



Understanding *phobias*

Fears and phobias are not the same thing

A phobias is a debilitating condition which will cause the person with the phobia to arrange their life so that they can avoid the object of their phobia.

An introduction to phobias



A phobia is characterised as an intense and sometimes irrational fear towards an object or situation (Lader, 2006). These phobias may also limit daily life which can have a subsequent effect on your anxiety and depression (NHS, 2018), and symptoms can become chronic and severe over a long period of time (Mind, 2017).

Our team at First Psychology work with a range of phobias and use various clinical approaches including counselling/psychotherapy, cognitive-behaviour therapy (CBT), coaching, and other talking therapies as well as online therapy. We have created this information booklet as a guide to help you recognise, understand and come to terms with symptoms associated with phobias as well as highlighting various counselling approaches and techniques that could help you make a successful recovery.

We hope this is helpful to you!

What is a phobia?

A phobia is defined as an extreme, overwhelming fear or aversion to an object or situation and it is much more pronounced than a regular fear. Symptoms may include dry mouth, palpitations (irregular heartbeats), sweating and trembling and the person with the phobia may even feel faint or dizzy (Bourne, 2011). In general, phobias do not resolve themselves over time, however if properly addressed, they can be managed very successfully.

There are two main types of phobic disorder recognised in diagnostic guidelines: specific and complex phobia.

Specific phobia	Complex phobia
A persistent fear that is triggered by the presence or anticipation of a specific object or situation. There are five subtypes of specific phobia (please see below). Some examples of specific phobias are arachnophobia and claustrophobia (Anthony & Barlow, 1998).	Complex phobias tend to be more disabling than specific phobias and tend to develop in later adulthood. Some examples of complex phobias are agoraphobia and social phobia (Thobaben, 2004).

There are five different subtypes of specific phobias (Witthauer et al, 2016):

- Situational, such as aeroplanes (aviophobia), enclosed spaces (claustrophobia) or going to school (didaskaleinophobia)
- Nature, such as thunderstorms (astraphobia) or heights (acrophobia)
- Animals or insects, such as dogs (cynophobia) or butterflies (lepidopterophobia)
- Blood, injection or injury (BII), such as needles (trypanophobia), accidents (dystychiphobia) or medical procedures (tomophobia)
- Others, such as choking (pseudodysphagia), vomiting (emetophobia), loud noises (phonophobia) or clowns (coulrophobia)



Agoraphobia is the fear of situations where escape may be difficult or where help would not be available if something were to happen. It is often thought to be a fear of open spaces as people are often afraid to leave the house, but it is a more complex condition and is an example of a complex phobia

Having one phobia of a specific subtype usually increases the likelihood of having another phobia from within the same subtype. For example, a fear of birds, ornithophobia, could be coupled with a fear of snakes, ophiophobia. In addition, having a specific phobia also increases the likelihood of having mixed fears from different subtypes (Hoffman, Lehman & Barlow, 1997), for example a fear of injections (BII), trypanophobia, coupled with a fear of riding in a car, amaxophobia (situational).

There are a number of other criteria indicated in diagnostic guidelines and conditions should only be considered a specific phobia when these have been recognised:

- The fears are persistent and excessive and manifest with the presence or anticipation of a specific object or situation
- Triggers an irrational, unreasonable fear response
- Immediate anxiety response
- Life-limiting (the phobia is impacting the person with the phobia's everyday life and relationships)
- Symptoms last a long time

Phobias can take a very long time to surface and can be triggered by an episode unrelated to the specific phobia. Left undiagnosed or untreated, phobias can persist for years or decades and quickly become chronic (Clark & Wells, 1995). If this occurs, they can have an adverse impact on the client's life, particularly in building and maintaining important relationships.

They can be treated using various self-help strategies, talking treatments such as CBT and mindfulness, and in some cases medication, particularly when treating phobias in relation to anxiety and depression (NHS, 2018).

