

P.O. Box 66540 Albuquerque, NM 87193 505.890.6806

E-mail: <u>lrm@liferesource.org</u> Website: <u>www.liferesource.org</u>

Presentation Transcript Mental Health and the Bible – Phobias By Bill Jacobs November 9, 2017

Good day, everyone. This is Bill Jacobs for LifeResource Ministries, a child advocacy and Christian living ministry. We're currently working on a series called *Mental Health and the Bible*, and our presentation today is the sixth in the series. The title is simply *Phobias*.

Do you or someone you know have a fear of something that makes no sense or is excessive – such as a fear of flying, or a specific food, or the color yellow? If so, you may have a phobia. Phobias can be mild or severe. They can be a mere nuisance or a major disruption in life. Most of the time, no matter how we try to manage them, they still hang around unless they're treated. Phobias are listed with anxiety disorders in the ICD-10.

What is a phobia? Well, it's an excessive or irrational reaction to a fear of something specific, such as being in a mall, or a store, or insects, or tight spaces, or flying, or public speaking. Some of the reactions can be dread or, even worse, panic, including panic attacks. Some of the common phobias are agoraphobia – which is a fear of going outside of the house. Often that has to do with having a panic attack and being afraid to have one out in public. So people tend to curtail their venturing out. There is also social phobia, which is a fear of being with others in various or all contexts. Some of the various ones might be crowds or parties or classrooms. Consider this also. Since phobias can be mild or severe, they may or may not affect life negatively. Think about this example:

There was a popular sportscaster who had his own train car in which he rode to the cities where the various football games that he was announcing were held. He had a phobia – a fear of flying – and rather than treating the phobia, he adapted to it in what most of us would consider an expensive and inconvenient way.

And here's another example. Nobody I know loves roaches, but I met a woman who had to pull all her bedroom furniture away from the wall every night and vacuum to make sure there were

no roaches. She also worked as a bar tender, and when she would see a roach, she would scream uncontrollably, and all the regulars would laugh at her. She desperately wanted to get rid of this fear and came for treatment

It's currently estimated that 19 million Americans have phobias. People who have phobias realize that they are irrational and excessive. So that's important to know, too. If they *don't* know, that means something else. So people who have phobias recognize that their reaction is out of range for what's stimulating it.

What are the causes for phobias? Well, for some people it can be a genetic connection. There's a connection between children who have a close relative with an anxiety disorder and phobias – statistically, that is. Trauma can cause phobias.

I worked with a woman once, who had not had water on her face since she was 11 years old, and at the time I met her, she was 68. She would clean her face with lotions and other cleaning agents. Now she told me that she'd never been able to swim, take a shower – she took baths always – and was very curtailed when it came to water. She told me that in the same three-day span, when she was 4, she almost drowned in a horse tank, and then her mother threw a bucket of water on her to stop her from tantrumming. A few years later, this fear of water began to manifest itself.

Other examples of traumatic issues would be flying on a plane that loses and engine and then being afraid to fly afterwards. That could be a more logical connection. A wasp sting in early childhood. Roaches. My wife, actually, has a phobia about roaches. She grew up in Houston – so enough said on that. A teen told me once that she was terrified of roaches because one crawled on her leg in the night, and she had to keep the lights on from then on.

Sometimes people can develop phobias after suffering traumatic brain injury. And it's been noted that substance abuse can also be the underlying cause of phobias, as can be depression. And I didn't find this in any of the literature on phobias, but I know that it's also sometimes a replacement for a deeper fear. I don't know why that's not mentioned. I see that all the time. I'll give you an example of how that one works.

I worked with a woman once who would get extremely avoidant if she saw a red dreamcicle or wet paper towels. And she recounted to me that when she was seven, some boys held her down on the playground at recess. It was terrifying to her. And she later recalled that one of them was eating a red dreamcicle that was melting down on the wrapper that was down around his hands. So this was a way to avoid recalling the traumatic event. She became afraid of dreamcicles and wet paper towels instead. So it was a way for her to express her fear, even though she didn't have to recall the traumatic event from the past. We process that with EMDR in just a week or so. Her fear of those things left her.

What does the Bible say about phobias? Well, it doesn't address them specifically, but 365 times in the Bible, God tells us, "Fear not!" Yet, when we have a phobia, it seems like nothing we do helps us overcome it, and they can be embarrassing, disconcerting or inconvenient. Worse yet, they can hinder us from doing what God wants us to do. There are cases in the Bible where people have refused to do what God had wanted because they were afraid – you know, maybe personal weaknesses. For example, Moses. He didn't want to go before Pharaoh because he was eloquent, and God had to send his brother, Aaron, with him, and let Aaron do the talking because of that. So there was God adapting to somebody's,...I guess you could call it *fear of public speaking*.

