

# UNDERSTANDING AGORAPHOBIA 101 *QUESTIONS AND ANSWERS*

No doubt, if you suffer from agoraphobia yourself, you will know many of these answers already. But I've included some questions and answers here so that we can be on the same page about some basic definitions and assumptions. This section can also be used as a handy information guide for anyone in your life who might benefit from more information about the concepts in this book and about what you are facing as you begin your recovery program.

## *1. What Is Agoraphobia?*

Agoraphobia (Greek for “fear of the marketplace”) is an avoidant behavior brought on by repeated panic attacks in circumstances where getting to safety is not immediate or easy—a crowded marketplace or a distant location, for example. (See question 4 for more on panic attacks.) Symptoms of agoraphobia include constant anxiety, panic attacks, fear of traveling beyond a safe area, restlessness and sleeplessness,

inability to concentrate, and more. Essentially, agoraphobia is the result, and panic disorder is the cause.

## 2. *What Is Panic Disorder?*

Panic disorder by my definition is the general state of anxiousness resulting from having had one too many panic attacks. A person with panic disorder becomes subconsciously alert to the threat of yet another panic, and that gives the sufferer a feeling of constant unease and fearfulness. The result is *fear of fear*.

## 3. *Does This Mean the Person Is “Crazy?”*

Panic attacks with agoraphobia is listed as a seriously disabling mental illness in the bible for mental health professionals—*The Diagnostic and Statistical Manual of Mental Disorders*, or *DSM-5* for short. A person who cannot work because of severe agoraphobia qualifies for Social Security disability income. Therefore, if being mentally ill is “crazy,” the answer is yes, but it is better to use specific terms for mental illnesses so that everyone knows what you are talking about. In my opinion, *crazy* is a wonderful but much overused word best employed to describe those we can’t *prove* are mentally ill but obviously are. As an example, I define the truly crazy people as those who allow themselves to be taken over by a system of capitalism and greed.

Unlike most of the other significant mental illnesses, agoraphobia can be completely cured (wit-

ness *moi*). Recovery is easier if treatment starts soon after symptoms appear. Treatment can include self-help (e.g., this book), professional therapy, and short-term use of medication. Agoraphobia should be considered a temporary condition, duration unknown.

#### *4. How Does Somebody Become Agoraphobic?*

A person with a history of random panic attacks can develop a heightened sense of alert we call anxiety. Someone constantly on high alert is said to have panic disorder and is almost certain to begin avoiding certain places or circumstances. If avoidance extends to more than one thing or place, agoraphobia is the verdict. Agoraphobia has several levels, from being housebound (Level 1) to being capable of everything but long-distance travel (Level 3). Essentially, it is avoidance of pretty much everything outside a safe circumference. Agoraphobic folks bond with one another easily because they are so much alike; they are as alike as first cousins, if not sisters and brothers.

#### *5. What Causes Panic Attacks?*

There is no clear answer to what causes panic attacks, but theories abound. When we are startled or alarmed by something that turns out *not* to be dangerous, our ancestor-tainted fight-or-flight

response system can be misled into believing there is a full-scale emergency. As a result, adrenaline floods through our system and blood flows to the muscles, making the body ready for action when there is no action to be had. Pulse, breathing rate, and blood pressure rise for naught. The overwhelming feeling of fear is real, but there is nothing real to fear. This constitutes a panic attack. It seems clear that some people have an elevated susceptibility to being startled and therefore could be the type to unwittingly throw gasoline on the tiny spark of something as harmless as a sudden noise. I surmise that both learned behavior and genetic brain chemistry are involved in making one person likely to easily recover from being startled and another person more easily misled and unable to halt the fight-or-flight response to a mere startle.

Think of an occasion when you were surprised or startled by something that caused you to either freeze or quickly move out of the way. The *something* could have been as harmless to most people as a honeybee, or it could have been an ax-wielding maniac. If the bee wandered off in another direction and disappeared, a “normal” person would return to normal. If the ax maniac persisted, a “normal” person would continue evading or fighting back with the elevated strength and speed provided by a flood of adrenaline. Someone with panic disorder does not know how to turn off the false alarm process once it gets going and must endure a terrifying experience of unknown duration, even if there is nothing apparent to fear. The bee left, but they still got stung.