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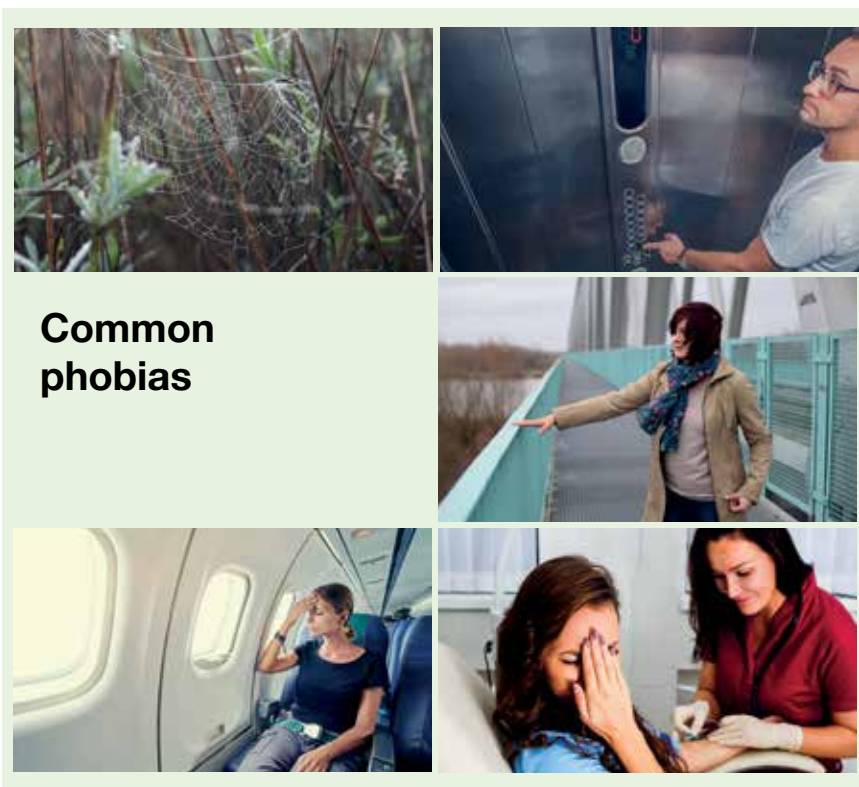
How common are phobias?

Phobias are the most common type of anxiety disorder. It is estimated that around 10 million people in the UK are living with a specific phobia (NHS, 2018). However, many phobias go undiagnosed and untreated and therefore this figure may not be wholly representative.

Fears or worries regarding everyday situations or objects are very common and, generally, can be easily managed (Marks, 1987). Significant and debilitating phobias are also not unusual, with episodes usually leading to panic attacks following a period of distress and fear (Andrews *et al*, 2003).

They can affect anyone, regardless of age, gender or social background. Phobias are very common between the ages of 15 and 20 or in childhood but can also be triggered later on in adulthood too. Phobias affect both genders equally, although men are more likely to seek treatment compared to women.

Some phobias are far more common than others (Lancu *et al*, 2007).



Common phobias

Common phobias include (clockwise from top left):

- Arachnophobia - fear of spiders
- Claustrophobia - fear of enclosed spaces
- Acrophobia - fear of heights
- Hemophobia - fear of blood
- Aerophobia or Aviophobia - fear of flying

Characteristics of phobias

Characteristics of phobias can be identified under three main headings; behavioural, emotional and cognitive.

Behavioural

- The fear is unreasonable and excessive to a degree that it disrupts daily life
- Avoidance
- Immediate panic response when face-to-face with object or situation
- Freezing

Emotional

- Feeling out of touch with reality or detached from your body
- A fear of dying (thanatophobia)
- A fear of fainting (asthenophobia)
- Panicking at the thought of losing control
- Anxiety

Cognitive

- Confrontation with a situation or object elicits an intense fear response
- Selective attention - in some cases, the individual will find themselves compelled to keep looking at the object, which is counter-productive
- Distortions - the individual will exaggerate the threat of the situation or object
- Irrational thinking - e.g. an individual with arachnophobia, living in the UK, will believe all spiders are deadly and dangerous, despite no deadly species of spiders currently residing in the UK



Why do we develop phobias?

While it is not possible to know for sure specifically who will develop a phobia, there are certain risk factors that can increase your susceptibility.

Genetics

Some fears and phobias are passed down from relatives, as there is evidence to suggest a degree of heritability in both adults and children for specific disorders. Genetics may play a role in the development or onset of phobias (Villafuerte and Burmeister, 2003). Research has also indicated a correlation between closely related family and the likelihood that they will suffer from a similar disorder (Fyer *et al*, 1990).

Environmental influences

As heritability can only determine so much, environmental influences have been shown to play a significant role in the manifestation of various specific disorders. Some phobias only occur in some specific cultural groups.

Conditioning

Conditioned fear responses can also account for various specific phobias (*see right*). Many phobias are based on real-life events that may or may not be consciously remembered, including teenage struggles or childhood bullying.



Conditioning

Conditioning has been shown to be a possible factor in a person developing a fear of something. For example, if you were unafraid of rats, but every time you saw one, somebody made a loud noise that gave you a fright, you may start to associate the rat with something unpleasant and may start to feel fearful of rats, even when the noise isn't there.

What are the symptoms of phobias?

There are a number of both physical and psychological symptoms that may occur (NHS, 2018) when an adult has a phobia.

