

Daniel: Hello, I'm Daniel Zomparelli and I'm afraid of everything and I want to know what scares you. So I've invited people to tell me what they're afraid of. Then I talked with experts to dig a little deeper and get tips on how to deal.

Daniel: This is, I'm Afraid That.

Daniel: There are a lot of phobias out there. Some you probably know of, arachnophobia, fear of spiders. Acrophobia, fear of Heights. Claustrophobia, fear of small spaces, but what if you were afraid of your own hands?

Daniel: On today's episode of I'm Afraid That, we talk with Emmy nominated writer of The Good Place, the Simpsons, and Parks and Rec about her phobia of her own hands.

Daniel: Then we chat with licensed clinical psychologist and social worker and developer of the Anxiety Treatment Center, Dr. Robbins Zasio to get a better understanding of how phobias work and the ways to treat it.

Daniel: We're sitting with Megan Amram who is Emmy nominated TV writer, known for The Good Place, The Simpsons, Parks and Rec and more infamously a poet.

Megan: Yes, truly infamous. I've gone to jail so many times for being... No, I love poetry and...

Daniel: We're famously sorry.

Megan: No, I like it. It sounds so much more dangerous.

Megan: I thought you were going to be and more infamously, she started all the forest fires.

Daniel: Oh my God.

Megan: I didn't.

Daniel: That actually-

Megan: That would be crazy.

Daniel: If you went, this would be the place to admit it though.

Megan: Get a little publicity for the podcast.

Daniel: and the other person you're hearing is our special guest co-host, Gabe Lee.

Gabe: I'm here.

Megan: I'm such a big fan.

Gabe: Mutual.

Megan: It's amazing.

Gabe: Obsessed with you.

Megan: Yes, so obsessed.

Daniel: That's why I brought you two here.

Gabe: Insisted on coming to this one.

Megan: Just-

Gabe: To get your autograph.

Megan: I mean, I'm kind of busy right now. I'm on a podcast.

Daniel: We do have an autograph break.

Daniel: We would love to hear what you're afraid of.

Megan: We started talking about those because I have a very specific phobia, which was at certain points, a bigger part of my life. I got treatment for it, which I will go into, but it's very weird and I've never met anyone else with it, which is I was afraid of my own hands.

Gabe: Wow.

Megan: I think a lot of people... Wow is right.

Gabe: Wow, that's a big one.

Megan: Truly though it's... and I think people with phobias have expressed this, that it doesn't feel like it's really part of your personality or part of you. It's this very bizarre thing that I understood was crazy even as it was affecting my life more. It also has a name, which I think is Chirophobia or something.

Megan: You'd think in a world where everyone has phones, where you can Google things all the time, I'd know the name of my very specific phobia, but I don't. I mean also to elaborate on when I say fear of hands, I wasn't lifting my hands up and then screaming-

Daniel: Right.

Megan: every time I saw them, but I had a disgust of them.

Daniel: How did that play out?

Megan: So, it started when I was a little kid. No, I literally had this for as long as I can remember and there were certain positions of my hands that really bothered me, the actual feel and look of them. Specifically, it was making fists and having the top of my hand prone.

Daniel: Interesting.

Megan: As I'm saying this, I'm also stressing myself out talking [crosstalk 00:04:16] about it, thinking about it again. I would hold my hands a lot in ways that felt more protected or in my pockets where I couldn't see them but also even more specifically I was really grossed out by wrists.

Daniel: Wow.

Megan: The inside of wrists, which I also feel is not so hard for people to imagine. They're veiny.

Gabe: Yeah, they're veiny and suicidey.

Megan: They're definitely suicidey. When I remember being in high school and we had to read Wuthering Heights. At the beginning of Wuthering Heights, they're describing someone who killed themselves on a jagged piece of glass. My teacher was acting, not acting it out, but was gesticulating and I was like, I'm going to faint, I have to leave this class.

Megan: When I was in college, it got more intense because the other thing about phobias is if you baby them or if you don't confront them, then oftentimes the anxiety attached to them just makes it worse and worse and it got worse in college because I just would hold my hands weird and put my hands in my pockets all the time and my mom finally was like, you need to go to a therapist who specializes in this thing and I was like, yeah, I guess probably. I was having trouble holding pencils.

