1	7	2:39
Heights	10	2	8	4:10
Heights	9	4.5	4.5	3:36
Heights	7	1	6	3:58

PROBLEM * = counted as failures	SUBJECTIVE UNIT OF DISTRESS RATING (SUD) 1-10			
	Before	After	Improvement	Time (mins)
Bridges	10	1	9	3:49
Driving	9	5	4	3:05
Driving	10	1	9	4:25
Diving	7	3	4	3:20
Freeway driving	9	3	6	5:27
Highway driving	10	1	9	3:23
Snakes	10	1	9	2:46
Snakes	10	2	8	8:12
Dogs	10	3	7	9:23
Dogs and cats	8	3.5	4.5	2:20
Creepy crawlers	6	1	5	2:32
Creepy crawlers	8	1	7	3:55
Spiders* (failure)	10	10	0	6:26
Grasshoppers	8	1	7	3:10
Bees, wasps, hornets	8	1	7	2:10
Bees in closed space* (failure)	9	8	1	6:49
Darkness	8	2	6	4:43
Making sales calls	10	1	9	3:55
Escalators	10	4	6	5:12
Being alone	8.5	1	7.5	2:32
Sex	8	1	7	4:32
Going down steps	7	1	6	4:05
Over eating anxiety	8.5	1.5	7	5:18
Lust for brownies	7	1	6	3:01
Needles	7	1	6	4:38
Getting a shot	10	1	9	3:35
Having accident	5.5	1	4.5	3:20
Doctors	6.5	1	5.5	5:18
Dying	9	2	7	4:38
War trauma	9.5	4	5.5	4:37