Physical symptoms

- Sweating - severe distress after exposure can cause you to sweat excessively
- Trembling - during or after a specific interaction, shaking legs and/or arms is common and although it is not dangerous, this can be distressing on its own and can trigger anxiety, especially in a public setting.
- Shortness of breath or difficulty breathing - during a traumatic event, shortness of breath is a very common symptom and is a severe reaction
- Rapid heartbeat (tachycardia) - accelerated heartbeat is a severe reaction to an interaction

Psychological symptoms

- Feelings of dread
- Panic over losing control
- Feeling light-headed
- Feeling alienated and alone
- Feeling of embarrassment
- Feelings of panic or fear
- Feelings of mistrust and betrayal
- Worry or anxiety
- Suicidal thoughts or behaviours

These main symptoms can be presented individually or all together, and one triggering another, that in turn causes severe episodes of anxiety or stress. These symptoms may also serve as a gateway into short term negative side effects such as nightmares, vivid flashbacks and intrusive thoughts, and they can eventually worsen the condition of the phobia and increase the severity of symptoms.



Glossophobia is the fear of public speaking. Some people may experience this phobia on its own while others may have a broader fear of social interactions

Symptoms of phobias in children and adolescents

Young children - 0-6 years

- Babies do not exhibit phobias, however their fears can transform into phobias by preschool age if they are persistent. An indication of a phobic reaction usually encompasses crying, screaming and running away.
- Up to the age of 3, loud noises, strangers, separation from parents, and large objects are all considered normal fears.
- From 3 to 6 years, imaginary things such as ghosts, monsters, the dark, sleeping alone and strange noises are relatively common.

Children - 6-10 years

- The increased age usually means it is more likely the child will express their fear
- Crying and screaming may still be part of their reaction

Adolescents - 13+ years

- Fears and phobias usually subside through these years, however this does not mean that all fears go away. Some may become more intense, with more serious and prolonged symptoms.
- In adolescents and young adults, fears become more realistic and rational, for example fears of being injured, illnesses, natural disasters and death.

“Social anxiety disorders develop in adolescence or early adulthood, whereas specific phobias predominantly develop or are triggered in childhood (Rudaz et al, 2017).”

Dealing with extreme anxiety symptoms

The anxious feelings experienced by people who are fearful of something, whether it is a rational fear or not, can be extremely unpleasant. While they may not 'fix' the issue, there are many helpful things you can do yourself which may help alleviate the symptoms of extreme anxiety.

Self-help tips to help manage the symptoms of anxiety

- Muscle relaxation exercises help you notice and reduce tension in your body. Try the exercise below:

Muscle relaxation exercise

Lie down flat on the floor or sit on a chair with your arms resting on your lap and your feet flat on the floor. Close your eyes. Breathe in as you clench your toes and then breathe out as you release them. Notice how it feels as you clench and relax. Slowly move up your body, repeating the process. Move from feet, to calves, to thighs, to hips, to abdomen, to shoulders and hands. Be present in the process and notice how it feels as you tighten and release each body part in turn. When you have been all around your body, take a few moments to feel still, then introduce gentle movements into your body before slowly standing up.

- Breathing exercises can help calm the mind and body and can be particularly helpful for preventing hyperventilation when you come face to face with the object of your fear. Try the exercise below and note how it makes you feel.

Breathing exercise

Take a deep, slow breath in through your nose, taking care not to hunch your shoulders. As you breathe in, notice how the air feels cool. Then, keeping your jaw soft, breathe out slowly as if breathing out through a straw and notice how your breath is warm. Repeat this process another two or three times, then return to your normal breathing pattern.

- Meditation
- Gentle exercise - particularly activities like tai chi and yoga that require you to focus as, like meditation, they occupy the mind and give it a rest from unhelpful thoughts
- Listening to quiet, calming music
- Spending time in nature (walking, gardening, etc)

A key difference between 'normal' anxiety and a phobia is the distinction between rational and irrational fears, for example:

'Normal' anxiety

- Feeling queasy while climbing a tall ladder
- Worrying about taking off in an airplane during a lightning storm
- Feeling anxious around your neighbour's dog

Phobia

- Refusing to attend your best friend's wedding because it's taking place on the 25th floor of a hotel
- Turning down a big promotion because it involves air travel
- Avoiding visiting your neighbours for fear of seeing a dog

Another key difference is that phobias prevent people from living their lives in an uninhibited way. When your lifestyle is being affected, it's important to seek professional help.

Managing and understanding phobias - seeking professional help

1. Cognitive-behaviour therapy (CBT)

CBT is the most frequently used therapy to treat phobias. The aim and objective of CBT is to change a behaviour by altering thoughts, interpretations, assumptions, and responses and reactions (Dryden and Branch, 2012).

CBT confronts emotional, behavioural, cognitive and physiological aspects of the individual:

Emotional

What kind of feelings and emotions does the person experience in the situation?