But when this happens in these cases, trusting God can be difficult, so can be done? Well, if we look at the literature, one of the main things that is mentioned there is medication. People in my profession often suggest anxiety medication, if other less drastic means have not worked. The problem there, in my mind, is that most anxiety meds are addictive, and none of them resolve the issue. They just mask the symptoms. So as long as you're taking the medication, you may find some relief from the phobia, but as soon as you stop – if you can stop – the symptoms will likely come back.

Another thing they mention in the literature is desensitizing. That's just another way to get at the symptoms, and sometimes, it does cause them to go away – but just to desensitize someone to their fear. What does that look like? Well, probably the most extreme example I can think of is seeing Dr. Oz on TV once, dealing with a man who had a phobia about germs, especially in public restrooms. He flew a lot, so this made his life kind of miserable, I think. And Dr. Oz knew that the majority of germs in a public restroom are on the floor, not the toilet, so he told the man to touch the toilet seat with his finger and then put his finger in his mouth. Amazingly, Dr. Oz did it first to show the man that it wouldn't kill you.

Maybe a less extreme, more comfortable example would be going just inside the front door of a store if it made you anxious to go into the center of the store. If a person has a phobia about being in stores, they can progressively go a little deeper and a little deeper and a little deeper, and gradually desensitize themselves to the feeling of being there. And I would imagine, if that's successful, at some point, they can be shopping in the center of a big store and not be worried about it at all. But it takes a lot of work to do that.

The third thing, which I didn't find anywhere in the literature that I read, is getting to the cause of the phobia. Personally, I use a therapy called EMDR to get down to the reason for the fear first and desensitize that.

The woman I mentioned a minute ago, who was afraid of roaches, what we did with her is, we targeted the fear itself. And we did that with the bilateral stimulation of the brain hemispheres. I've explained this in other places. I have a series of presentations on how EMDR works. You might want to look that up on our Website, liferesource.org. Just type in EMDR in the search

field on the Website's front page. I think you'll find it. When we did that, it immediately back to a time when she was assaulted on a playground, And after the assault was over, she saw a dark beetle crawling on her leg. So we targeted that experience. And once that causal event was no longer traumatic, she still didn't like roaches, but no longer screamed when she saw one and she didn't have to vacuum her room to get rid of them. If she were still screaming after we did EMDR, I would have her imagine seeing a roach in the bar where she worked, and then process that image with the EMDR – much easier than playing with a live roach and much more effective as well.

Here's another example. I had a client once who could not stand to see or wear the color purple. And when she told me this, I asked her, "Why?" And she didn't know. So we started targeting that with EMDR. And what we targeted was the distaste for the color while she was thinking about seeing it. And it went right back in time when she was misused by a babysitter who was wearing purple clothing. We processed that event over six or so sessions, and some weeks after that, I noticed when she came in that she was wearing a purple scarf. I asked her about it, and she had not made the connection, and she said, "Oh, I didn't even realize it." She also happened to be afraid of the color red, and she caught herself eating a piece of cake, some time later, that had those little red cinnamon hearts on it. I think it was decoration on a birthday cake. And she didn't realize until after she finished that she ate them without any fear of the color itself.

And we can also go back to the lady that was afraid of water. That's a really good example, because I processed the two events – falling in the tank and her mother throwing water on her – and the fear of water she had in the present day, and she said that it was some better, but she still had a problem showering. So I suggested that when she gets in the shower, she would gradually let the water rise up on her body until it was just up under her chin, then let it rise slowly up on her chin, the close her mouth and then up on her mouth, and then down, and then back and forth – up and down – then up over her nose, and gradually desensitize herself to that. Well, it only took a week once we processed the causal events. And before long, she was walking in the rain and taking showers and even swimming – so completely over the phobia – once we got down to the cause of it.

Most of the time, if you have a phobia – even if it's one of those phobias that's a replacement fear for something worse – I see people get over those things all the time. I'm not saying that I can handle every single case of phobia that came in, because anytime somebody says that, they're certainly going to be proven wrong. But I don't remember a single case where I was treating somebody with phobias in the last ten or eleven years where they weren't able to resolve them. So I think most of them can be resolved that way.

So that's a brief survey of phobias, which are designated a form of anxiety. If you want to know more, you can go to our website, <u>LifeResource.org</u>, and access this presentation, and at the bottom, there's a section called *For Further Consideration*, and there will be a couple of links to other places you can go to read more about it. So I hope you'll do that if it's an issue for you.

Until next time, this is Bill Jacobs for LifeResource Ministries, serving children, families and the Church of God.