Neuroscience tells us that two smallish parts of the brain—the amygdala and the hippocampus—are essentially the guards at the gate, taking in all data as it arrives at us.<sup>5</sup> To paraphrase what I have learned from many sources: genetics are involved in determining how we act or react under a given circumstance, but some of the decisions on how to evaluate a given bit of information are made through a deliberate, conscious process. You have, many times in your life, told your brain to go on alert when certain specific things are present because you regard them as dangerous. Our early ancestors had to be on high alert whenever they were away from camp because there were many ferocious critters roaming the earth. The fight-or-flight system allowed a Neanderthal adult to be in full sprint within milliseconds of having seen the fangs of a nearby people eater. But that was then and this is now, so one would think time plus reality would have toned down our defense system a bit.

The truth is, unfortunately, some people have alarm systems that need to be reprogrammed. We all take in quintillions of units of information daily; nearly every time you turn your head, you see changes. Our brains have to filter data so that we can conduct somewhat rational lives without being overwhelmed. The aforementioned amygdala and hippocampus team up to provide our data filter. Try to imagine how many mixed messages have been transmitted from one part of your brain to another and back when things once scary or misinterpreted changed status a few times from scary to friendly to indifferent and back again—something as simple as a particular person at school,

for example. Multiply that example by millions of experiences and changes in perception, and we wonder how we ever learn to be afraid of the appropriate things and make the correct response to any given stimuli.

It's not hard for me to understand how a child who is nervous (by nature or circumstance) could be subconsciously telling the information-sorting part of her brain to fear many more sorts of things than a less nervous child might fear. I've spoken to several agoraphobic people who reported troublesome anxiety as youngsters, and my own story is no different. The more things a child decides to fear—and it really is a decision—the more likely the child is to end up in a situation that creates a fearful response.

## 6. *How Do You Cure It?*

This book, *Un-agoraphobic*, gives you (or your friend or partner) all the tools needed for full recovery, including information and advice on therapy and medication. I have developed a process for “tricking the mind” and for making the necessary holistic changes in order to fully recover. The agoraphobic person will recover by tricking herself into not fearing panic attacks. Once she stops fearing panic attacks, she will never have another. My advice to an agoraphobic person who wants to recover is to thoroughly read and *do* this book, and throw everything you have into the process.

Briefly, an agoraphobic person needs to do heavy lifting in the following areas: willingness to change,

letting go, communication skills, confidence, self-respect, self-knowledge, self-love, knowledge about agoraphobia, and courage. The book demonstrates how to remember joy, how to become calm, how to learn, and how to change. Central to overcoming agoraphobia is the Recovery Program as it is laid out in the book. The program evolves and develops day by day through specific activities and journal writing. Recovery requires diligent work, creative actions, and self-learned tactics. I designed this recovery process so that readers heal from within; rather than follow a strict regimen from me that will heal from the outside, readers instead finally invent a way—their own way—to break out of prison from the inside.

A therapist who specializes in panic and anxiety disorder can greatly assist recovery, and there are some medications that can help if used prudently. There are many ways to offset the costs of these therapies (for more on this, see chapter 7, “Call in the Pros: Therapeutic and Legal Help”).

## *7. Is PTSD Different from Agoraphobia?*

Post-traumatic stress disorder is a condition created by severe trauma that causes feelings of extreme fearfulness. When the fear forces the victim into a restricted area, the effect is nearly identical to agoraphobia brought on by panic disorder. There are other paths to agoraphobia, which I’ll explain briefly.

Whether it’s a single event like a catastrophe or an ongoing stressor like abuse, these kinds of traumas

can create PTSD. Unfortunately, a significant number of military people suffer tremendous mental torture because of their experiences in warzones. PTSD causes many of them to isolate and avoid. The condition of agoraphobia can also be the result of a terrible physical illness or health condition. Most sufferers of PTSD require therapy to help them work their way through the emotional effects of the traumatic event or illness.

There are two other anxiety disorders that can cause one to limit mobility. Obsessive compulsive disorder results in avoidance of feared things, limiting the sufferer to certain territories. People suffering from social anxiety disorder can become nearly homebound in worst cases in trying to avoid intimacy.

Some people develop phobic avoidant behaviors because of emetophobia, fear of vomiting, especially in public. Other people have been shown to be prisoners of a certain territory because of falsely held beliefs.

There is another route to panic attacks with the tongue-twitching name of labyrinthitis. A search of Harvard Medical School's website for psychiatric studies revealed a strong correlation between people who develop the inner ear infection called "labyrinthitis" and anxiety leading to panic attacks. Briefly, the researchers noted a similarity between the neural signal associated with labyrinthitis and the neural signals alerting a person to extreme danger. They noted that both the onset of a panic attack and an attack of labyrinthitis, which can cause extreme vertigo, happen instantaneously and without warning. I can

confirm that personally. They theorize that the correlation between labyrinthitis and panic attacks is the similarity of the triggers—they appear so much the same that the amygdala might misread the inner ear signals and put out a call to action (panic attack).

