

Encountering Specific Phobia in Wilderness Areas



Mental Health Wilderness First Aid Daye Cooper Hagel, M.A., C.C.C.

Photo by Thomas Shockey from Pexels

“S-s-s-SNAAAAKE!!”

The terrified cry came to me from across the campsite where, on the Juan de Fuca trail, I had been guiding a family hiking trip for the past three days. Adrenaline surged through my body and my pulse skyrocketed in response to the emotion in the scream, which turned quickly in to a frantic, high-pitched sob. Before our expedition began, Gabrielle, a high-functioning mom and legal professional from Vancouver, had indicated a strong fear of snakes on her medical form. “I know they’re not poisonous out here,” she wrote. “I can’t help it. If you see a snake, please don’t tell me.” Now, one had suddenly appeared close to her. My muscles tensed as my brain prepared my body to run to her aid.

Specific phobias are not uncommon, either in the wilderness or the city. An estimated ten percent of the adult population (and sixteen percent of youth) experiences a **strong fear or avoidance reaction to a specific thing or situation that is significantly out of proportion to the actual risk posed**. Common phobias include heights, snakes, spiders, elevators, confined spaces, germs, flying, or the dark. Less common phobias I have seen clinically include fish and “small soft things, like rabbits”. However, the object of a phobia may be almost anything. A table below, borrowed from the MHWFA course book, lists 17 different phobia examples which you can try matching up to their correct meanings (answers at the end of the article).

One of my own earliest memories is of climbing the steep black stairs of a circus arena on my hands and knees, feeling the dizzying vertigo of space with every glance down toward the stage below. Heights have never been easy for me; even fully harnessed and roped in to a secure anchor, a top rope climb can still get my hands sweaty and shaking. As a young adult, an exposed and steep traverse in the Rocky Mountains pushed my fear hard and long enough to trigger a panic



Challenge: Match the phobia to the correct meaning

Phobia name		Meaning
Astraphobia	?	Fear of water
Arachnophobia		Fear of trees
Acrophobia		Fear of thunder & lightning
Achluophobia or Nyctophobia		Fear of the moon
Claustrophobia		Fear of clowns
Coulrophobia		Fear of spiders
Dendrophobia		Fear of snakes
Hemophobia		Fear of long words
Hippopotomonstrosesquipedaliophobia		Fear of holes
Hydrophobia		Fear of heights
Mysophobia		Fear of fire
Ophidiophobia		Fear of ferns
Pathophobia		Fear of disease
Pteridophobia		Fear of dirt and germs
Pyrophobia		Fear of darkness
Selenophobia		Fear of confined spaces
Trypophobia		Fear of blood

attack that resulted in a frightening heart arrhythmia and my evacuation. Often, those with specific phobia are aware of the *irrationality* of their phobic response, which may result in an additional layer of shame or humiliation on top of their uncontrollable fear or avoidance.

In MHWFA, we talk about phobic reactions as our “lizard brain” — the part of our brain that acts instinctively to respond to threat and keep our autonomic nervous system running — hyper-reacting to a specific stimulus that it has associated with danger. Our brains, I say over and over in class, are our good friends, and they are always doing the best they can to protect us. In some cases, perhaps due to a childhood experience, conditioning, or an unknown reason, our “lizard” is overzealous and throws us in to a **fight, flight, or freeze** response even when our rational “wizard” brain knows the reaction is disproportionate.

Supporting a Person With Specific Phobia in the Wilderness

Take a Deep Breath

If you forget everything else, take a deep breath and settle your own nervous system. While I immediately tensed up at Gabrielle’s reaction and wanted to run to her, I tapped in to a thankfully ingrained habit of taking a deep breath, and (heart still pounding) *walking* to her side. Being around someone who is experiencing phobic response can activate your own fight / flight / freeze system. On the contrary, you providing a calm, nonanxious presence activates the other person’s **mirror neurons** and naturally will help them to regulate their own emotional responses in a healthy way.

Awareness

How grateful I was to have had a heads up about Gabrielle’s phobia from her medical form before our expedition began! Although most registration forms ask only about physical health concerns, it is equally



Sweaty palms? Photo courtesy Alex Champoux



invaluable to attune to mental health issues that may arise in the field. Consider incorporating questions from the MHWFA pre-trip mental health form (a free resource available on our website) in to the registration forms for your own organization.

Intervention Strategies

Plan ahead: when a phobic stimulus *is* encountered in the field, what strategies will help manage it in the moment? The person may already have their own ideas and strategies established, which you can build on. Diaphragmatic **breathing**, **mindfulness**, and **tapping** are three of my favourite and most effective interventions. When you encounter a phobic stimulus, immediately tune in to and name out loud some of the *other* simple things you can see, hear, feel, smell, and/or taste around you. Or, try pairing deep “belly breathing” with a gentle, consistent tap on the collarbone, eyebrow, or anywhere else that feels grounding.

