Specific Phobia

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Introduction

The term phobia comes from the Greek god Phobos, who was said to inspire fear in the enemies of the Greek people. While approximately 60 % of people are estimated to have irrational fears of specific objects or situations, only about 11 or 12 % will experience enough of the symptoms of a specific phobia to warrant a diagnosis sometime during their lives. The major difference between an irrational fear and a specific phobia is that the phobia must cause significant distress or interference in someone's life, such as preventing them from going outside during the summer because of an intense fear of insects or preventing them from completing important aspects of their job because of an intense fear of flying. (In this case, fear may prevent someone from getting a promotion, or worse, it could cause someone to quit their job or be fired.)

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According to the American Psychiatric Association (2000), there are 5 categories of specific phobias: **Animal Type** (usually beginning in childhood, including fears of snakes, spiders, dogs and insects); **Natural Environment Type** (usually beginning in childhood, including fears of heights, water and storms); **Blood-Injection-Injury Type** (often running in families, including fears of needles, seeing or experiencing injections, wounds or invasive medical procedures), (this type of phobia is often characterized by fainting at the sight of blood, injections, etc.); **Situational Type** (often beginning either in childhood or in one's mid-twenties, including fears of tunnels, bridges, flying, driving or enclosed spaces); and **Other Type** (including fears of choking, vomiting and loud noises). The majority of people who suffer from specific phobias are female; however, the gender distribution of phobias varies quite a bit, depending on the type of phobia.

Typical case of specific phobia:

Elizabeth is a 36 year old married woman who lives with her husband and two children in a suburb of a large Canadian city. She has always been a bit squeamish in dark places and open fields with tall grasses,

and stopped using the basement of her home a few years ago. This past summer, she avoided and then cancelled a series of family picnics in the local park. Elizabeth refuses to watch horror films or nature programmes on television because she does not want to be surprised by seeing a snake. Furthermore, she does not read magazines like National Geographic for the same reason. During the past several years, she has stopped calling them "snakes" and now refers to them as "long reptiles", preferring not to discuss them at all. Recently she experienced terror at the sound of a leaky air hose at a gas station and, later the same day, she reported 'panicking' at the sight of a garden hose left in an 'S' shape on the floor at her local hardware store. She often feels nervous and anxious before leaving her home because she has to walk by her front lawn to get to the family car. While she finds all of the above to be very distressing, what upsets her most is the idea that she could pass her phobia on to her children, so she has recently decided to get some help.

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Causes of specific phobia

While the exact causes of specific phobia are not known, there are four fairly well established pathways to acquiring fears (Rachman, 1977):

1. **Classical conditioning** is a term used to describe the pairing of the to-be-feared object or situation with a negative experience. For example, someone who is not afraid of cats, but who is then scratched or bitten by a cat, could develop a fear of cats.
2. **Observational learning** can be similar to classical conditioning, but involves watching somebody else experience fear in response to the object or situation. For example, a child who hears her mother scream and sees her run away when a bee buzzes nearby could learn from this observation that bees are scary things.
3. **Informational acquisition** of a fear is simply becoming afraid of something after gaining some information about threat or danger being associated with an object or situation. For example, watching the news and

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learning of a plane crash that killed hundreds of people could lead someone to become afraid of flying, even if they have never flown before.

4. **Prepared fears** are those fears which we have inherited from past generations. Some people describe this as "what our genes leave us prone to fear". Many thousands of years ago, those of our ancestors who were afraid of reptiles, heights, the sight of blood, etc., were probably more likely to survive the real dangers of their environment than those who did not experience fear in response to these things. We are descended from these fearful ancestors who survived. For this reason, it seems that we are more 'prepared' to be afraid of some objects and situations (e.g., reptiles, heights, the sight of blood) than we are to others, even though they may be dangerous (e.g., electrical outlets, knives, etc.).

It has also been proposed that, whatever the cause(s) of a phobia, there are probably at least three kinds of behaviours that will maintain these fears or "keep them alive". The **avoidance** of feared objects and situations prevents an individual from gaining valuable information about the object or situation. **Escape** from a situation or object, such as running out of a room after seeing a spider, can have similar effects as avoidance, and can also lead an individual to conclude that they can't cope with their fear or with the situation or object. **Safety behaviour** refers to things that people do to make them feel safer. This might include wearing thick boots to keep one's feet safe from snakes and other animals, or holding tightly onto balcony railings to keep oneself from falling. Safety behaviour likely has effects similar to those of escape and avoidance. All of these can help someone to feel better in the short term, but probably serve to exacerbate phobias in the long run.

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Treatments for specific phobia

More than for any other anxiety disorder, it can be clearly said that there is one kind of treatment that is to be recommended above all others for the treatment of phobias. **Behaviour therapy** (sometimes called exposure therapy) has been shown to dramatically reduce fears and phobias better than

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just about any other kind of approach. It usually involves constructing a hierarchy or list of feared situations with a psychologist from least difficult (e.g.: standing on the second stair from the bottom of a staircase) to most difficult (e.g.: standing at the window of the top floor of a tall building or standing at the midpoint of a high bridge). Clients are then asked to slowly expose themselves to the least difficult situation and to wait until their fear subsides. When they are ready, they are asked to move up the fear hierarchy to the next situation, gradually confronting their fear(s) at their own pace. Sometimes these exposures are done with the therapist (sometimes called modelling), and sometimes they are done alone. This kind of approach was initially used with "imaginal exposure" in which the feared situations/objects were simply imagined, but live exposures are preferred. A newer form of this therapy uses virtual reality devices to simulate live exposures and this approach has shown much promise. In addition, a behaviour therapist will help someone with a phobia to reduce and then to eliminate their avoidance, escape and safety behaviour. Some behaviour therapists are now incorporating cognitive therapy into their work with phobias. This might involve discussions about a person's maladaptive thoughts about the feared object or situation, including the concepts of predictability, coping ability, the probability of harm and the severity of the threat. While there are many theoretical reasons to expect that this would be more helpful than behaviour therapy, research hasn't yet shown a clear benefit of cognitive-behaviour therapy over behaviour therapy.

While some people may recommend medications to help people with their phobias, it has been shown that behaviour therapy remains the best choice for specific phobia.

Conclusions

- Specific phobia represents a very treatable problem in our community: if you think that you may be affected by such a problem, contact a trained behaviour therapist to ask for an assessment and/or treatment.
- Phobias can seriously and negatively impact on the lives of sufferers and their families. However, phobias are among the most easily treatable psychological problems and the best treatments for phobias (behaviour therapy) are highly successful.

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For more information about phobias, please consult:

- Davey, G.C.L. (1997). *Phobias: A handbook of theory, research and treatment.* Toronto: John Wiley & Sons.
- Rachman, S.J. (1990). *Fear and courage (Second Edition).* NY: W.H. Freeman and Co.
- The Association for Behavioural and Cognitive Therapies – *www.aabt.org/*
- Your provincial psychology licensing body (College or Order of Psychologists).

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