Daniel: Wow.

Megan: Because I really hated, I'm making a fist right now. You in podcast land can't see it, but I really hated that feeling of having my hand prone by making a fist. And so it was ...

Daniel: What do you mean by prone, stretched out?

Megan: I don't know if that's... Having the top of my hand out to the elements and also the top of your hand also has veins-

Daniel: Veins.

Megan: and stuff and I really hated looking at it. I hated the feeling of it.

Megan: I had enough of a distance from it that I sort of felt if it is impeding my normal life, that means that you maybe have a problem and I went and saw a phobia therapist.

Megan: Which is very interesting because really as far as my experience, a phobia therapist's job is to make you do a thing for an hour every week.

Gabe: Did you feel like your own hands for an hour?

Megan: Yes and it made me cry.

Daniel: Wow.

Megan: It was such a bizarre experience because I know this doesn't make any sense analytically.

Daniel: Yeah.

Megan: It just was such an anxiety provoking thing. So I, in college...

Daniel: Did you ever just wear gloves?

Daniel: Would hiding your hands have helped?

Megan: It's so hard to explain this specifically and I'm not self conscious about it, but I understand how weird the distinctions are. Gloves would have helped me looking at them, but it was also the feeling of holding them in certain positions, but I definitely, I used to wear a lot of, I'd always wear a watch and bracelet so I didn't have to look at the insides of my wrist.

Daniel: Right.

Megan: The phobia therapy was like, I had to start by looking at my hands. That was like step number one and then it ramps up usually.

Daniel: To kissing them?

Megan: Yeah, it ramps up. There's only two steps.

Megan: Step one, look. Step two, now you're kissing.

Daniel: How long was the therapy for?

Megan: It was like a a few months.

Daniel: A few months? Okay.

Megan: It's different than just talk therapy where there's not a deadline on it. It was more a regimented treatment cycle.

Megan: So I talked to this woman and told her by background and talked a little about my mental state, but also we formulated a plan of treatment together basically where it was, so this week we'll separate the things that are bothering you into different steps that ramp up into the most anxiety provoking.

Megan: So starting at the least anxiety provoking, ramping up.

Megan: Basically, I'd come in and talk to her a little bit just generally about my life and what was going on, but then also I would have to accomplish these tasks, but it did work. It ramped up to, I had to put my hands flat down on the desk, which I really didn't like that position and then the woman doing this had to poke the tops of my hands with a pencil.

Daniel: Wow.

Megan: Like softly. She wasn't like breaking his skin, but it still makes me kind of anxious.

Daniel: Yeah! It makes me anxious and I don't have this phobia at all.

Daniel: I'm assuming they didn't cover the aspects of the vein then. It just seemed to be very hand related.

Megan: Yes.

Daniel: Okay.

Megan: And I'm sure if I had like one, gone to a, this was like through my colleges, like medical services. If I had gone to a real therapist - not a real therapist, that's rude.

Daniel: I hope this person's listening.

Megan: This is a woman who gives aid, some sort of medical...

Daniel: Your biggest fan.

Megan: Yeah [crosstalk 00:09:41] Oh my God, she's talking about me!

Megan: No, but if I had gone to someone who was also maybe more holistically looking at both, what's going on in my life and doing this, I don't know if that's something that happens.

Megan: This was really more focused on the immediacy of, can I learn the ability to function normally rather than to understand the underpinnings of it.

Daniel: Right.

Megan: But yeah, it's funny because it's, as I was saying, something that I've taken into my adult life, which is if something makes me uncomfortable, that usually means I should be doing it and that it's good to continue confronting my fears, but it just won't go away entirely.

Megan: When I talk with people about this or I when I talked to this therapist about it, it sort of was also a question of, Why is this the thing you latched on to and there are superficial answers I could think of, of like I lost weight right around when it started getting bad and you can start seeing more things in your hands and stuff when you, personally, my hands did change when I lost a significant amount of weight.

Megan: But also, I truly remember having this from the time I was born. I don't know, I think it was this weird chip I had in my brain.

