

## UNDERSTANDING AND TREATING DEATH ANXIETY

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The workshop is aimed at practitioners with experience in working with health anxiety, OCD, and specific phobias.

Scientific background: Death anxiety is a term used to describe people's fear or negative feelings towards death or dying. Some people may focus on their own death, such as ruminating on all the things they will miss out on after they die, or what it will be like to not exist anymore. Some people may experience doubts about the nature of existence itself, such as questioning what will happen to them after death. Others may worry about the process of dying, such as whether their death will be painful, or what their final moments will be like. Some may be distressed at the idea of losing a loved one. They may worry about how they will cope with their loved ones' death or that they will somehow cause the death of their loved one without meaning to. For some there is a phobic avoidance and fear of anything related to death (e.g., going near cemeteries or funeral parlours). All the experiences above are in many ways part of being human, but death anxiety is a problem when it is either sufficiently time-consuming, distressing or interfering in one's life. The concept cuts across different diagnoses including some types of Health Anxiety, OCD, specific phobias, and panic disorder. Unfortunately, death anxiety may not be adequately targeted in standard protocols for these disorders and this workshop will try to remedy this with a specific focus on the fears of death and dying. Treatment components will be discussed, centring on CBT that includes exposure and response prevention, which is the most evidence-based treatment for death anxiety.

Key learning objectives:

By the end of workshop, participants will

- 1) Understand the phenomenology of death anxiety, and its relationship with relevant diagnoses
- 2) Be knowledgeable about a cognitive behavioural model and have an understanding of the cognitive processes and behaviours that maintain death anxiety. This includes the intolerance of uncertainty, magical thinking, the awfulness of dying, as well as avoidance, safety seeking and checking behaviours related to death.
- 3) Develop alternative ways of thinking about common beliefs in death; for example, thoughts about the awfulness of not existing or the intolerance of not knowing what will happen.
- 4) Use appropriate exposure/ behavioural experiments for death and dying and consider what expectations are being tested. Fifteen different tasks will be discussed from writing out one's funeral wishes and obituary, painting one's coffin or collecting "memento mori".
- 5) Focus on living life to the full now as an alternative to focussing on death and dying

Teaching methods: Experiential learning; didactic teaching; video of Dr Rachel Menzies providing the cultural context of death anxiety

## Understanding and Treating a Specific Phobia of Vomiting

**Background:** A Specific Phobia of Vomiting (SPOV) or emetophobia commonly develops in childhood with a mean duration of about 10 years before getting treatment. It occurs almost exclusively in women. It is one of the most common specific phobias that present to clinicians. People with a SPOV tend to be more handicapped than people with other specific phobias (for example they may avoid a desired pregnancy or being significantly underweight from restriction of food). There is one RCT of CBT compared to a wait list (Riddle-Walker et al, 2016) and one single case experimental design of time intensive CBT. Newer developments are focussed on use of virtual reality.

### Learning Objectives:

By the end of the skills class, participants will

- 6) Understand the phenomenology of a Specific Phobia of Vomiting (SPOV) and its relationship with OCD, social phobia, health anxiety and eating disorders.
- 7) Be knowledgeable about the association of SPOV with past aversive memories of vomiting.
- 8) Be knowledgeable about a cognitive behavioral model and have a functional understanding of the cognitive processes and behaviours that maintain a SPOV.
- 9) Be able to use appropriate outcome measures.
- 10) Use appropriate exposure including dropping of safety seeking behaviours and consider what expectations are being tested by exposure.
- 11) Use appropriate imagery re-scripting for any past aversive experiences of vomiting.

**Training Modalities:** Didactic, discussion and practise of formulation – participants are encouraged to bring a case to discuss.

### Workshop leader

Professor David Veale is a Consultant Psychiatrist at the South London and Maudsley Trust and the Nightingale Hospital London. He is a Visiting Professor in Cognitive Behaviour Therapies at the Institute of Psychiatry, Psychology and Neuroscience, King's College London. He is an Honorary Fellow of the BABCP, a Fellow of the British Psychological Society and Fellow of the Royal College of Psychiatrists. [www.veale.co.uk](http://www.veale.co.uk). He has authored or co-authored 10 peer-reviewed publications in a SPOV.

### References

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Workshop leader:

David Veale is a Consultant Psychiatrist and leads a national outpatient and residential unit service for people with severe OCD and related disorders at the South London and Maudsley Trust and the Nightingale Hospital London. He was a member of the group that wrote the NICE guidelines on OCD and BDD in 2006. He is an Honorary Fellow of the BABCP, a Fellow of the British Psychological Society and Fellow of the Royal College of Psychiatrists. He is a Trustee of the national charities, OCD Action and the BDD Foundation.

Key references:

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