

Best Buys

—EVE KELLY

"Beee-awk! Beee-awk! Cluck, cluck! Chicken!" That was Patrick making fun of me as we drove across the Coronado Bridge. I was in my usual posture, gripping the seat in white-knuckled terror, eyes squeezed shut until our decreasing speed assured me we were safe on land. He pulled that particular routine only once; after that, he knew he was in the presence of a genuine phobia.

Every spring, I try to supplement my annual freshening of the house with a little personal cleansing. Sometimes, it's physical — taking walks, losing weight — sometimes it's more emotional. This year, I decided to cross my bridges bridge.

A few days of research brought me to the Mira Mesa office of Dr. Brenda K. Wiederhold, Ph.D., MBA, BCIA. Wiederhold is the director of the Virtual Reality Medical Center (858-642-0267). The center seeks to help people overcome phobias using virtual reality computer software. To supplement the software, the center offers different rooms to suit each phobia. If you have a fear of flying, you sit in an actual plane seat. If heights are your trouble, you stand on a platform, holding onto a rail, while a breeze blows in your face. All the while, you wear a head unit, so that your eyes behold a three-dimensional world appropriate to your fear. Wiederhold told me that I was "going to sit in a car seat. You're going to have a steering wheel, brake, and gas pedal so you can navigate." And all the while, I would be driving over a virtual bridge.

Before that, however, Wiederhold had some questions for me — she wasn't about to just plop me into virtual reality and tell me to step on it. "When someone calls for treatment — say, for fear of driving — it could be because they've had a motor-vehicle accident; it could be because they're afraid of bridges, or just freeways. I want to know if they've had some traumatic incident, or if it came out of the blue because they had a panic attack on the freeway and felt they couldn't escape. After getting their full history, I start to teach them breathing skills. I put their physiology up on the computer screen, so that I can see their breathing rate and heart rate." She also measures skin temperature and sweat-gland activity, which, along with breathing and heart rate, change as the patient becomes anxious.

Wiederhold does this because "people with phobias have a fear that they have no control. So, I teach them that they do have control by showing them how to control their physiology in real time. I show them how to do diaphragmatic, or abdominal, breathing. Most people, when they start to panic, start breathing from their chests. They don't use the bottom third of their lungs; they're not breathing efficiently, and so they're forced to breathe faster. If you move the breathing down, you breathe slower, and it starts calming your physiology."

In the next session, Wiederhold teaches patients to control their thought processes. "If you have a phobia of bridges, you start thinking, even before you get in the car to drive in that direction, 'Oh, my God; when I get to that bridge, I'm going to freak out.' That's an automatic thought, and you need to stop that thought process and look at the more

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rational side. If you pay attention to those thoughts, things just get worse and worse. I get the patient to focus on rational responses, or breathing, or just positive affirmations."

Once those anxiety-management skills are in place, it's time to venture into the virtual — always keeping those physiology readings on the screen. "I might start you on a deserted road, just getting the feel for virtual reality, maybe causing you a little bit of anxiety that you didn't even know you had. But I know, because I can see your physiology. I also see on the screen whatever you see on the headset, so I know at exactly which point the heart rate or sweat-gland activity goes up. I might say that we need to focus on this before we even get to the bridge. Then we won't have anticipatory anxiety, and you won't be as prone to panic on the bridge.

"You move in stages through the virtual world until you finally get to the bridge. Then I'll have you practice the coping mechanisms you have. I'll start you in a situation without many other cars. Then, as we go up, I can make the traffic denser. I can make it rain, or I can make it nighttime. I'll do different things to make it a little more difficult."

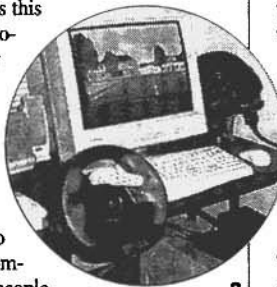
Though Wiederhold told me that it's best to stay in the virtual world for 20 minutes — "to get the most out of it" — she can hit escape at anytime if the patient needs to exit.

After she's started the virtual reality therapy, she starts giving "homework assignments, such as educating yourself about bridges. Learn that bridges aren't going to fall down. Also, I'll have the patient start doing small driving

assignments, or I might have them go to Seaport Village and just look at the Coronado bridge. I have them sort of take out their phobia and examine it in a more rational way."

Wiederhold started this line of therapy in 1997 and has had good success. "If a person stays with the treatment, completes the sessions and does the homework assignments, we have a 92 percent success rate." In more traditional methods, a patient is taught "breathing skills and thought-stopping. But then they're asked to sit and imagine the bridge. A lot of people can't do that. Only 15 percent of the population is good at visualizing, so people don't find it effective. The other way people were taught to get over their phobias, such as fear of driving, was to actually get in a car and drive. That's too overwhelming for people. I think the nice thing about virtual reality is that it stimulates all the senses. People are able to feel like they're in the situation, but it's not so overwhelming. They know in a part of themselves that they can stop the car and take off the headset."

It all sounded pretty promising, but I feared that the cost of all that technology would raise the price. Wiederhold put my fears to rest. "We don't charge more than traditional talk therapy. The cost is \$180 for the first two-hour intake sessions. The other sessions are 50 minutes each, and they're \$120 each. We have a sliding-fee scale based on income level, because we want to be able to treat as much of the population as we can. And sometimes we get grant funding for controlled studies, and so we are able to offer treatment for free." More can be learned about the Virtual Reality Medical Center at the center's website, www.vrphobia.com.



1. Virtual reality headmount
2. Dr. Brenda Wiederhold
3. Driving phobia station