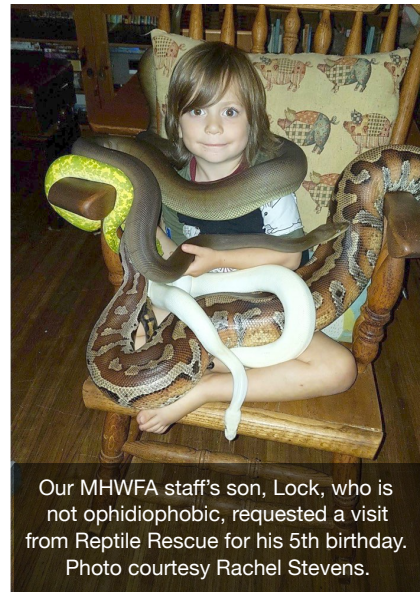
We can also gently identify and challenge unhealthy, unrealistic **cognitions** that accompany phobias. Someone with a specific fear of bridges may experience an intrusive thought that “the bridge will collapse as I cross it.” Assuming that the bridge really is solid, of course, a **healthy, realistic alternative thought** might become a simple self-reminder to repeat: “I am grateful for the strength of this bridge and the skill and care of those who constructed it.”

All of these intervention strategies can be incorporated in to a safety plan, which is another free resource available on our website for supporters as well as clients.

Consider Gradual and Voluntary Exposure

Who would voluntarily expose themselves to *more* of a phobic stimulus? The wisdom of trigger avoidance is rooted in our lizard brain looking out to protect us from threats. However, when the phobia is *irrational*, repeated avoidance reinforces a pathway in the brain of *trigger > fear > avoidance > decreased fear*. While in the short term this avoidance can bring relief, it reinforces a neural connection for the need for relief -- in other words, repeated avoidance legitimizes to the brain that *the trigger is threatening enough to necessitate avoiding*. Over time, this **behavioural conditioning** tends to result in *increased* phobic responses! At the client’s discretion, one strategy to start to reverse this reinforcement is called a **Baby Step Ladder**: voluntary exposure to tiny slivers of stimulus, paired with a supportive environment and effective coping strategies. You might start with just looking at a *picture* of an elevator (or a fish, or a snake), for a tolerable length of time or until the fear response diminishes, and then consider the next baby step.

As an outdoor educator, demoing our climbing, zipline, and high ropes courses every week provided plenty of opportunity for me to practice repeated and gradual exposure to heights in physically safe ways. Although I’ll probably never be completely at ease on a cliff, my acrophobic response is now much more measured than it used to be.



Our MHWFA staff’s son, Lock, who is not ophidiophobic, requested a visit from Reptile Rescue for his 5th birthday. Photo courtesy Rachel Stevens.

Be Aware of Flooding

“No thanks; I’m definitely not going to look at a picture of a snake if I don’t have to,” Gabrielle might have said. Would it have been helpful for me to *insist*? Baby Step Ladders do include risk and must be used cautiously. **Flooding** may occur if someone is exposed, even voluntarily, to too much of a stimulus too quickly, and the result can be an *exacerbated* phobic response going forward. Not helpful! If you are considering a Baby Step Ladder, it is wise to both 1) follow the motivation of the client in whether to do so, and 2) have additional support or training in this area (e.g. a self-paced workbook like the Bourne (2015) resource cited below, or training offered by a MHWFA course).



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Connecting to Resources

In the field, we're doing *first aid*. Help this person additionally connect to a resource that can support them in ways that they choose in the medium-to-long-term. Some clinicians excel in particular areas; one therapist I saw in Victoria specializes in phobic responses, calling himself the "Fear Doctor"! Other supportive resource options may include a mental health line, physician, counsellor or perhaps an attuned spiritual leader in their community.

Next Steps

Normalizing mental health conversations and resources goes a long way for the individual you're working with as well as for outdoor industries as a whole. If you're interested in learning more, check out one of our [courses](#), [guest speaking events](#), or our monthly live "Scenario Sundays", in which you can connect with other industry professionals, learn about and try out skills related to a specific mental health wilderness first aid topic. Our topic for **Scenario Sunday, September 12 2021** is — you guessed it — Phobias!

Daye Cooper Hagel is a Canadian Certified Counsellor and Director of the Mental Health Wilderness First Aid program. She lives in Courtenay, B.C., Canada.

References

- Bourne, E. J. (2015) *The Anxiety and Phobia Workbook, sixth edition*. New Harbinger Publications, Oakland CA.
- Hagel, D. C. (2021) *Mental Health Wilderness First Aid v.1.6*. B.C. Canada.