

*“Nobody knew how close I came to dying that day.*

*Only a few family members were aware of my phobia, but they had no idea how firm a grip it had on me. I don't remember what drove me out of the house, but I do know that it was October, the start of the season, 6 months of terror ahead of me, that's how I saw it anyway. I was walking across a field that ran parallel to a busy road near my home. I usually felt better if I was out, away from the intensity of the house, ironic really, home should be your safe place, but all I wanted to do was run. Despite that I was weary, weighed down by fear for so long. I just wanted it to stop. I would have given anything to make it stop.*

*A little way ahead a path lead out of the field and up over a bridge that spanned the busy dual carriageway. I walked up onto the bridge. Traffic thundered along beneath my feet, fast, powerful. The thought was fleeting, but suddenly I knew that there was a way to end the fear, for the first time I felt as though I had an element of control over a situation that I had never been able to control. It was a glimmer of hope. I could jump. I didn't want to take my own life, I didn't want to die, I just wanted to.....not be afraid anymore” (Case History 1 Client)*

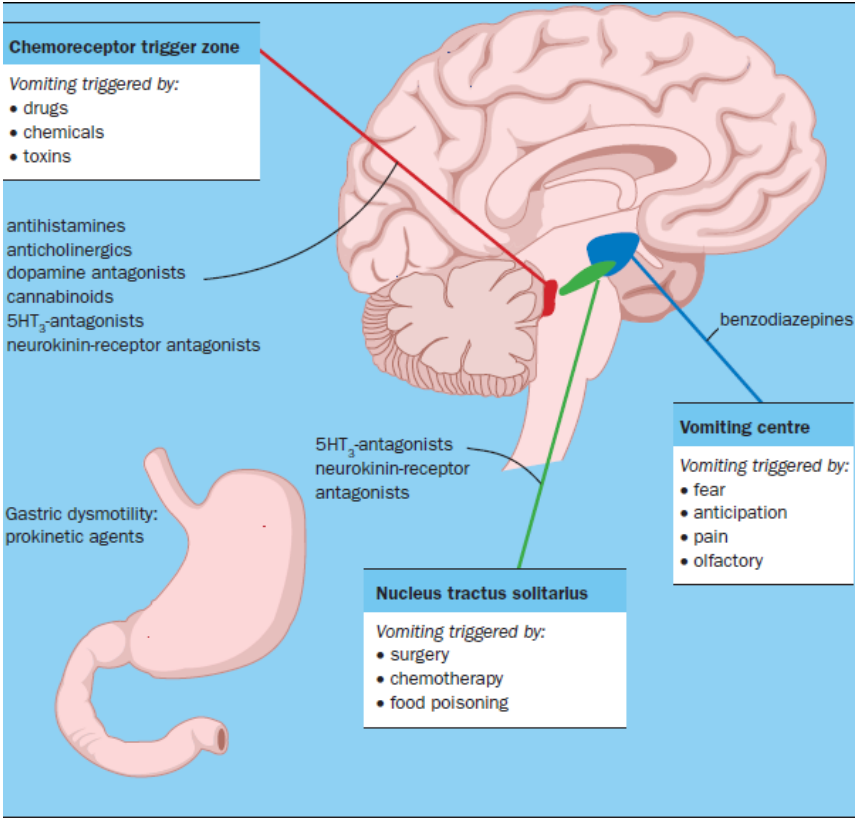
# Emetophobia

An Effective Solution-Focused Approach.

# Definitions

- ▶ **Emesis** – The act of vomiting  
From the Greek, Emein 'To vomit'
- ▶ **Emetic** – A drug that induces vomiting  
This could be intentional e.g. a drug given following an overdose/poisoning etc.  
or a side effect of a drug e.g. cancer treatments, certain analgesics.
- ▶ **Anti-emetic** – A medicine that can prevent or stop a person vomiting.  
Travel sickness medications and 5-HT (Serotonin) antagonists used in chemo.

