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Fear Factor

Everybody's afraid of something. But for people struggling with phobias, that something can ruin their lives.

BY KATHLEEN WHEATON



As far back as she could remember, **Dana Gurland** loved dogs—watching them, looking at pictures of them, reading about different breeds. There was just one problem: She was terrified to be near them.

When she visited her grandparents, her father would carry her into the house and set her on the kitchen counter until their two small dogs could be locked away. Playdates at the homes of dog-owning friends were difficult. Trick-or-treating was out of the question. Going to the park, soccer practice, or even lunch at an outdoor restaurant became fearsome ordeals if a dog happened by.

Articulate and otherwise confident, the Bethesda girl was puzzled by her reaction, because she had never been bitten or chased by a dog.

"I couldn't do things a lot of kids do, like walk down the street," says Dana, now 11. "If I saw a dog, my heart would start racing, and I'd be shaking all over."

In September 2010, before beginning fifth grade, Dana announced to her parents that she was ready to overcome her fear and get a dog.

"So we said sure, and found a dog and brought him home," says Dana's mother, **Nicole Gurland**. "We had the best of intentions, but we probably shouldn't have taken the word of a 10-year-old."

When Dana came home from school and met the new dog, a Pyrenean shepherd named Connor, he sensed her nervousness and snapped at her. She raced across the room and climbed to the top of the sofa, crying out in terror.

Even so, she insisted that they keep the dog, which was separated from her with an elaborate system of baby gates.

In October, the Gurlands took their daughter to The Ross Center for Anxiety & Related Disorders in Friendship Heights, where she received a diagnosis of "specific phobia"—an excessive fear that most commonly involves animals, insects, heights, water, closed-in places, air travel, bridges, highway driving and medical procedures.

Fifteen to 21 percent of women experience a phobia at some point in their lives (men are about half as likely to be phobic—except when it comes to fearing blood and injections, where the proportion of the sexes affected is about even). Seven is the average age of onset, and though many childhood fears fade with time, phobia that endures into adulthood “can lead to insomnia, depression and other related mental health issues,” says Dr. **Beth Salcedo**, medical director of the Ross Center.

Claustrophobia, acrophobia and fear of public speaking are the most common phobias treated by Ross Center therapists, according to Salcedo. Since its founding in 1991, the number of patients has grown annually, and now averages 150 per week. A program for children and adolescents was added in 2002. Salcedo says this doesn't necessarily mean that anxiety in the D.C. area is increasing, but “there's more awareness that treatment is both possible and highly effective.”



Arielle Stromberg, a paralegal who grew up in Silver Spring, describes herself as having been an anxious child with a fairly typical fear of the dark. Then, when she was 11 or 12, she attended a sleepover where the girls watched the horror movie *A Nightmare on Elm Street*. That began a 20-year nightmare of her own. She became terrified not only of darkness and of being home alone, but of everything to do with Halloween, horror films and books, and especially Elm Street's demonic Freddy Krueger.

"A lot of people don't like horror movies," says Stromberg, who is now 35. "But the difference between normal fears and phobic behavior was that I would not touch a book that had scary images in it."

Realizing her fears made no sense, Stromberg kept them secret and developed elaborate coping rituals, such as telephoning a friend as she arrived home from work and checked behind doors and in closets for intruders. She even bought a clear shower curtain so nobody could hide in her bathtub.

One night shortly before Halloween in 2008, Stromberg went with friends to a bar that had been decorated with a life-size electronic mummy that cackled as patrons entered. She refused to walk past it. "It was completely irrational—this plastic thing was not going to attack and kill me," she says. "But phobias are irrational."

Phobias also appear to have a strong genetic component: Separately raised twins have a 60 percent chance of sharing the same fear, according to a study by Dr. **James Bolton**, which is cited in the *Textbook of Anxiety Disorders* (2009).

"A lot of parents come in and wonder what they did wrong, but I feel that it's very hard-wired," says Ross Center therapist **Julie Lewis**, who works with children and adults. "It often turns out that parents themselves have struggled with anxiety."

That struggle frequently involves shame, adds therapist **Stacie Isenberg**, who directs the Ross Center's Child and Adolescent Services.

"You can be the smartest person on the planet and realize that your thoughts make no sense, but you have them anyway," she says. At the same time, this understanding "is why anxiety is so treatable. Once you become aware of your thoughts, you can identify new, more effective thoughts. And that enables you to change your behavior."

Changing your behavior by changing your thoughts—the cornerstone of cognitive behavioral therapy, or CBT—sounds almost too simple and obvious to work. But people who suffer from phobias are prone to a stream of catastrophic "what-if" thinking that plays unnoticed in their heads, like Muzak of the mind. Actually listening to and then challenging this internal patter enables the phobic person to more realistically assess danger, Isenberg says. Patients also learn to manage their fear with gradual exposure to the dreaded situation. Fearing fear itself turns out to be a large component of most phobias.

Potomac psychotherapist **Jerilyn Ross**, who established the Ross Center, was a pioneer in getting phobic patients off the couch and into the fear-inducing world, according to Dr. **Sally Winston**, co-director of the Anxiety and Stress Disorders Institute of Maryland in Towson.

Ross herself suffered a debilitating fear of heights. While living in New York, she was afraid to go beyond the 10th floor in any building. But as she forced herself higher, she learned she could distract her racing mind by doing everything from snapping rubber bands to counting backward by 3 until her terror peaked, and then subsided. Realizing that she was on the 11th floor—and still alive—gave her the courage to climb higher.