Daniel: Is it other people's hands that -?

Megan: Oh it's mostly other. It definitely is because those are the ones I'm seeing the most, but also it would really gross me out if you see someone leaning on their hand and their wrist is out, it would gross me out so much and I couldn't look at it.

Megan: I also had a quote unquote "friend", in sixth grade who thought it'd be funny to chase me around her yard, like with her wrists out because she knew this was a thing about me and even at the time when I was 12 or whatever, I was like, I don't think this is what you do with privileged information about someone's mental health and we're not friends anymore.

Daniel: No, it's cruel.

Megan: Yeah.

Daniel: Yeah.

Daniel: Sorry, just to go over it again.

Megan: No, please.

Daniel: What are the no positions?

Megan: Okay, biggest no, inside of the wrists, like pointing out.

Daniel: Okay.

Megan: Which I can barely do right now. I'm trying to show you right now.

Daniel: Yeah,

Megan: Its grossing me out.

Daniel: You can also just describe it, you don't have to -

Megan: I know, I'm really trying to, but this is also something as an adult I do try to force myself to be uncomfortable.

Megan: Like I say, it cured me to go through this. It did in that it gave me the tools to be able to constantly confront it, but it still doesn't make me feel great.

Megan: So that's the worst one and then it's, making a fist is bad. So holding a pen or pencil or holding someone's hand is all sort of the same position of the tops -

Daniel: Holding someone's hand?

Megan: Yes, or holding like I found it hard to hold people's hands in a normal handholding position.

Daniel: Okay.

Megan: So then I, am going to hold, wait, can I hold your hand Daniel?

Daniel: I'm so scared for you though.

Megan: Okay, no, but I'm going to show you what I would do to make it feel less gross.

Daniel: Okay.

Megan: And then you're going to have to describe it cause you're a great writer.

Daniel: Okay, great, I'm supposed to be on the same side as you?

Megan: Yeah, this is going to work.

Daniel: Okay, this will work.

Megan: So this is like normal how you hold someone's hand, right?

Daniel: Okay.

Megan: And this is like how I would sort of do it, is put my knuckles up.

Gabe: You're doing fingers only.

Daniel: Yeah.

Megan: Yes, I'm doing fingers only.

Gabe: Yeah.

Daniel: You generally only touching my pinky.

Megan: Yeah, we're still holding hands.

Gabe: You're not doing the veins at the top of the hand.

Megan: Exactly Gabe, that's why you're here.

Gabe: Okay, I'm describing.

Megan: Yeah, so I'd make a claw instead of a cute little hand.

Daniel: Right.

Megan: Which is how your supposed to -

Gabe: And you went hard diagonal to avoid that. At top of the hands you went fingers only.

Megan: Now would you imagine I didn't have a romantic partner at the time?

Megan: I would prefer if I didn't do this. Especially like when you're interacting with other people.

Daniel: Yeah.

Gabe: Right?

Megan: So that was really the impetus to go see if there were ways to make this better.

Gabe: Yeah.

Megan: But also I was a psychology major in college and like literally as I was going through this process of phobia therapy, I was taking a class on anxiety disorders and I feel like we got to the point where we learned about phobias, which psychology in college is like you learn 1% of fifty different things, but as far as I understood it, it was like anxious people sometimes also fixate on something like, that phobias arise because you might have a generalized anxiety that then becomes focused for whatever reason.

Gabe: Right.

Megan: On a specific thing. I was like yeah sure that makes as much sense as anything.

Daniel: Yeah.

Megan: Or I like died in a different life because of a wrist situation.

Daniel: Right.

Megan: That also makes sense.

Daniel: Muscle men.

Gabe: Yeah.

Megan: Interesting. I like that that that's the question.

Daniel: Because vascular -

Megan: Muscle men?

Daniel: Vascular-ness is considered hot to a lot of -

Megan: I don't think it's gross, but I don't think it's that hot.

Daniel: Yeah.

Megan: No offense to all the muscle guys listening to the podcast, but it's so funny because even now I try to be, no, this means you're healthy. Or like if I'm working out and veins are -

Daniel: Popping.

Megan: My veins are popping in the gym like all the way out.

