

Emetophobia: Facing the Fear of Vomit

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Emetophobia

Emetophobia is defined as a fear of vomiting and has been cited as one of the least understood anxiety disorders.

(Boschen, 2007; Maack, Deacon & Zhao, 2013; Marks, 1987)

Emetophobia

- Prevalence Rates
 - 6-7% for women; 1.7-3.1% for men
- Chronic Problem
- Early Onset
- Clinically Significant Distress & Impairment

Limited available empirical research

(Hunter & Antony, 2009; Philips, 1985)

*There is a lack of **specific examination** of the cognitive factors involved in fear of vomiting.*

Consequently, no incorporation of cognitive techniques into treatment packages **specifically tailored** for emetophobia

(Hunter & Antony, 2009; Boschen, 2007)

Preliminary Research

Not a rare condition seen in clinical practice

Overall, conceptualization in early stages

(Maack, Deacon, & Zhao, 2013; Veale & Lambrou, 2006)

Evidence-based Treatment (EBT)

- Exposure-based interventions first-line treatments of choice (Powers & Deacon, 2013)
- **Substantial** support for exposure therapy for many specific phobias

Despite efficacy data, small minority of therapist actually deliver exposure therapy for anxiety

(Becker, Zayfert, & Anderson, 2004; add all)

Single Subject Case Study

- “Victoria”
- 30, single, self-referred
- Presented *initially* to therapy with generalized anxiety
 - Later, shared a fear of vomit

Etiological & Maintaining Factors

“CBT Model”

General predisposition to anxiety

Somatization vulnerability

Catastrophic misappraisal

Hypervigilance

Vomit attributions

Nausea avoidance

Selective confirmation

“Victoria”

Generalized worry

Gastrointestinal

Fear of dying

Monitor others

Avoid word “vomit”

Fear of pregnancy

Failure to habituate

(Boschen, 2007)

Triggers & Avoidance

- Internal & External Cues
- Diverse Range
 - Cognitive to behavioral/contextual

(Bouman & van Hout, 2006; Lipsitz et al., 2001; van Hout & Bouman, 2012; Veale & Lambrou, 2006)

Impaired Functioning - QOL

- Significantly impairing functioning
 - Work
 - Social gatherings
 - Home
 - Relationship with significant other
 - Avoidance of pregnancy

Assessment

- Multimodal assessment
 - Fear of Vomiting Questionnaire (FOV) & the Generalized Anxiety Disorder Questionnaire 4th Edition (GADQ-IV).
- Flexibility in differential diagnosis
 - GAD → specific phobia
 - Treatment shifted to focus on primary disorder

Hierarchy of Emetophobia-Related Situations

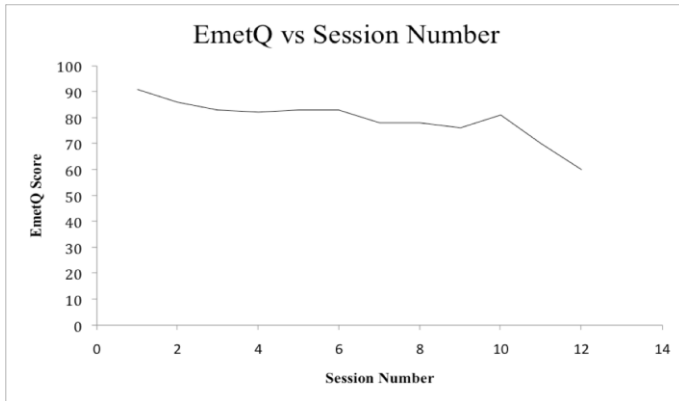
Situations	SUDS
Seeing a person vomit (e.g., either in person or on television/movie)	10
Seeing or hearing people become sick (e.g., talk about being sick, look pale or ill)	10
Going to a place or doing an activity where she may see a person vomit (e.g., bars)	10
Hearing someone vomit, smelling vomit	10
Drinking more than two alcoholic drinks in one sitting	9
Going to a place where she saw someone vomit (e.g., bars, airplanes)	9
Saying the words <i>vomit</i> , <i>throw up</i> , <i>barf</i> , <i>puke</i>	8
Being around someone who has taken illegal substances	8
Using public transportation during the night	8
Viewing YouTube videos of a person vomiting far away from the camera	7
Traveling on an airplane or boat	7
Viewing YouTube videos of a baby vomiting	6
Dark places where escape is difficult (e.g., movie theaters)	5
Using public transportation during the daytime	4
Going to IKEA without a map	3
Going some place that is unfamiliar	2

*Note: SUDs = Subjective Units of Distress Scale.