# The Vomiting Centre



# Emetophobia

## Who gets it?

- ▶ Obtaining accurate data is difficult due to a lack of research.
- ▶ On average 2-3% of males, and 6-7% females
- ▶ Most commonly begins between ages 10-18 years
- ▶ It is believed that females are affected more because of a higher 'sense of disgust'....

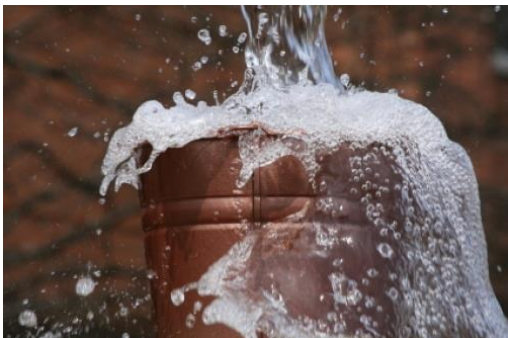
# Emetophobia

## What is feared?

- ▶ Feelings of nausea.
- ▶ Vomiting.
- ▶ Others vomiting (including animals)
- ▶ A combination of all of these.
- ▶ A loss of 'control'
- ▶ While some people will fear all vomit, no matter what the cause, others only fear vomiting caused by infections (eg Norovirus), and do not fear alcohol induced vomiting, morning sickness etc.

# Emetophobia

- ▶ The American Diagnostic and Statistical Manual of Mental Health (DSM-V) describes Emetophobia as a specific fear of vomiting.
- ▶ This is not to be confused with what we as Solution-Focused hypnotherapists understand 'specific' or 'simple' phobias to be, eg spiders, flying etc.
- ▶ Emetophobia cannot generally be dealt with in 3 sessions.



# Emetophobia

## What does it feel like?

**Terrifying.**

The reason that emetophobia is so bad is because those affected can feel like there is no escape.

A person with emetophobia is afraid of their own body.

They can't run, hide or stand and fight it.

They will do anything to avoid or prevent it.



# Emetophobia

## Avoidance Behaviors

- ▶ Eating Out
- ▶ Eating food that someone else has prepared
- ▶ Eating food that they have prepared
- ▶ Certain 'high-risk' foods, e.g chicken, eggs, shellfish
- ▶ The fresh meat aisle at the supermarket
- ▶ Certain combinations of food
- ▶ Alcohol
- ▶ Public Toilets
- ▶ Germs
- ▶ Amusement Parks
- ▶ Foreign Travel

# Avoidance Behavior

- ▶ Certain careers, eg Teaching, Nursing, Cabin Crew...
- ▶ Children
- ▶ Pregnancy
- ▶ Hospitals, GP surgeries, Nursing Homes
- ▶ Prescription medication
- ▶ Anaesthesia
- ▶ Chemotherapy
- ▶ Dental Treatment
- ▶ Others who are unwell

# Avoidance Behavior

- ▶ Animals/Pets
- ▶ Anywhere they cannot easily escape from, e.g mid row of theatre, cinema, shopping centre, planes
- ▶ School
- ▶ Therapy.....
- ▶ Fear of therapy stems from concerns that they will have to 'do' exposure therapy and is the fundamental reason that research into emetophobia is so sketchy.

# Emetophobia

## A simple phobia?

- ▶ As you can see from the list of avoidance techniques, emetophobia can have many co-morbid conditions, notably OCD, PTSD, agoraphobia, generalised anxiety, panic disorder and low mood.
- ▶ Individuals often have high levels of day to day anxiety and are hyper aware of any physical sensations relating to the gut, dizziness, and sweating i.e. symptoms that might mean they are ill....
- ▶ Symptoms that we know as the physical symptoms of anxiety.....

