Trapped By Phobias

Breaking free from fear

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If you ask the typical person to describe the most terrifying scenarios imaginable, they'll probably come up with some pretty grim possibilities: war, violence, disease.

But for some random individuals, it could be a poodle — on a leash. (This is true. I've seen it myself.) It could be the observation deck of the Empire State building, a party, a spider or an airplane bathroom. For individuals suffering with phobias, specific objects and situations incite a fear so deep that it can almost feel like a death sentence.

That's what phobias do to you. They mess with your head and alter your sense of reality. There are tens if not hundreds of phobias that afflict people, including the more well-known aerophobia (fear of flying), aquaphobia (fear of water) and claustrophobia (fear of small, enclosed spaces). It seems that almost anything can provoke a phobia. You can perhaps sympathize with apiphobia (fear of bees) and chiroptophobia (fear of bats) but imagine dealing with a bad case of arachibutyrophobia — that's a fear of peanut butter.

Seriously?

This one is rooted in a fear of having peanut butter stick to the roof of one's mouth, which is connected to a more general phobia of choking. Then there's cibophobia (fear of food) which could be related to one specific food or a number of foods. This type of phobia comes from an extreme fear of illness or choking or from associating the food with an unpleasant or traumatic experience.

There are phobias of climbing, dentists, cats, crowds, insects, teenagers, horses, blood, doctors, cooking, darkness, disease, birds, school and the moon, among others. There's even a phobia of phobias called phobophobia and a fear of clowns called coulrophobia. Is that legit? Who knows? I was never a fan of clowns, myself.

Dr. Suzanne Feinstein is a Columbia University-trained clinical psychologist who specializes in evidence-based treatments such as CBT (cognitive behavioral therapy) to help people with all kinds of anxiety disorders. "I have treated a wide array of phobias including fear of city pigeons, kitchen knives, heights, water, insects, dogs, needles, blood, vomit, sounds, elevators, planes, death, etc.," she says.

Whatever it is that a person fears, encountering it — or the *possibility* of encountering it — can become a living nightmare. When a person is in a heightened state of fear and terror, they can experience dizziness, an elevated heart rate, nausea and breathlessness. In more extreme cases, the sufferer might fear that they will faint or endure a full panic attack. Very often, the *fear* of panic causes the most distress and is the most time-consuming — as opposed to the actual number of panic attacks the person experiences. And it's all from imagining a worst-case scenario!

"The fear is not an actual danger," says Dr. Greta Hirsch, a Washington-based, licensed clinical psychologist who specializes in treating adults with anxiety, panic disorder, social anxiety and PTSD. "The fear is a false alarm that your body is giving off that you're responding to as if it's a real alarm."

Fear starts in the brain (in the amygdala, in case you were wondering) where a threat stimulus will activate parts of the body that deal with a fight or flight response. Stress hormones stimulate bodily reactions — like heart rate and blood pressure — that help us respond to danger. For that individual who has a phobia of dogs, it doesn't matter that the goofy poodle with the pompom-shaped haircut is completely harmless. The threat is so real that their body forces them into panic mode, and they physically experience actual terror. It's not rational, but then again, phobias never really are.

Rivky Mammon was visiting Manhattan and was excited to try out a virtual reality demonstration at the Oculus building. Before she put on the goggles, she was asked if she had a fear of heights.

"I told them that I did, but I figured it was only goggles," she says.

In the VR world, she rode the elevator to the top of the Empire State Building.

"What's the problem?" Rivky said.

"Look behind you."

Rivky turned around and found herself standing at the edge of the observation deck. She let out a scream and ripped off the goggles. "I knew it wasn't real, but it might as well have been."

We all have fears, but when does a regular fear cross the line into a full-fledged phobia? If spiders give me the creeps, does that mean I have a phobia?

Not necessarily. According to the U.S. National Institute for Mental Health (NIH), a specific phobia is an intense, irrational fear of something that poses little or no actual danger. The fear is inflated and irrational, but the very thought of facing it causes the sufferer to experience severe anxiety symptoms.

According to the NIH, around 9 percent of American adults have had a specific phobia in the last year and over 12 percent of American adults have experienced a specific phobia at some point in their lives.

When a person has a phobia, they might be content to make a few life changes in order to avert the object or situation that incites their anxiety, terror and panic. But they're not doing themselves any favors. So, maybe they drive instead of flying, take the stairs instead of the elevator or choose not to speak publicly in social situations. But that's problematic.

"Most people's inclination is to avoid what they're afraid of," says Dr. Hirsch. "But every time you avoid the situation; you're just reinforcing the fear."

She points out that the problem might spread. "It can bleed into avoiding other things," she says. "And then at some point, in its most severe form, the sufferer can find themselves housebound or their phobia can significantly interfere with their daily living."

But there is positive news. "The good thing is that treatment for phobias is not long-term treatment," she says. "If you see a cognitive behavioral therapist, most phobias can be treated in 10 to 12 sessions."