Daniel: Yeah.

Megan: And I have to just be like, no, this is good. It's not gross.

Daniel: Right.

Megan: It's good for you.

Daniel: How did you describe this fear when you were a kid? How did your mom know that you were uncomfortable?

Megan: It's so part of my history that I think I probably, as a kid, it at least was something I was telling people in middle school because I remember this -

Daniel: friend knew to punish you with it.

Megan: Little bitch down there in sixth grade.

Daniel: What's her first and last name?

Megan: I can tell you.

Gabe: It's doctor.

Megan: Yeah. Oh my God. Yeah, why haven't have Twitter followers if I can't ruin the life of someone who did something mean to me in sixth grade?

Daniel: Exactly.

Megan: Fear is, I think logically something bad is going to happen if I do this thing.

Daniel: Right.

Megan: Phobias, I know not just as nothing bad going to happen if I make my hand into a fist, but probably good things will happen.

Megan: It's a useful thing in your day to day life, but it was just this feeling of this is wrong and I'm not supposed to do this.

Megan: That's the closest way I can describe it. It's a physical response of feeling stressed and light-headed and then also when I was forced to do this for long enough, I started crying and I remember literally saying why am I crying? I'm not upset in my normal brain and then in my like animal brain, it was very upsetting.

Megan: Maybe because of my weird relationship with my own body. I've always been deeply obsessed with how absurd the human body is and maybe it's just that feeling of how your brain can not feel the same things as your body is feeling.

Megan: That there's this disconnect between the logic of me of like I'm a normal person who understands that my hands aren't scary and then how your body will just feel however it wants to.

Daniel: Right.

Megan: Ideally both my hands would be replaced with mechanical hands like Bucky and Captain America.

Daniel: Uh-huh (affirmative).

Megan: I don't know if you are Scorsese?

Daniel: Yeah, sure.

Megan: No, I really like Mart, but he has a bionic arm.

Daniel: That would be good for you?

Megan: If I can have two bionic arms, it would probably cure my phobia.

Daniel: Interesting.

Daniel: Thank you so much for joining us on the podcast.

Gabe: Thanks for coming.

Megan: Thank you.

Megan: I couldn't tell if this part was still on the podcast or not.

Megan: Thank you either way.

Daniel: That was Megan Amram and her fear of her own hands.

Daniel: Before we get texts per Dr. Robbins Ezio let's listen to another voicemail from our fear line.

Ellie: Hi, this is Ellie. I'm afraid of getting brained on the backswing in sports, like with a golf club or a hockey stick or a baseball bat or actually even with the pinata.

Daniel: Hi Dr. Robbins Ezio welcome to the podcast.

Dr Robin Zasio: Thank you. Thanks for having me.

Megan: So we had our guests, Megan Amram talk about her phobia of her own hands and also specifically as seeing the veins in her hands.

Megan: I've never had like a severe phobia before, so I'm wondering, say a phobia pops up all of a sudden, what would I do? What are, how do I find out what happened that I became so afraid of that thing?

Dr Robin Zasio: So when we're dealing with phobias or actually any other fear, the first thing that you have to identify is what are you afraid of? So if somebody is afraid of flying, it could be a fear of a plane crash and dying or it could certainly be a fear of having a panic attack and being trapped.

Dr Robin Zasio: When we're talking about unusual phobias, what's really important to know is if there is any kind of source which has created the fear, it can be some type of traumatic event. And so if there is trauma involved, it's always important to determine whether or not the trauma needs to be addressed first and then how that impacts their fear.

Dr Robin Zasio: Now that being said, what we're trying to target is what the fear is, but interestingly enough, when we are dealing with phobias, sometimes it's actually not a fear. There can be actually something that we call disgust.

Dr Robin Zasio: And essentially what that means is when somebody sees a particular object or item that they experience, not fear of it, but a disgust and so in terms of what does one do, you have to identify, is there trauma that's associated with it? And the second thing is to identify if it's a sense of disgust or if it is more of a fear of some kind.

