PHOBIA

What is Phobia?

A phobia is an exaggerated and irrational fear. The term 'phobia' is often used to refer to a fear of one particular trigger.

How it is caused?

- It is unusual for a phobia to start after the age of 30 years, and most begin during early childhood, the teenage years, or early adulthood.
- They can be caused by a stressful experience, a frightening event, or a parent or household member with a phobia that a child can 'learn.'
- Many infants have irrational fears of strangers, or sometimes, of anyone who is not their mother.
- At eighteen months of age, a toddler is most likely to fear being away from his parents.
- Kids who are four to six years old tend to be scared of imaginary stuff: monsters, ghosts, and the “thing under the bed.”
- By age seven, fear of the dark might shift to a fear of something more specific that can actually happen, such as a fear of getting caught in a storm, being bitten by a dog, or crashing on a bicycle.
- At about age twelve, common fears shift again. Just in time for the teenage years, social phobias tend to take root. Fear of giving presentations in class, taking tests in front of a teacher, or going to school at all tend to crop up at about this time.
- For some adults, childhood fears have not vanished. The older the fear, the harder it is to get rid of. Phobic learn ways to avoid situations or people that make them nervous, and these bad habits can be hard to kick.

Types of phobia:

- Specific phobia: This is most common type of phobia is triggered by only one thing, usually an object, animal, or situation. Specific phobias are known as **simple phobias because** the cause of the fear is simple to identify. People with this kind of phobia know exactly what scares them. E.g. Fear of **snakes, fear of spider is example of Specific Phobia**. *These are therefore not likely to affect day-to-day living in a significant way.*

  Cause: These usually develop before the age of 4 to 8 years. In some cases, it may be the result of a traumatic early experience. One example would be claustrophobia developing over time after a younger child has an unpleasant experience in a confined space.

  Phobias that start during childhood can also be caused by witnessing the phobia of a family member. A child whose mother has arachnophobia, for example, is much more likely to develop the same phobia.

- Social phobia or social anxiety: This is a profound fear of public humiliation and being singled out or judged by others in a social situation. The idea of large social gatherings is terrifying for someone with social anxiety. *It is not the same as shyness.*

- Agoraphobia: This is a fear of situations from which it would be difficult to escape if a person were to experience extreme panic, such being in a lift or being outside of the home. It is commonly misunderstood as a fear of open spaces but could also apply to being confined in a small space, such as an elevator, or being on public transport. *People with agoraphobia have an increased risk of panic disorder.*

- Complex phobias: *A complex phobia is much more likely to affect a person's wellbeing than a specific phobia.* For example, those who experience agoraphobia may also have a number of other phobias that are connected. These can include monophobia, or a fear of being left alone, and claustrophobia, a fear of feeling trapped in closed spaces. In severe cases, a person with agoraphobia will rarely leave their home.
  Causes: More research is needed to confirm exactly why a person develops agoraphobia or social anxiety. Researchers currently believe complex phobias are caused by a combination of life experiences, brain chemistry, and genetics.
  They may also be an echo of the habits of early humans, leftover from a time in which open spaces and unknown people generally posed a far greater threat to personal safety than in today's world.

The most common specific phobias include:

- **Claustrophobia:** Fear of being in constricted, confined spaces
- **Aerophobia:** Fear of flying
- **Arachnophobia:** Fear of spiders
- **Driving phobia:** Fear of driving a car
- **Emetophobia:** Fear of vomiting
- **Erythrophobia:** Fear of blushing
- **Hypochondria:** Fear of becoming ill
- **Zoophobia:** Fear of animals
- **Aquaphobia:** Fear of water
- **Acrophobia:** Fear of heights
- **Blood, injury, and injection (BII) phobia:** Fear of injuries involving blood
- **Escalaphobia:** Fear of escalators
- **Tunnel phobia:** Fear of tunnels

How the brain works during a phobia?