Interestingly, I was plagued by labyrinthitis attacks at about the same time I had my first panic attack at age ten. There was no apparent correlation between the two, though. I did not experience a panic attack the few times I had sudden attacks of what is also called “vestibular dysfunction,” nor was I suffering inner ear infection symptoms on any of the occasions I had panic attacks. When the inner ear thing happened, I would become instantly so dizzy I couldn’t stand; everything whirled around me. Other symptoms were light sensitivity, nausea, and a nasty sinus-like headache. The only thing that seemed to help was to lie in a dark room with a cool washcloth on my forehead. Later I figured out that Dramamine and antihistamines relieved the dizziness symptoms. I had my last attack of labyrinthitis when I was nineteen, the same year I became agoraphobic. I don’t really know what to make of any of that; the result was still the same—agoraphobia.

There are a number of websites regarding “labyrinthitis and anxiety,” and reading the postings indicates the phenomena is fairly common amongst vertigo sufferers. The reason I never suffered panic attacks when I had vertigo was because the dizziness was sudden and extreme (my theory). If, however, the symptoms had come on more slowly, perhaps I would have misinterpreted and had a panic attack. Since I

never had a co-occurrence, the good news for those of you who have panic with vertigo, is that through this book you can overcome your panic disorder and then only (ha!) have to deal with the dizziness and nausea and headaches. Or maybe not. One posting was from a woman who said her vertigo diminished as her mental health improved.

If you have panic disorder and ever had or are suffering from labyrinthitis, please send an email to our website—[unagoraphobic@gmail.com](mailto:unagoraphobic@gmail.com)—describing your experience. If we get enough people with these cross diagnoses, we can send our anecdotal information on to Harvard Medical’s psychiatry department. I’m sure every little bit helps as the medical community strives to provide better care for our particular mental illness.

This book is of help to you on several levels no matter the cause of your avoidant behaviors. *Unagoraphobic* is a program designed to heal and perfect the whole you when the whole you is shattered by terrifying feelings. Use this book and journal writing to accompany therapy you are or will be undergoing to resolve the trauma that got you to this point in your life. I am deeply sorry you had to experience it.

## **8. *For Friends and Supporters*** ***Asking: How Can I Help?***

If you want to be of help, read this book so you will understand the process your buddy is undertaking.

Agoraphobic people recover more easily when they have friends or partners who understand the condition and are supportive. Help beyond that depends on many variables. An important thing to comprehend is that you cannot have expectations about time of recovery. Too many variables. If you are able to help with research as suggested in this book, your time will have been well spent. Do not use any kind of pressure if your partner is working on a Recovery Program. Outside pressure is almost always counterproductive. Communication is important, so plan regular conferences.

As a mental health social worker, I saw many families and relationships torn apart or at least negatively affected by mental illness. I, therefore, advise you to take all steps necessary to preserve your well-being. Doing so could include dramatic changes or even separation from the relationship. This is the hard part, but if you don't take care of yourself, you cannot be of help to anyone else. Agoraphobic people are hypersensitive, and if your participation is not clear and pure and from the heart, you will make matters worse.

Ask what things your friend needs help with, and then be honest with yourself about how much you are willing and able to do. You may be able to help find others inclined to give rides and provide some services. You can also help by coordinating assistance from friends, family members, and neighbors as well as public assistance agencies if necessary. If your friend is going through a homebound phase, you can get extra Saint points by helping to survive it. Help in this case would include bringing in outside necessities, running

errands, and being available to assist with baby-step trips outside the safe confines. The dramatic increase in fear that forces an agoraphobe into a corner is demoralizing. Moral support is important during this time. Do what you can.

Here's one bit of agoratrivia that may help you: the circumstances of the initial, panic-inducing event don't really matter because when fear of and avoidance of any one circumstance starts, dominoes fall. Panic attacks in a crowded mall lead a person to avoid not just malls but also any other crowded place. Travel more than a short distance from a safe place can become difficult. Having panic attacks keeps the agoraphobic person on high alert all the time, making it more likely that a panic attack will occur. Yes, while guarding against the feared panic attack, agoraphobes subconsciously create the perfect circumstances for a panic attack. It's complicated.

I hope this explanation helps you more fully understand the person you are close to as well as gives insight to the work involved in changing and redirecting some thought processes in order to get out of the terrible prison of agoraphobia.

And now, let's get started with a plan.