

A LINE ON LIFE

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Coping with Phobias *

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I received a letter from a reader requesting information about claustrophobia. The reader says, "*I have been seen by a professional, but I am not convinced I can deal with my problem if, for example, I am 'trapped' in an elevator.*"

A **phobia** is a persistent, irrational fear of some object or situation. Irrational means that the danger is magnified out of proportion to the real risk. **Claustrophobia** — a fear of enclosed places — is one of many specific phobias. About 7.7% of the general population have phobias. However, it is severely disabling only in .2% of the population.

Normal fears are magnified in phobic individuals, and the phobias interfere with daily routines. When it necessary to enter an enclosed area — a small room, passageway or elevator — phobic individuals will expend a great deal of energy to avoid these areas. Phobics realize there is no real cause for fear, but that does not reduce their fear. At times, they may panic or become depressed.

Phobias may be limited. However, some fears are generalized to other objects or situations, which increasingly restrict functioning. Even after therapy, clients can still have a "*fear of being afraid*" like the letter-writer above.

When phobic individuals avoid a feared object or situation, this leads to **negative reinforcement**. The negative feeling (fear) experienced by phobic individuals is reduced, which temporarily makes them feel better. Rather than dealing with the fear — which would involve more effort and discomfort — phobics (as most of us would) take the "*easier*," more immediate alternative. They do their best to avoid their fears. When any situation causes fear, they run from it. When their tension is reduced, this reinforces the avoidance behavior. This makes phobias very difficult to treat.

One method of treating phobias is **systematic desensitization**. It teaches behavior that is inconsistent with being afraid of the dreaded stimulus. Fear involves a high state of unpleasant tension. If relaxed, people cannot be tense, and therefore, they cannot experience fear.

The first step in desensitization therapy is to train clients in **progressive relaxation**. Phobics are trained in several sessions to alternately tense and relax various sets of muscles all over the body. Phobics are asked to rank feared stimuli according to the level of fear they instill. Once the relaxation techniques are adequately learned and the hierarchy of fear objects is complete, the next stage of therapy begins.

Clients are asked to completely relax in a comfortable chair with their eyes closed. The therapist describes a situation with a feared object from the lowest level of each client's hierarchy. The clients imagine being in that situation. As long as clients are relaxed, they cannot be afraid. Relaxation is incompatible with fear. With that success, clients move to the next level of their hierarchy. If clients report any fear, the session is stopped. As clients gain confidence, they continue up the hierarchy. The clients control their rate of progress.

With 30-minute sessions given 2-3 times a week, it may take weeks or months to complete a client's fear hierarchy. However, even clients who have gone only 25-50% of the way through their fear hierarchy can show significant reductions in phobic behaviors.

As a variation, tape recordings can be made, so clients can desensitize themselves at home. Desensitization can also be done with "*marathon*" groups — the entire program of therapy is compressed into 2-3 days of

intensive treatment. Whenever clients are ready, they go through "in vivo" desensitization, challenging real-life situations like those previously imagined.

**Often it is not the reality —
but our *beliefs* about the reality —
that determine our level of fear.**

One aspect of any fear is **negative thoughts**. If people assume the worst will happen, this heightens fear. In contrast, **coping statements** counteract these negative thoughts. With test anxiety, students assume they will fail, and this seems catastrophic. Because they think failure is assured, most students don't study in advance. ("Why should I study, if I'm going to fail anyway?")

During the test, they only think about what will happen *after* the test. Not concentrating on reading and answering the test questions during the exam, they guarantee their failure. If students use coping statements, they are more likely to succeed.

"If I carefully read the questions and think about the information I am given, I can answer the test questions. Even if I don't get a satisfactory grade, it isn't the end of the world. I can...(do extra credit, repeat the course, etcetera)."

Similar processes occur with claustrophobia. If people use and *believe* coping statements, their fears will be reduced. I also had claustrophobia. I found myself "*trapped*" in a small space for an extended time. Taking my own advice, I told myself, "*I can get out any time I want. However, I just don't want to get out right now.*" Although at one level, I was aware that I was "*trapped*," this coping statement gave me a sense of control. I knew a secret way out that I could use any time I wanted. (I just didn't want to use it right now.)

It takes time, effort and assistance to overcome phobias. If a phobia is severely limiting your life, seek the help of a mental health professional. If you don't know of one personally or have one recommended by a friend, you can look in the **Yellow Pages** of your phone book under "*psychiatrists*", "*psychologists*", "*psychotherapists*", "*social workers*" or "*counselors*". The American Psychological Association (**1-800-964-2000** or apa.org) can also recommend referral services in your area. Your first coping statement can be, "*I can find someone who can help me.*"

* James Coleman, James Butcher & Robert Carson's *Abnormal Psychology and Modern Life*, Scott, Foresman and Company, 1984, pages 204-206, 642-644.