

Of journal article - cognitive behaviour therapy for a specific phobia of vomitti...

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Literature Review: “ Cognitive behaviour therapy for a specific phobia of vomiting.” David Heale gives a summary of the existing information and treatment for a Specific Phobia of Vomiting (SPOV). Heale addresses this topic because SPOV is a largely neglected condition in specific phobia research, it has a unique psychopathology and it poses difficulty in treatment.

The characteristics of SPOV are – it occurs exclusively in women, it develops in childhood, its mean duration is 25 years. People with SPOV have a heightened fear of loss of control, increased levels of disgust and sensitivity, and heightened anxiety which is manifested through somatic, gastrointestinal symptoms.

The key criteria in diagnosis are excessive and persistent fear of vomiting, anxiety response to vomiting cues, recognition that the fear of vomiting is excessive, avoidance of situations which could generate phobia of vomiting and interference with normal functioning.

As the analysis of trials show in-vivo exposure to have the most evidence in treating specific phobias, Heale describes a cognitive behavioral formulation as the treatment model for SPOV. This is geared towards removing the avoidance of people and activities related to vomiting.

Therapy includes a chronological record of the client’s history of vomiting and panic, current history (including beliefs about gastrointestinal sensations), evaluations, the cognitive processes involved, listing the people, situations and activities which are avoided, and the safety-seeking behaviors resorted to by the client.

SPOV is assessed using The Emetophobia Questionnaire and behavioral tests

which are currently in process of validation. Specific goals, geared towards an improved quality of life, are set through negotiation with the client. The therapist educates the client as to the beneficial effect of vomiting as a means of ridding the body of toxins. A maintenance model is drawn to make the client aware of the process of the phobia.

SPOV is treated through graded exposure in vivo which involves exposure to internal and external cues. Treatment includes exposure to auditory and visual cues of vomiting, imagery re-scripting and the dropping of safety-seeking behaviors. Graded exposure is done continuously until the anxiety has effectively subsided.

Heale's article on SPOV is a meaningful addition to the existing literature on specific phobias as there is a dearth of research on SPOV and its treatment through behavioral therapy, Heale's treatment model shows definite promise.