

Parenting with emetophobia carries a quiet shame

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The quiet shame of parenting with a fear of vomiting

By Nikki Campo

When my kids were 4 and 2, we drove to the mountains in North Carolina to share a cabin with friends for a weekend. The first thing I noticed when they arrived was how pale their toddler looked.

“He’s just carsick,” my friend said, shifting him to her other hip. “I think.”

I swallowed hard. “How sick?”

“He threw up a couple times,” she said casually.

My breath felt stuck. I tried to convince myself we could stay — pretended she hadn’t uttered the words that would make me leave.

By nightfall, I was done faking it. “We have to go,” I told my husband. He looked disappointed but helped me repack our clothes and strap sleepy kids into car seats. After an apology to my confused friend (and an excuse my toddler felt feverish), we drove two hours back home.

This wasn’t the first time I’d caved to my anxiety. I’d bailed on easier-to-escape events like block parties and holiday gatherings after someone mentioned stomach illness. But because I never owned up to it, no one except my husband grasped the depth of my fear of vomiting.

It turns out there’s a term for this condition: emetophobia, or the paralyzing fear of vomiting.

The disorder is understudied but according to one estimate, it affects up to 7 percent of women, who are four times more likely to be impacted than men. Another study found a prevalence rate of only 0.1 percent. Researchers I spoke with think the true incidence lies somewhere in between.

According to London-based clinical psychologist Alexandra Keyes, emetophobia is among the most common specific phobias she encounters. Yet it’s a tough condition to study. “It’s often comorbid with obsessive-compulsive disorder (OCD), panic disorder and eating disorders, so it can get lumped in with other problems,” says Keyes, co-author of the forthcoming book “Free Yourself From Emetophobia.”

But the root of anxiety is highly specific: vomiting or being exposed to someone else's. The phobia typically begins during childhood, sometimes with a traumatic event. Other times, as in my case, there's no known cause.

As a child, I shook when I felt ill. I sat up in bed for hours. As I grew older, I wondered if I'd ever become pregnant because I couldn't stomach the idea of morning sickness. Eventually my desire to have children upstaged my fear. Mild morning sickness was surprisingly manageable. Baby spit-up? No problem. I believed that when the time came, I would be able to hold my sick kid.

But I couldn't.

The first time my 4-year-old threw up in the night, my husband was out of town. I panicked. Then I ran for my stockpiled cleaning supplies. My son cried. I willed my brain to steady my shaking hands. When he eventually fell asleep on one end of the towel-covered couch, I sat awake all night at the other end, nauseous, dizzy and damp with sweat.

"Emetophobia often causes more distress and may have a bigger impact on people's lives than other phobias," says Keyes. "It's not like a person who has a fear of dogs knowing they might randomly see one in a park." That's in part because nausea is a trigger that isn't easy to avoid.

Emetophobia means every person, situation and meal is a potential threat. In public restrooms, I checked under the doors for feet facing the toilet. I routinely kept my children out of preschool after they told me a classmate was out sick. I even turned the car around after seeing a light carpool line once, imagining that fewer people in line meant a stomach virus had taken out swaths of students. Remote learning in 2020 was a respite. Avoidance equaled safety in my mind, and I needed a lot of it to function.

Mark Boschen of Griffith University in Queensland, Australia, developed a [questionnaire](#) that helps clinicians identify and study emetophobia. He says avoidance is a hallmark of the disorder — and it's a trap. "If you skip a birthday party and your kids don't get sick, you think 'See, it worked,'" he says. "It's a seductive short-term way to manage the anxiety that unfortunately leads to perpetuating the condition."

Once, I pretended I didn't see a friend's text asking if I could pick up her (healthy) child from school because her other child was home sick. My secret cycle of hypervigilance and avoidance, about a mostly harmless illness, felt ridiculous. Selfish. Shameful. According to Keyes, "Parents can have these really awful narratives about how this disorder makes them a bad parent."

But during the [coronavirus](#) pandemic, something happened. No one came or went from my house. Neither did illness. For the first time, I wasn't scared every day. I slept. I kissed my kids' cheeks. We shared straws. I saw how I could feel — and parent — without

emetophobia.

Now, as my kindergartner and second-grader return to in-person school and the inevitable influx of germs, I'm finally getting help. The standard treatment for emetophobia is cognitive-behavioral therapy (CBT), which involves systematic desensitization ("exposure therapy") and catching catastrophic thoughts that inflate how bad vomiting is, then learning to "argue back."

When I first heard the word exposure, I thought, "so, I have to get sick or watch someone else do it? No." But it turns out the protocol doesn't necessarily include vomit, and certainly not early on. Boschen says exposures can start with things you've previously avoided, like certain places, foods or activities.

That felt doable. I recently let my kids play in an outdoor bounce house. Watching made me queasy, but rather than grabbing them and bolting, I breathed and focused on their happy faces. Boschen encouraged me to make small changes permanent. "Your kids can now always play in bouncy houses," he said. "Why retreat?"

Over the course of treatment, exposures need to become increasingly more challenging, says Ken Goodman, LA-based LCSW and author of "The Emetophobia Manual." "It's about learning to tolerate the uncertainty and the discomfort," he says.

I've told my kids about emetophobia, which Goodman encouraged, in ways they can understand. When my 6-year-old dropped a raw egg on the floor recently, I overreacted. After apologizing, I said, "You know how cockroaches creep you out? That's how I feel about throw-up. To me, those eggs looked like something that could make you sick, even though you weren't about to lick them."

I also let her know that she doesn't need to worry about eggs or throw-up, and that I am working to get over my fear.

I'm not over it yet, but I found a therapist and we're making progress. When I met my kids at the bus stop last week, they started talking over each other about their project from art class and soft broccoli at lunch. I thought about asking if anyone was out sick, but stopped myself. It had been a good day for them, and in that moment, that was all I needed to know.

Free resources: Visit ADAA.org or Emetophobiahelp.org for articles, webinars and therapist directories. Keyes and her colleagues also have a Web site.

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