

A LINE ON LIFE

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Phobias and Their Treatment *

David A. Gershaw, Ph.D.

We all have fears. However, if – over at least a 6-month period – these fears interfere significantly with daily routines, social or occupational functioning, or cause great distress, they are probably part of a **phobia**. Phobic adults and adolescents realize that their fears are unreasonable or irrational, but the fears still exist. These conditions must exist to classify fears as a phobic disorder.

There are several kinds of phobias. **Specific phobias** are excessive or unreasonable fears of a specific object or situation. They usually involve an anticipation of harm – being bitten by animals, falling from high places, structures collapsing or crashing in a vehicle. There also may be a fear of losing control, fainting or panicking in the presence of that object or situation. The closer the object is, the greater the feelings of fear. Therefore, phobic people try to avoid the feared objects. Even though their fear is reduced by avoiding the objects, they still have the phobia.

In contrast, **social phobias** relate to social or performance situations where others might give negative evaluations. Those with social phobias fear that they might be judged as weak, crazy, stupid or anxious. Even anticipating future events can bring on this fear, and the fear grows worse as the social event grows closer. Normal forms of these feelings are seen in anxiety before public speaking, meeting new people whose opinion is important or "*stage fright*." But a phobic response is more extreme, possibly leading to a panic reaction in the situation.

Agoraphobia is the most extreme type of phobia. There is a fear of being trapped in a situation that might be difficult or embarrassing to flee. They fear that they will have a panic attack without being able to escape the situation. As their fear escalates, this makes the panic attack more likely. Agoraphobia may be so extreme, the people will not even leave the house at all – even to get groceries or take their children to the doctor. Even at home, they are likely to fear being alone.

If they are forced to stay in the phobic situation, any phobic person will at least feel *very* uncomfortable. The worst scenario would involve a **panic attack** – trembling, sweating, chest pains, nausea, dizziness and/or other symptoms. This is what many phobic people fear in the first place. In turn, their fear is so extreme; it causes the anticipated symptoms.

However, most people with specific phobias do not seek help, but they merely avoid the feared objects or situations. With some people, this only causes a minor restriction in their lifestyle. However, at any level, avoidance behavior reinforces this fear and causes it to continue. To deal with these fears, therapy is needed.

One type of **psychotherapy** for specific phobias first involves training the person to **relax**. Once this is accomplished, they are exposed to the fear situation by small degrees – either by imagining it or in reality. As long as they can relax, they will not feel afraid. If their relaxation wanes, the stimulus is withdrawn. Gradually they can go on to deal effectively with more feared situations.

Almost any form of psychotherapy involving social support and persuasion can help specific phobias. Some medications can initially be used to reduce anxiety, but they are usually discontinued as psychotherapy progresses.

Social phobias usually benefit more from **cognitive-behavioral therapy**, which involves examining the negative thought processes leading to the social anxiety and counteracting them. Those with social phobias automatically assume new people they meet will look down on them or judge them negatively. These

thoughts can be identified and reduced or eliminated, usually in 3-4 months. Then the situations themselves are gradually confronted. This can be done individually or in groups.

A **panic disorder** is very likely to accompany agoraphobia, so the panic disorder needs to be treated first. Once the catastrophic thoughts that can cause panic attacks have been reduced, therapy can help the client to confront feared situations. As it becomes apparent that panic attacks will no longer occur, the phobia will lessen. Cognitive-behavioral therapy seems to be the best for this, although other types of psychotherapy are successful. Again, various anxiety-reducing medications can be helpful in the initial stage of therapy.

**Rather than a sign of weakness,
fear is part of being human.**

However, to find relief from your fears, you need to seek treatment – to admit that you have a problem. If others who are close to you have phobias, you can provide the encouragement and support to get them into therapy. In therapy, people with phobias can be helped.

* Adapted from Randall D. Marshall's "Phobias and their treatments," *The Menninger Letter*, September, 1995, page 3, and *DSM-IV*, American Psychiatric Association, 1994, pages 393-417.