

**PHOBIAS**

"My heart starts beating so fast that it feels like it's going to explode. My throat closes and I can't breathe so I start to choke. My hands start sweating and I get so dizzy I have to hold onto the furniture or the wall to keep from falling or fainting. I know I'm going to die."

These words describe what a person who has a phobia suffers when confronted with an object or situation that he fears. People can develop phobic reactions to animals, social situations and activities. The reaction may be to the sight of a spider, getting on an airplane, eating in public or being out in public at all.

\* Phobias are the most common form of anxiety disorders, which themselves are the most common psychiatric disorder in the United States. People of all ages, at all income levels and in all geographic locations suffer from phobias, according to a study by the National Institute of Mental Health (NIMH). Between 5.1 and 12.5 percent of Americans suffer from phobias. Broken down by age and gender, the NIMH study found phobias were the most common psychiatric illness among women in all age groups and the second most common illness among men older than 25.

The word "phobia" is a term that refers to a group of symptoms brought on by feared objects or situations. People can develop phobic reactions to animals, social situations and activities.

### Symptoms

A phobic disorder can be so mild that it hardly affects a person's life. The feared object or situation may enter the person's life so rarely that the phobia doesn't interfere with the ability to work, socialize and go about a daily routine. But other phobic disorders may focus on something as common as running water and may

thus prevent showering, bathing or brushing one's teeth. Or they may arise whenever the person ventures from home, preventing work, social life or grocery shopping. A phobia that interferes with daily living can create extreme disability and should be treated.

A phobia is defined by the psychological and physical reactions to the object or situation feared rather than the object itself. Symptoms of a phobia include the following:

- The victim suddenly feels persistent and irrational panic, dread, horror, or terror when he or she is in a situation that is harmless.
- The person recognizes that the fear goes beyond normal boundaries and the actual threat of danger.
- The phobic reaction is automatic, uncontrollable and pervasive, practically taking over the person's thoughts in a barrage of imaginary threats and dangers.
- The person suffers from all the physical reactions associated with extreme fear: rapid heartbeat, shortness of breath, trembling and overwhelming desire to flee the situation.
- The person flees the feared object or situation and goes out of his or her way to avoid it. When avoidance causes distress or interferes with the ability to work, socialize and care for day-to-day needs, he or she should seek a psychiatric evaluation.

### Categories of Phobias

Phobic disorders are divided into categories that closely define the cause of the reaction and avoidance. Phobias may develop as a result of panic attacks that seem to appear out of nowhere. Panic attacks may push some people

into fearing and avoiding the situation or object associated with such an attack. However, other phobia patients never experience a panic attack, even when they are confronted with the object or situation they fear.

### Agoraphobia

The most common phobic disorder, agoraphobia is the fear of being alone in public places from which the person thinks escape would be difficult or help unavailable if he or she were incapacitated.

These people avoid being on busy streets or in crowded stores, theaters and churches. Normal activities become restricted as the person avoids these situations. Many agoraphobia victims become so disabled they literally will not leave their homes. If agoraphobics do venture into public places, they do so only when accompanied by a friend or family member.

Two-thirds of those suffering from agoraphobia are women. The disorder tends to be more common among families where other members also suffer from an anxiety disorder and/or possibly abuse alcohol. Most agoraphobics develop symptoms between the ages of 18 and 35. The onset may be sudden or gradual.

Many agoraphobia victims develop the disorder after first suffering a series of panic attacks in public places. These attacks seem to occur randomly and without warning, making it impossible for a person to predict what situation will trigger such a reaction.

The unpredictability of the panic attacks "trains" the victims to anticipate future panic attacks and, therefore, to fear any situation in which an attack may occur. As a result, they avoid going out in public.

Agoraphobia victims also are likely to develop depression, fatigue, tension, spontaneous panic and obsessive disorders.

### Social Phobia

Social phobia is the irrational fear and avoidance of being in a situation in which a person's activities could be watched by others. In a sense, it is a form of "performance anxiety," but a social phobia causes symptoms that go well beyond the normal nervousness before an on-stage appearance.