Dr Robin Zasio: I'm currently working with someone who came in with a fear of holes and so he described it as a phobia and so the more we talked, we actually identified that it was not necessarily a phobia or a fear, but it was more of a disgust response when he saw holes. He would envision holes on skin, which then created this sense of disgust and so the treatments are actually the same, but when we're doing the treatment, which I'll talk about, you have to be aware of what is driving that anxiety response. Does that make sense?

Daniel: Yeah. And we actually even had a guest, a previous episode, her fear was holes and yeah, that makes sense, the disgusting makes sense versus the fear.

Dr Robin Zasio: Right.

Daniel: Are there varied treatments for each of these or is there kind of a general treatment that you can apply for all of these?

Dr Robin Zasio: If somebody does have a phobia, the primary treatment modality is what we call exposure and response prevention. Okay. So what that means is your amygdala, which is your fear center is signaling you that this is not something that we want to engage in. We don't want to look at it, we don't want to touch it, we don't want to experience it and so the tendency is when any one of us have that experience that we want to avoid and avoidance actually makes it worse because then it builds a lot of anticipatory anxiety about when they might see that again. So they might engage in avoidance behaviors.

Dr Robin Zasio: Exposure therapy is a systematic desensitization to having one face their fear or sense of disgust and what that means is starting with identifying the behaviors that they engage in to avoid coming in contact with that fear or that phobia.

Dr Robin Zasio: And so then what we do is we actually give them an anxiety rating scale, where we say, okay if right now you had to look at the top of your hand, what would your anxiety level be? If you had to look at the bottom of your hand, what would your anxiety level be? If you had to look at somebody else's hands, if you had to look at a picture of a hand, and so we get a good idea of how a person is triggered and what those individualized triggers are.

Dr Robin Zasio: Then what we do is, based on that anxiety rating scale, which is a scale of zero to ten, we identify what their level of anxiety is and then we start with having them begin to confront the lowest levels first and allow all the uncomfortable thoughts to come in. They don't want to push them out. They don't want to be listening to music. They don't want to be singing a song or thinking about something else. They want to expose themselves until the brain gets used to it and it doesn't bother them anymore. So it's a systematic desensitization so that the brain gets used to those things and is not triggered by them.

Daniel: Okay. Does it in the end reduce the phobia or is there a possibility of it completely removing the phobia?

Dr Robin Zasio: So it's a catch 22, if it is a phobia and it's fear-based, oftentimes people can overcome that phobia if it's related to that sense of disgust. Oftentimes if we can get them to the place where I don't like looking at it, but it doesn't produce anxiety or give me the level of distress that it did before, that's a really good place to get at. So I can't say this is, I can say what the hopeful outcome would be and that is that when they look at their hands, in this case, they don't even think about it, but in some cases it's, you know what, I don't really care to look at my hands, but it's not producing this distress and I'm not engaging in those avoidance behaviors anymore.

Dr Robin Zasio: And the bottom line is all of us have anxiety. All of us have a fear of something, right? So we're dealing with different brain chemistry's and how our brains are configured as to why some of us might be afraid of something and some other people might be afraid of other things. If anybody is suffering from a phobia, I would really, strongly recommend that if you're looking for treatment that you

really vet the therapist that you're seeking to work with and there's nothing wrong with doing that. Asking them where they got their training, asking them what their treatment modalities are for phobias and if they say, well, come in we'll talk about it, then they probably don't really know because the standard, the front line treatment for phobias is the exposure and response prevention. So that's really important.

Dr Robin Zasio: There is a website called the International Obsessive Compulsive Foundation. It's the largest national organization promoting resources for specialty treatment for anxiety disorders and they actually have a provider database where you can put in your zip code to see if there is somebody in your area. And so that being said, here at the anxiety treatment center, we are in Sacramento, California. We offer both individual session and more intensive treatment and our website is anxietytreatmentexperts.com

Daniel: Awesome. Well, thank you so much for joining us on the podcast.

Dr Robin Zasio: Absolutely.

Daniel: That was delightful. Thank you so much.

Daniel: I'm Afraid That, is produced by me, Daniel Zomparelli, Gabe Leibman and Little Everywhere.

Daniel: If you have a fear you'd like to hear on the show, please share with us at, imafraidthat.com, where you can get more info on the guests and experts.

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