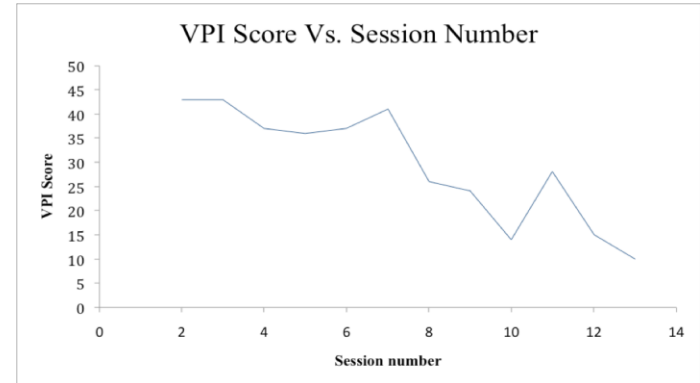
Course of Treatment

- Psychoeducation
- Graded Exposure
 - Imaginal, in-vivo, loop-tape
 - Highlight:*** exposure to real vomit
- Flexibility
 - Therapist tolerance
 - Supervision

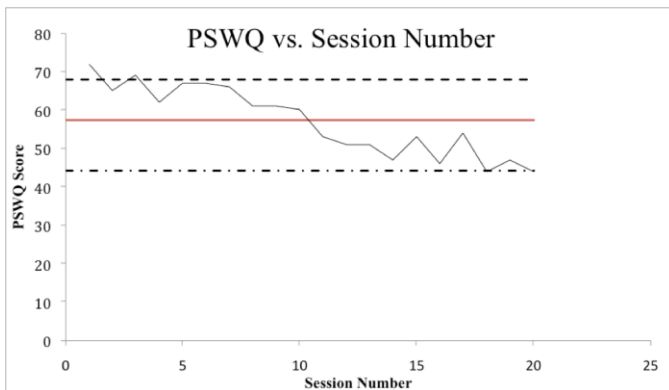
Emetophobia Questionnaire (EmetQ)



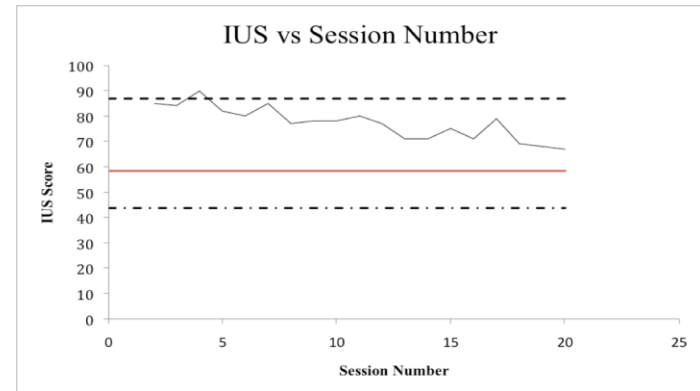
Vomit Phobia Index (VPI)



Penn State Worry Questionnaire (PSWQ)



Intolerance of Uncertainty Scale (IUS)



Limitations of Case Study

- No follow up data
- Client herself did not vomit

*Importance of replicating
successful treatment using
exposure therapy in multiple trials*

(Maack et al., 2013)

Discussion

- **How** do you provide exposure-in-vivo?
 - Level of disgust; therapist tolerance
 - Resistance from clinicians
 - Impact on research
 - Development of EBTs
 - Underutilization of exposure-based therapies
 - May not give clients most efficacious treatment

Discussion cont..

- Technology
 - Creativity
 - Bridge middle-level SUDS tasks and high-level
 - Video exposures at home between sessions
- Comorbidity
 - Impact treatment
- Utilize self-reports
 - Track treatment progress
- Psychoeducation

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