# Anxiety

- ▶ As SFH we know that anxiety causes very real physical symptoms, the racing heart, breathlessness, sweating, shaking, dry mouth, difficulty swallowing, churning stomach etc.
- ▶ Someone with emetophobia doesn't have to be in the presence of one of their triggers for this to occur, anxiety over ANYTHING will produce the same effect e.g., feeling stressed because they are stuck in a difficult meeting in work/late for an appointment etc..
- ▶ The one thing they focus on out of all of those physical symptoms is the churning stomach
- ▶ Suddenly they're stressed and feeling sick and because they feel sick their anxiety level rises even more, the stomach churns more and leads to full blown panic.

# Emetophobia Causes.

- ▶ ASSOCIATIVE. As with many phobias the cause can sometimes be linked to a bad experience, usually in childhood, although this is not always the case. It is worth noting that the very act of vomiting stimulates the sympathetic nervous system triggering sweating, shaking and raised heart rate, just like fight/flight.
- ▶ VICARIOUS Seeing someone else vomiting/fainting and being distressed by it.
- ▶ FAMILIAL They may be aware that other family members, especially mothers/grandmothers were phobic.
- ▶ PRIMARY Client may not know how phobia started
- ▶ SECONDARY Chemotherapy, illness.
- ▶ Crucially most will be able to count on the fingers of one hand the number of times they have vomited in their life!

# Emetophobia

## How does it present?

- ▶ If you are lucky your client will know what their phobia is and they will tell you.
- ▶ Chances are they will present with anxiety, panic attacks, social phobia, flying phobia etc...and will avoid telling you what the real issue is.
- ▶ Information gathering during the IC may red flag some of the avoidance behaviors.
- ▶ Their intellectual mind knows that this is an irrational fear.
- ▶ But as we know fears/phobias don't arise in the intellectual mind.

- ▶ There is evidence to suggest that a thorough understanding of anxiety and panic is beneficial to those with emetophobia.
- ▶ The fear with emetophobia is loss of control. Knowledge gives us some control.
- ▶ Have a printed handout of the IC to give them so that they can read it at home.
- ▶ A client who presents with emetophobia is likely to require a similar number of sessions as those who present with OCD.



- The vast majority of clients who present with emetophobia will have had their symptoms for many years, sometimes decades.
- As mentioned earlier one of the reasons that research is so limited is because of fear of exposure therapy.
- We would never tell a soldier with PTSD that they can only be 'cured' by returning to the frontline.
- Yet the traditional treatment for emetophobia includes steps that encourage the client to watch films of others vomiting and to actually vomit themselves.
- Is it any wonder that there is a lack of compliance!

# Emetophobia

## What I do (IC)

### Information Gathering

A thorough IC with handouts and tools to use should anxiety strike.

An explanation of the techniques we use, Rewind, Reframe, Swish\* and Anchoring\*

Reassurance that we don't "do exposure" we have trance.

Stress the importance of the CD/Relaxation Audio  
(Piano metaphor)

\*Details will be given to you.

# Emetophobia Sessions

Follow the usual format

What's been good?

Revision-so important for this phobia, especially with regards to OCD

Repetition is crucial.

Scaling (happiness/confidence)

MQ

A slightly different approach to the MQ that can be useful is..

“Imagine you could have a day off from this phobia, what's easier/different/what are you doing?”

Trance.

I do A LOT of reframing.

# Techniques to help Anxiety

- ▶ Techniques that I have used with success in clients with emetophobia.
- ▶ 7/11 or rectangular breathing
- ▶ Melting anxiety, rippling relaxation.
- ▶ Could I eat.....
- ▶ Colour Anchor
- ▶ Swish
- ▶ Focusing through
- ▶ The Lemon Test and The Compass

# Emetophobia

## Rewind & Reframe

People often ask, how do you reframe vomiting?  
It's not like reframing a flight with a lovely holiday at the end!

I can pretty much guarantee that no client is ever going to come to you and say  
"I want to enjoy vomiting"

What they are going to say is...  
"I don't want it to be the first thing on my mind every morning"  
"I want to be able to look after my children when they are ill"  
"I want to be able to eat out"

All things we have the skills to help.