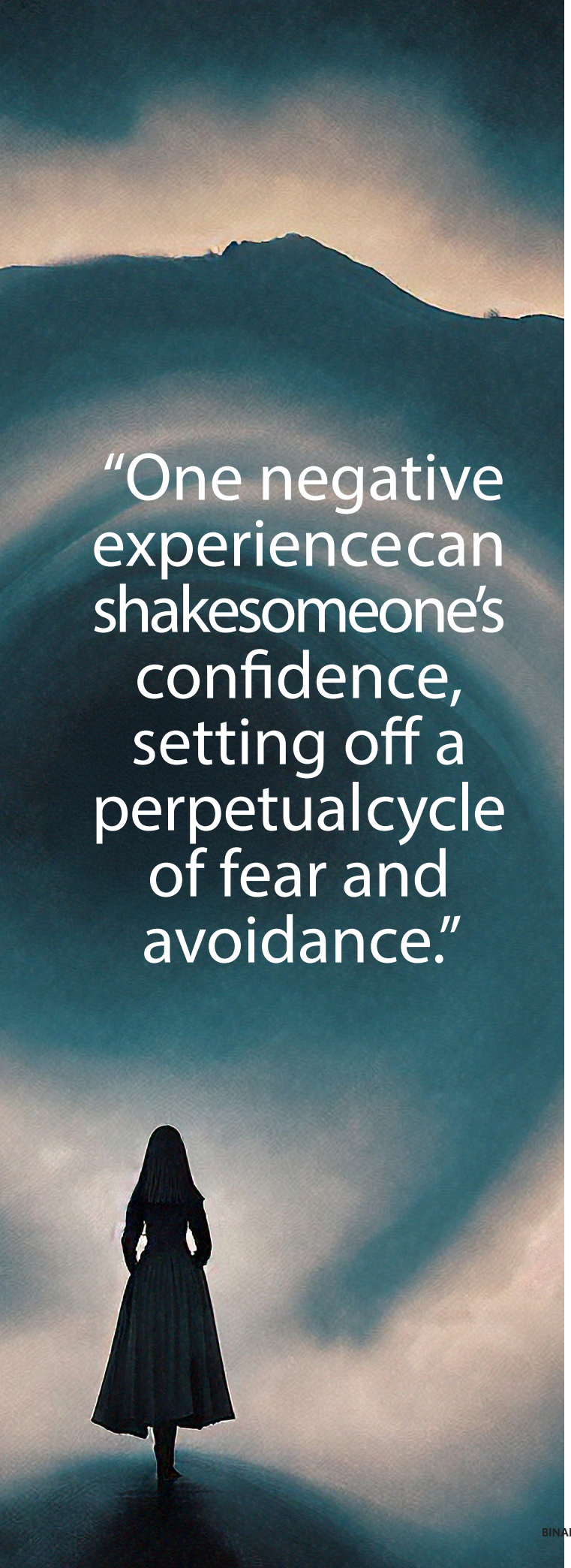
In many cases, the treatment can potentially even be shorter.

In Dr. Feinstein's experience, the most effective treatment for phobias is exposure therapy. "It's a specific type of cognitive behavioral therapy that involves gradually exposing a person to a particular stressor in a safe and systematic manner to desensitize the person to the perceived threat," she says. "By encouraging a person to face fears through this type of active treatment approach, you empower them to live life in a more optimal way without the typical avoidance that usually accompanies these phobias."

A therapist will often begin by discussing the irrational aspect of the patient's fear. Statistically, it's extremely unlikely that your plane will crash, the elevator will catch fire or a snake will randomly find you and bite you. But a phobia is not a rational beast, so the therapy will often combine self-relaxing exercises with more hands-on strategies.

Dr. Hirsch works with her patients to develop a fear hierarchy. She empowers them to progress through 10 levels of increasing potential fears, where number one could be something as minor as stepping into an elevator with other people and number 10 might be getting into the trunk of a car with the door closed.

"There is inevitably panic along the way," she says. "What if I have a panic attack? What if the door doesn't open? They will do simple



exercises like counting backward by 3s from 200, as well as muscle relaxation, in order to tolerate an ascending level of fear." Having a tool kit that grounds the person in the moment, connecting to what is physically around them (versus letting their thoughts run wild) will help better manage the anxiety.

Dr. Hirsch uses a closet in her office that happens to be small and dark. "We slowly do exposure by starting halfway in the closet," she says. Dr. Hirsch will even get into the trunk of her car. She points out that every car has an internal trunk release, even though the claustrophobic patient may not know that. By the time the patient works up to getting into the trunk of a car, they've mostly eliminated their phobia.

So, we know that phobias can be eliminated, but how do they start?

According to Dr. Feinstein, phobias are likely to develop based on genetics, specific sensitivities, negative life experiences and challenges in physical or emotional health, rather than being part of someone's personality type. "A phobia can also develop as a result of a learned response," she says.

They can also emerge at any stage of life. "I have seen people who develop a sudden fear of public speaking after having been avid public speakers for years," Dr. Feinstein says. "One negative experience can shake someone's confidence, setting off a perpetual cycle of fear and avoidance."

A bad car accident, a fearful parent, a devastating insect bite — there are all kinds of triggers that can cause the fear. Some phobias will eventually resolve themselves, especially the ones that start in childhood, but others require intervention in order to eliminate them.

Chaya Lesser's phobia developed when she was in her 50s after experiencing severe turbulence for 45 minutes on a flight from Eretz Yisrael.

"It was the most terrifying thing I've ever experienced," she says.

Despite knowing that flying is statistically safer than driving, Chaya still could barely get on a flight after that. Her doctor prescribed a strong anti-anxiety medication, but Chaya eventually learned CBT to help herself relax on the plane. "It also helped when my brother told me to imagine Hashem carrying the airplane through the sky," she says. "I still find that comforting."

In addition to genetics, phobias can be influenced by environmental factors. "A fearful first encounter with an object or situation may trigger a phobia in some