Behavioural

What does the person do (or not do)?

Cognitive

What thoughts, images & interpretations occur and how is this information managed?

Physiological

What physical sensations or reactions occur that the person is aware of?

Want to know more about CBT?

Visit our website at www.firstpsychology.co.uk/cbt

2. Exposure therapy

Exposure therapy is a very specific type of CBT and a technique often used for post-traumatic stress disorder (PTSD) and particularly phobias (Clark et al., 2006). This technique is used in partnership with relaxation techniques to introduce a relaxed state at will. This specific therapy slowly exposes patients to their phobia and helps them cope with their fears over a prolonged period of time (Grohol, 2018). What thoughts, images & interpretations occur and how is this information managed?

Physiological

What physical sensations or reactions occur that the person is aware of?

3. Flooding

Flooding, also known as implosion therapy, is a more extreme approach to tackling phobias. In contrast to the slow and gradual process of exposure therapy, flooding entails immediately exposing the client to their worst fear until enough of the anxiety initially felt has subsided. Therefore this form of treatment is quicker (Marshall, 1985). However, it is rarely used and may not be appropriate for every phobia but is cost effective and can produce accelerated positive outcomes.

4. Mindfulness-Based Therapies

Mindfulness based practice refers to an open and non-judgemental environment in an attempt to relieve stressors. It also trains individuals to respond to stressful situations more reflectively and helps to change the intensity of the internal experiences felt (Hofmann, 2010). Mindfulness practice can also ease the prolonged side effects that can worsen the phobia, such as nightmares, loss of appetite or depersonalisation.

Want to know
more about
mindfulness-based
therapies?

Visit our website at
[www.firstpsychology.co.uk/
mindfulness-therapy](http://www.firstpsychology.co.uk/mindfulness-therapy)

A support guide for family, friends and colleagues

In order to create an emotionally supportive environment for someone with a phobia, it is important to recognise your own mental health and wellbeing. Refrain from making sacrifices in relation to your own external life and to try not to get frustrated if things change slowly.

Phobias can be quite a delicate subject and your friend, family member or colleague, may not want to discuss it in detail. It is important to be supportive and make an attempt to understand the severity of their phobia, in order to appreciate what they are going through.

Guidelines for helping someone with a phobia

- Learn as much as possible about this specific or complex phobia as this will help you understand what the person is going through and what you can expect.
- Tell them that you are there to support and talk to them without fear of being judged.
- It is important to never place judgement or criticise anyone about their phobia, especially someone close to you.
- Support them by offering to accompany them to their GP, if appropriate.
- Help organise family or group activities together and encourage contact with healthy, supportive family and close friends.

It's important to keep in mind that your loved one may not want to be helped and that anxiety and depression play a major part in dealing with phobias. Try to reassure the person with the phobia that his or her fears are not personal weaknesses or flaws. It is worth mentioning that when dealing with mental health, an unhealthy or unsupportive family dynamic can worsen the situation, so keep this in mind when offering help and do what you can to alleviate this.

“It’s important to be supportive and make an attempt to understand the severity of their phobia...”

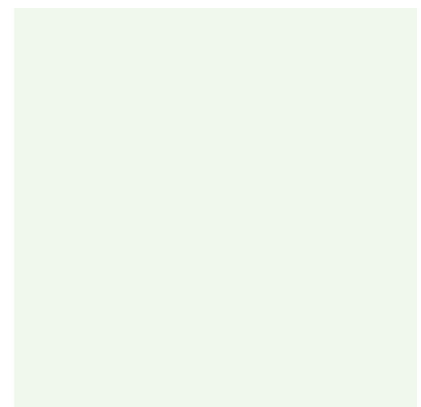
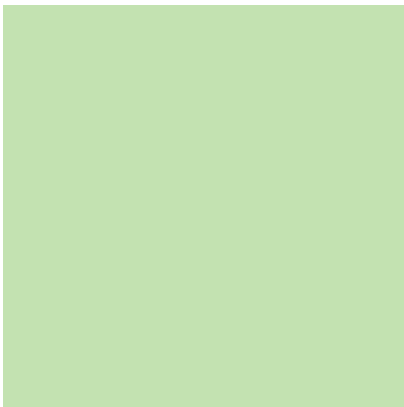


Our highly qualified and experienced team at First Psychology Scotland offers a variety of therapy services and works with people with a wide range of issues and problems including anxiety and phobias.

We provide:

- Therapy and coaching services for women, men, couples, children, young people and families.
- Employee counselling, CBT & psychological therapies; promotion of wellbeing in the workplace; and rehabilitation and personal injury support.

All First Psychology practitioners have excellent qualifications and experience, so you can come to us knowing that you will see an experienced professional.



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