The person suffering from a social phobia fears being watched or humiliated while doing something in front of others. As a result, he or she avoids any situation in which such activity may be required.

The activity often is as mundane as signing a personal check, drinking water, buttoning a coat, or eating a meal. The most common social phobia is the fear of speaking in public, either in front of an audience or in front of a small group during a cocktail party.

Social phobias occur equally among men and women, generally developing after puberty and peaking after the age of 30. A person can suffer from one or a cluster of social phobias.

### Simple Phobia

As this category's name implies, people suffering from simple phobia generally have irrational fear of specific objects. If the feared object rarely appears in the person's life, the phobia may not create serious disability. If the object is common, however, the disability can be severe.

The most common simple phobia in the general population is fear of animals—particularly dogs, snakes and mice. Other simple

phobias are claustrophobia, or fear of closed spaces, and acrophobia, or fear of heights.

Most simple phobias develop during childhood and eventually disappear. Those that persist into adulthood rarely go away without treatment. Simple phobias are more often diagnosed among women than men.

### Treatment

With proper treatment, the vast majority of phobia patients improve significantly or completely overcome their fear. Moreover, research indicates that once a person successfully overcomes the phobia, he or she will be free of symptoms for years, if not for life.

Psychiatrists find the most effective and long-lasting treatment for phobic disorders is a behavior therapy called exposure, which relies on exposing the person to the feared object or situation. The two most common methods of exposure are systematic desensitization and "flooding." In both, the patient meets with a trained therapist and confronts the feared object or situation. By confronting rather than fleeing the object of fear, a person becomes accustomed to it and can lose the terror, horror, panic and dread he or she once felt.

Systematic desensitization is a more gradual form of exposure therapy. In a series of steps, the patient first learns relaxation to control the physical reactions of fear. Then he or she imagines the feared object, works up to looking at pictures that depict the object or situation, and finally actually experiences the situation or being in the presence of the feared object.

During "flooding," on the other hand, the person is exposed directly and immediately to the most feared object or situation. He or she stays in that situation until his or her anxiety is marked

↑ MEDS

edly reduced from its previous level. In general, this requires about two hours per session.

Other forms of behavior therapy have other names, but the purpose of all of them is to force the patient to confront the source of the phobia without fleeing. Researchers have found that exposure therapies significantly reduce or completely end the phobic reactions in people for at least seven years.

Behavior therapy is likely to fail if the person attempts it only halfheartedly, if his or her interpersonal or family problems interfere with the therapy, or if he or she is severely depressed as well as phobic. Overuse of sedatives or alcohol during the exposure session tends to contribute to the therapy's failure for people suffering from simple and social phobias.

While most phobia patients tend to get better without the use of medication, anti-anxiety drugs have been found to help some people—particularly agoraphobics—reduce the panic they may feel when encountering the feared situation or object. Such medications can effectively reduce the level of dread and anxiety a person may feel, enabling him or her to confront the phobic situation when he or she might otherwise have been too fearful to do so.

↑ MEDS

Drugs have been used to control the panic experienced during a phobic situation as well as the anxiety aroused by anticipation of that situation. Antidepressants and several other medications have proved effective in controlling the panic reaction, although it is not clear how they work. It appears that their panic-reducing capability is unrelated to their antidepressant properties.

The effectiveness of tranquilizers as part of the treatment plan for phobia varies from one individual to the next. For some people they may not be helpful at all; others may benefit but



READ ENTIRE ARTICLE!

# PHOBIC REACTIONS

## HOMEWORK QUESTIONS

"Anything" on ARTICLE IS TESTABLE!

1. Define phobia:
2. How common are phobias?
3. Outline 4 major characteristics or symptoms of phobias: A. > B. > C. > D. >
4. When's it time to seek help?
5. Define agoraphobia:
6. Who tends to get agoraphobia ( give 2 items ):
7. Describe the typical onset of agoraphobia.
8. Why do they fear going in public?
9. Define social phobia ( include examples);
10. List 6 common simple phobias:
11. What's "systematic desensitization"?
12. What's "flooding"?
13. What other therapy can help phobics?