- Some areas of the brain store and recall dangerous or potentially deadly events.
- The amygdala in the brain is thought to be linked to the development of phobias.
- If a person faces a similar event later on in life, those areas of the brain retrieve the stressful memory, sometimes more than once. This causes the body to experience the same reaction.
- In a phobia, the areas of the brain that deal with fear and stress keep retrieving the frightening event inappropriately.
- Researchers have found that phobias are often linked to the amygdala, which lies behind the pituitary gland in the brain. The amygdala can trigger the release of "fight-or-flight" hormones. These put the body and mind in a highly alert and stressed state.

Is it a phobia or just a fear?

The difference between the two is that phobias cause panic. If you have one or more of the following symptoms when you meet up with the thing you fear, you might have a phobia:

- sweating
- trembling
- throwing up (or feeling as if you might)
- shaky voice
- clenched muscles
- racing heart
- difficulty breathing
- diarrhea
- cold hands
- fainting

Treatment:

COGNITIVE THERAPY:

During cognitive therapy for a phobia, a person practices thinking about fear more sensibly. She might make a list of things that worry her or things she is afraid will happen. Then her therapist helps her prove to herself that what she fears is mostly in her imagination.

For example, consider a student who is terrified that everyone in her class will stare at her and make fun of her if she walks in late. Therapist might tell her to pay close attention to what happens when other students walk in late. She might be relieved to find that the rest of the class hardly notices. She might then begin to realize that if *she* were to walk in late, the other students would react the same way—they would hardly notice. Realizing that the thing she fears is actually not very likely to happen could be an important step for treating her phobia.For her realizing that her fear of being judged is all in her head and that her classmates are not watching her nearly as closely as she thinks might be all she needs to start beating her phobia.

BEHAVIOUR THERAPY:

The theory behind behavioural therapy is that phobias are learned. The person who has a fearful reaction in a certain situation decides it is best to avoid that situation in the future. The more he avoids it, the more he trains himself to be afraid of it. Psychiatrists think that if phobics can learn their fear this way, then they can also unlearn it.

During behavioural therapy, phobics face their fears head-on, but they do this slowly. Exposure to the thing that frightens them happens in small doses at first, depending on how much fright they can handle. Behavioral therapy is a series of baby steps toward beating a phobia. Simply visualizing the feared object or activity might be enough to trigger the patient's fear at first. Then therapy might involve looking at pictures or even virtual reality experiences until the patient can cope with the real thing.

A person receiving behavioural therapy to treat his fear of fish, for example, might first spend time reading books about fish and studying pictures of them. In the beginning, even this might be enough to frighten him, but later in therapy, he might work up to visiting an aquarium and looking at real, living fish. Eventually, he might

move on to actually touching a fish, then wading in a pool of water with a fish. By the end of therapy, he still might not *like* fish, but the hope is that he will be able to be near fish—to walk into a doctor's office that has an aquarium in the waiting room, for example—and not launch into full-blown panic.

EXPOSURE THERAPY:

Exposure therapy is a specific type of **cognitive-behavioral psychotherapy** technique. This can help people with a phobia alter their response to the source of fear. They are gradually exposed to the cause of their phobia over a series of escalating steps. For example, a person with aerophobia, or a fear of flying on a plane, may take the following steps under guidance:

1. They will first think about flying.
2. The therapist will have them look at pictures of planes.
3. The person will go to an airport.
4. They will escalate further by sitting in a practice simulated airplane cabin.
5. Finally, they will board a plane.

Exposure therapy focuses on changing your response to the object or situation that you fear. Gradual, repeated exposure to the source of your specific phobia and the related thoughts, feelings and sensations may help you learn to manage your anxiety. For example, if you're afraid of elevators, your therapy may progress from simply thinking about getting into an elevator, to looking at pictures of elevators, to going near an elevator, to stepping into an elevator. Next, you may take a one-floor ride, and then ride several floors, and then ride in a crowded elevator.

SYSTEMATIC DESENSITIZATION:

Systematic desensitization is a behavioral technique commonly used to treat fear, anxiety disorders and phobias. Using this method, the person is engaged in some type of relaxation exercise and gradually exposed to an anxiety-producing stimulus, like an object or place.

