

# A Brief Novel Intervention for Acrophobia (Fear of Heights)

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## ABSTRACT

### **Abstract Introduction:**

A fear of heights or acrophobia is common and often deters people from perusing leisure activities. It can also interfere with routine activities of daily living. This project investigated a unique brief intervention, which offers a combination of neuro-linguistic programming and practical graded exposure therapy, to overcome fear of heights.

### **Method:**

This two-day intervention is set in the Peak District (Derbyshire, UK) and works with a maximum of eight individuals to four instructors. The first half-day involves working with a psychotherapist using neuro-linguistic programming techniques. The next 1.5 days involves graded exposure using abseiling over gradually increasing heights, to a final height of approximately 40 feet.

### **Results:**

All eight individuals on the two-day course subjectively felt their fear of heights had significantly decreased. All eight individuals would recommend this intervention to others suffering from a fear of heights.

### **Conclusions:**

It is noteworthy that the group undergoing this intervention were self-selected and highly motivated to overcome their fear of heights. The sample size was small and outcome measures were subjective. However, initial superficial investigation indicates that this is a novel and effective approach of helping people overcome their fear of heights. Further research with larger sample sizes and objective outcome measures would be beneficial in further assessing the impact of this intervention.

## INTRODUCTION

This brief intervention draws theory adapted from Professor Steve Peters' work titled 'The Chimp Paradox'.<sup>1</sup> The Chimp Paradox focuses on the frontal, parietal and limbic areas of the brain and simplifies the functions of these to help individuals understand and manage fear.<sup>1,2</sup>

The three areas of the brain are simplified as the limbic system, being emotional and responding instantly to potentially dangerous situations (dubbed 'the chimp' in relation to the book title). The frontal lobe, as being capable of rational and logical thought. The parietal lobe is compared to a computer in the simplified analogy as it allows us to perform tasks without thinking or on 'autopilot'.<sup>1,2</sup>

Focus on the amygdala's ability to 'hijack' the brain and control our behaviour is brought into focus. This intervention encourages participants to be aware of the role the amygdala and rest of the limbic system plays in keeping us safe, but also to understand how it has the ability to make us 'freeze' and become overpowered by irrational fear in situations where no real danger is present. An example of such a situation (used in the intervention) is being at height with appropriate safety equipment in place.<sup>1</sup>

Techniques are taught to distract the 'chimp' or limbic system, such as engaging frontal brain structures by doing calculations or trying to say phone numbers in reverse order. Carrying out positive visualisation of someone who is confident and calm in the same situation is a further technique utilised. Providing reassuring biological feedback to the brain is also used in the form of breathing exercises.

Beginning work on preventing the amygdala hijack is thought to be most effective when an individual is slightly outside their comfort zone. This can be gradually expanded by having graded exposure to more and more frightening stimuli (increasing heights in the case of this intervention).<sup>1</sup>



Figure 1 = Crossing exposed area



Figure 2: Increasing confidence on slope – before abseiling

## METHODS

A half-day was spent with a psychotherapist working with the eight participants. The participants were asked to disclose an incident in which they had felt frightened at a height. They were asked to replay this event in their mind multiple times as a film, focusing on different aspects of the event at different points, such as being safe before and afterwards. This is aimed to change individuals' perception of being fearful of heights, replacing irrational fear with a safe level of caution.<sup>3</sup>

The next 1.5 days were spent undergoing graded exposure to gradually increasing heights with necessary safety equipment in place. Regular revision of the theory behind fear of heights was covered in this period.

Participants were exposed to heights by initially abseiling down a steep hill, where no actual 'drop' was present. This enabled individuals to become familiar with the equipment (harness, rope, helmet and abseiling technique), which would be used throughout the graded exposure exercises. Participants then abseiled of gradually increasing drops from 12 to 40 feet. Further climbing and abseiling exercises were used to consolidate progress made.

## RESULTS

This intervention is the only one of its kind available in the UK and has been running since 2006. It is estimated that several hundred participants have attended and participated.<sup>3</sup>

No formal data collection has been carried out to date. All eight individuals subjectively felt strongly that their fear of heights had significantly decreased. All eight individuals stated that they would recommend this intervention to others suffering from a fear of heights.

## CONCLUSIONS

No objective formal data collection has been carried out to date for this intervention. It must be acknowledged that the sample size was small (n=8), however, this intervention is running regularly and has the potential for cumulatively collecting data from a larger sample size in the future.

This intervention is short and open to people of mixed ability. There may be obstacles for individuals wishing to access this treatment, for example, it requires course fee payment by the individual and is not available on the National Health Service. The course also takes place in the Peak District and is not readily accessible without private transport.

This novel approach to helping individuals with their fear of heights appears to be highly effective. Results are subjectively very encouraging and warrant further investigation to allow more accurate assessment the impact intervention.



Figure 3: Graded exposure work



Figure 4: Gradual increases in height



Figure 5: Abseiling graded exposure

## REFERENCES

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