The author of two books on anxiety, *Triumph Over Fear* (Bantam, 1994) and *One Less Thing to Worry About* (Ballantine Books, 2009), Ross became known as "the phobia lady," hosting a D.C. radio program in the 1980s where thousands of callers were reassured that their often secret fears could be vanquished. Ross died of cancer last year, having lived to see the experiential method she championed become the gold standard for treating phobias. Because of Ross' advocacy, "there is now a clear path to recovery for people suffering from phobias," Winston says. "CBT has been repeatedly validated in outcome studies in multiple treatment sites all over the world."

CBT relies on baby steps—a patient with arachnophobia might begin treatment by looking at a photograph of a spider—but progress is rapid. Many patients overcome their phobias in the course of 12 to 16 sessions, according to Salcedo, the Ross Center director.

Dana Gurland began her therapy by making a list of dog situations and rating the degree of anxiety they caused. Thinking about Connor or looking at a picture of him was easy. Sitting on the sofa with her parents while the dog was in the room was tricky. Petting him or riding in a car with him? Impossible. But with Isenberg's coaching, she waded deeper and deeper into the unimaginable, using strategies such as deep breathing to ride out her fear and overcome her panicky thoughts. Then, with the help of her father, who works at home, she practiced her new techniques with Connor. "He was so cute, and I really wanted to be able to pet him," she says.

Just three weeks after starting treatment, Dana got her wish. Now she is Connor's proud dog-walker and caretaker.

"Even for CBT, it was fast, but Dana was incredibly motivated," her mother says. "Now she has skills for coping with life that many adults don't have—and how empowering that is."

After her run-in with the Halloween mummy, Ariele Stromberg decided she "didn't want to live like this anymore, to have my life controlled by these fears." She obtained a referral to the Ross Center. Although she had been in talk therapy for years, "CBT is very different," she says. Instead of exploring her thoughts and feelings, she worked at retraining them. "I learned to ask myself, 'Is it possible that somebody is hiding in my shower? Yes. But is it probable? No,'" Stromberg says.

Under the direction of therapist **Kathy HoganBrien**, Stromberg was given assignments that ranged from reading the children's fright series *Goosebumps*, to listening to eerie music, to getting *The Texas Chainsaw Massacre* at the library—though she wasn't required to watch it. "A lot of people would not enjoy that movie," Stromberg says. "But most people would not be afraid to touch the DVD." She was.

Stromberg's boyfriend went with her to the library for moral support, and held her other hand while she not only touched the box but put it in her purse. He also waited outside while she sat alone in the dark, first in her home office and finally in the basement. "He was incredibly active and supportive in my CBT, which is one reason I love him and married him," she says.

After three months of therapy, Stromberg was able to walk through a Halloween display at Target, and even a haunted house last fall. "I still don't love being in the dark," she says, "but I know that I can survive it."



Some researchers theorize that phobias once represented an evolutionary advantage—that primitive people who steered clear of cliffs and snakes had a better chance of survival. But in a 21st-century urban setting, hard-wired anxiety can seriously impair a life.

A decade ago, **Jennifer Reines** was a fun-loving junior at Winston Churchill High School in Potomac when, while walking home from a party with friends, she became certain she was having a heart attack: What else could explain her sudden sweating, breathlessness and wildly racing heart? In fact, she was having a panic attack. The episode passed, but the next night she had another, and she began fearing going to sleep because of it.

Soon she couldn't ride in an elevator or on the Metro without a panic attack occurring—or even ride in a car unless she was driving and near home. She missed a family vacation in Europe because she couldn't board the plane. When the time came for her to go to college (she had been accepted at various schools in Florida), she couldn't conceive of venturing beyond the few blocks in Potomac where she felt safe. So she got a job and an apartment near her mother's house instead.

Eventually Reines found her way to the Ross Center, where she began both medication and therapy. Although patients with extreme anxiety often take medication to manage their symptoms, “they still need the therapy piece,” Isenberg says, “because even if their anxiety is brought down by medicine, they still need to know strategically what to do when they feel the anxiety.”

Eight years ago, Reines began working with Ross Center Clinical Director **Greta Hirsch**, and together they made a list of what Reines wanted to do and couldn't—“things as little as going into D.C., and as big as getting on a plane.” Because her anxiety was so pervasive, “it took me a while to trust Greta,” Reines says. “I was putting a lot in her hands, because I was so insecure.”

Eventually Reines and Hirsch set out together to ride the Metro. On their first outing they rode just one stop, with Hirsch there to counter Reines' continual premonitions of disaster. Then five stops. Then to the end of the line and back. And finally they rode in separate cars.

Reines eventually flew with Hirsch to New York, where she met her father, went shopping and attended a Broadway show.

At 25, she feels that her life has gotten back on track. “Sometimes I think it would have been easier to be physically sick,” she says. “With this [anxiety disorder], I've had to rewire my brain.”

She has stopped taking medication and is finishing a degree at the Universities at Shady Grove. She plans to get an MBA and work in public relations. “Luckily I've never had social phobia,” she says with a laugh.

What CBT has taught her, Reines says, “is to just think about what I'm doing in the moment. When I get on a plane and start worrying that it's going to crash, that there will be a terrorist, I realize that I don't have any control over the situation. So instead I think: I'm putting on my seat belt. I'm about to have a soda. I stay in the present. And I say to myself, ‘If I don't do this, at this moment in my life, I lose.’”

Kathleen Wheaton lives in Bethesda and writes frequently for Bethesda Magazine.