# How to use this knowledge in the hospital.

- ▶ Prior to working in the hospital I imagined that on diagnosis patients would inform their consultant or specialist nurse that they had emetophobia, and that we would have time to do an IC and a few sessions to get them started.

**I was wrong 😊**

- ▶ All too often the first time you see someone with emetophobia in hospital is when they are already in full blown panic, or upset, or angry and threatening to leave.
- ▶ They may not have had any medication administered but the sight of the cardboard receiver on a trolley, the smells of the ward, the general anxiety of 'what is going to happen?' can be enough to set off all of those physical anxiety symptoms.

# What we 'do'

## First Aid for Panic

- ▶ Quick introduction of 'Hi I'm xxxx, I'm the ward hypnotherapist, is it ok to have a chat?'
  - ▶ They may say 'No, go away' or worse! 😊
  - ▶ Directing them into 7/11 or rectangular breathing
    - ▶ Inconsequential/distraction chat.
  - ▶ When they are a little calmer, scaling for nausea

On a scale of 0 to 10 where 0 is being sick and 10 is you feel fine, where are you right now?  
If you were moving up the scale by one point, what might be better/different?

- What position would your body be in if you felt relaxed and weren't feeling nauseous?
- 'Hypnotherapist' to direct 'client' into optimum relaxation position- scaling as you go

# Following that....

- ▶ The difference between the therapy room and hospital is that we start therapy from first visit. We do not use the same info gathering sheet. We don't ask questions re 'IBS, Medications etc
- ▶ Initial Consultation, at this stage keep it brief but do explain the physical symptoms associated with anxiety and how we can ease those with simple relaxation techniques.
- ▶ Scaling, Nausea, happiness, confidence in their ability to cope etc
- ▶ Scaling can be linked in with the Miracle Question, so instead of asking it as we would usually do (which may result in the obvious answer) use their scaling answers to paint the picture of the preferred future
- ▶ Trance and of course leave them with your Relaxation Audio



# CINV and ANV

- ▶ Chemo induced nausea and vomiting occurs as a result of the effects of the drugs the patient is receiving (they would vomit even if unconscious) Dr's use anti-emetics to treat this.
- ▶ There is no evidence that hypnotherapy can help CINV but of course we can help with the anxiety it creates in the emetophobic patient.
- ▶ Anticipatory nausea and vomiting occurs usually from the 3<sup>rd</sup> or 4<sup>th</sup> treatment onwards and is a conditioned response. The brain associates the routine, sights, smells etc of the chemo ward with sickness, and nausea occurs prior to any drugs being administered, anti-emetics generally do not help ANV.
- ▶ Hypnotherapy does 😊

# Dysphagia

- ▶ It is quite common for us to be presented with a patient who has difficulty swallowing their medication, or keeping it down once they have swallowed it.
- ▶ This can very often be as a result of a conditioned response ie The tablets made the patient feel sick last time they took them and the brain associates the meds with the physical feeling.
- ▶ We have had some success using a form of distraction trance in this situation
- ▶ The patient imagines they are relaxing in their favorite place eg sat on their sofa watching tv, and that they are snacking absentmindedly on some tasty sweets (Haribos) as we are aware the primitive mind doesn't know the difference.....
- ▶ Poisonous Berries metaphor.

# Password to Access Handouts for Emetophobia Workshop

[www.cphd.co.uk](http://www.cphd.co.uk) - Student/Practitioner - CPD - CPD Handouts (*left hand panel on CPD page*)

*You can also download your Attendance Certificate*

# Emetophobia

## Things to remember

It's not simple!

It can have many co-morbid conditions but the underlying problem is severe anxiety.

The IC is the most important session, make it count.

Teach 7-11 or rectangular breathing, simple mindfulness techniques and physical relaxation to stop those physical anxiety symptoms.

Take it slow, you may need several relaxation sessions before doing a rewind. Only the client can answer the MQ but be brave and break those answers down into achievable goals.

Brush up on Swish, Anchoring, and your Rewind technique.