Systematic desensitization – Steps

When applying the systematic desensitization technique to treat phobia, a therapist sometimes follows the following steps:

1. Relaxation
2. Constructing an anxiety hierarchy
3. Pairing relaxation with the situations described in the anxiety hierarchy

Relaxation: The first step of systematic desensitization is learning to relax. If an individual is afraid of something, e.g. spiders, he needs to learn to relax when he faces the object of his fear. A common relaxation technique is deep breathing or chest breathing. Here's how to do it:

1. Inhale through your nose. When you inhale, your stomach should expand.
2. Hold your breath for 3 seconds
3. Exhale through your mouth

The patient is advised to do the deep breathing exercise for at least 5 minutes. When someone is exposed to a fearful situation, he might not realize that he is not doing chest breathing and this will result in tightening of muscles, anxiety, dry throat, etc.

By practising deep breathing regularly, it is easier for an individual to become more relaxed.
Another common relaxation exercise is progressive muscle relaxation. In this exercise, the patient is asked to tighten his muscles and then loosen them gradually. This exercise can induce deep muscle relaxation in the patient.

Construction of an Anxiety Hierarchy: In this step of systematic desensitization, the patient is asked to list 10-15 triggers of a specific phobia or situation and rate each trigger from 0-10 where 0 represents no anxiety at all and 10 represents extreme anxiety. For example, if a patient is afraid of spiders, his list of triggers may look like this:

1. Thinking about going into the room where there are spiders.
2. Standing near a sofa and moving toward the room.
3. Reaching the door of the room.
4. Thinking about the spider that is in the room.
5. Unlocking the door of the room.
6. Opening the door to the room.
7. Entering the room.
8. Turning on the light of the room.
9. Walking inside the room.
10. Closing the room door.
11. Seeing a Spider on the wall.

The patient will then rate each of the above steps from 0-10 according to the level of his anxiety.

Pairing Relaxation with the Anxiety Hierarchy: In this step of systematic desensitization, the patient is asked to imagine himself being exposed to his object of fear or a fearful situation. For the patient who is afraid of spiders, he is advised to close his eyes and imagine himself in a room alone with a huge spider. When he feels anxious, he is asked to practice the relaxation exercise.
After each imaginable exposure, the patient is asked to rate his fear of spiders. When the patient's rating for the fear drops to a specific value, the therapist moves toward the next step of the anxiety hierarchy.
For example, the patient is asked to look at images of spiders or even a dead spider. The therapy continues until the patient feels no fear when he is exposed to real spiders. The patient is advised to practice deep breathing and other relaxation exercises whenever he is exposed to spiders so that his anxiety will gradually be replaced with relaxation.

VIRTUAL THERAPY:

Virtual therapy is being used to treat all kinds of phobias, from fears of heights or small spaces to fears of giving a speech or driving a car. Computer technology can create an illusion, or fake environment, of almost any kind of situation that frightens people.
VRT is behavioral therapy in the extreme, but because it is not a real situation, just a very convincing illusion, more and more phobics are finding they have the courage to go through virtual reality treatment for their problem.
VRT makes it possible for people with all sorts of different phobias to overcome their fears more safely and more privately than ever before. Knowing they might be able

to face their problems virtually, at their own pace, without being stared at or laughed at by anyone else, has finally made treatment possible for phobic people who could never face it before.

During VRT, a person who has a phobia of spiders might begin with a session in which the VRT helmet shows a spider across the room. The next session might show a spider in a closed jar. In the third session, the jar might be open. Slowly, the patient might build up to the point where he can actually touch the spider, at least in the virtual reality world.

Basically, people who have a phobia in the real world also have a phobia in the virtual world. Many patients who make it through a VRT program, therefore, find that they are able to start facing their fears even outside the therapy setting.

A high-tech helmet and a special computer program can do wonders for people with specific phobias, who can pinpoint exactly what frightens them and just how much of it they can handle before panicking.