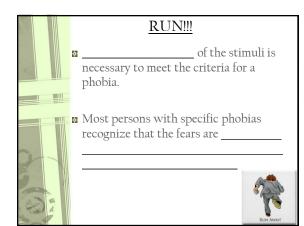
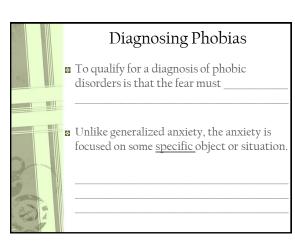


A <u>specific phobia</u> is an extreme and

- Significantly interferes with ones ability to function.
- Phobias are not "normal fears".

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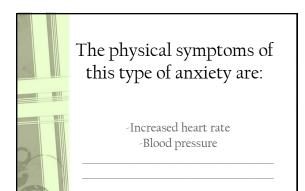


Phobic Disorders

The relief brought about by the avoidance or escape may help maintain the phobia.

111

 People with phobias often adapt their lives and simply work around it.



Different types of phobias

DSM IV first defined phobias as a classifiable disorder in 1994 and identified <u>4</u> distinct types of phobias.



Types of phobias

Unreasonable fear/avoidance of exposure to blood, injury or possibility of an injection. These are typically the people who_____

People with this type of phobia experience different physiological reactions than other phobias.

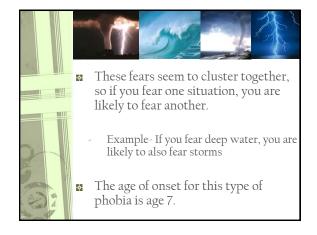


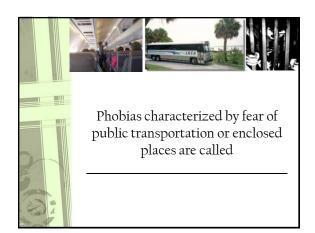
Blood-Injury-Injection Phobias

- This type of phobia runs in families and has a
- This is likely because people who inherit this phobia inherit a strong ______which causes a drop in the blood pressure and tendency to faint (Anthony, Brown and Barlow, 1997).
- The average age of onset for this type of phobia is 9.







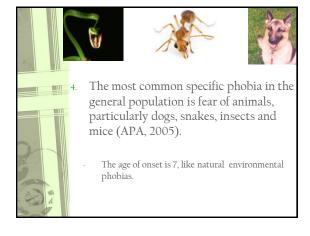




<u>Situational phobia</u>

Situational phobias tend to emerge in the early to mid-20's and research shows this also runs in families (Curtis, Hill & Lewis, 1990).

People with situational phobias never experience a panic attack outside the context of their phobic object/situation.

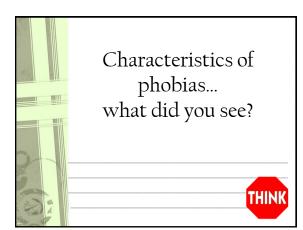


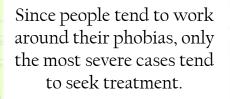
Statistics

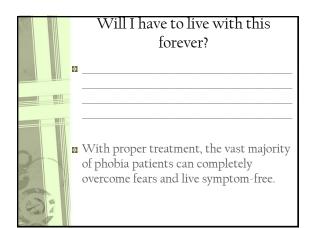


The APA reports that in any given year,7.8% of American adults have phobias.

The sex ratio for specific phobias is 4:1, overwhelmingly female, which is consistent throughout the world (Arrindell et al., 2003).









Treatment

Specific phobias require _

- It is crucial that patients are not exposed to too much at once, which could lead to escape and this would only strengthen the phobia.
- New developments in treatment make it possible to treat many specific phobias in an intensive, one day session participating in exposure exercises with the phobia/situation (Anthony et al., 1997).

Treatments

- The results are very interesting because in these cases not only does the phobia disappear but the tendency to experience the vaso-vagal response at the sight of blood lessens considerably.
- It is now clear, based on brain imaging that these treatments change brain

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Where do phobias come from?

It was once believed that phobias developed after a traumatic event. But this is not always the case (Barlow, 2002).

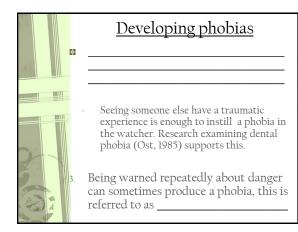


Where did this come from?

Traumatic experiences can result in phobic behavior, _____

- <u>Example</u>

Many people who have choking phobias have experienced choking at some time. This is one way to develop a phobia.

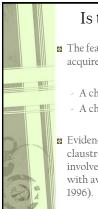


It's all in the breeding...

Research suggests a strong genetic component to phobias.

 31% of first-degree relatives of people with specific phobias also had a phobia, compared to only 11% of first relatives of normal controls.

This research suggests that relatives were likely to have that exact type of phobia (Frye et al., 1990).



Is this a learned behavior?

The fear component of phobia is believed to be acquired through classical conditioning

A child who is frightened by a barking dogA child who receives a painful injection

Evidence shows that many cases of acrophobia, claustrophobia, and blood-injection phobias involve earlier pairings of the phobic object with aversive experiences (Merckelbach et al., 1996).

What's Next?

🛚 (PTSD)-Post Traumatic Stress Disorder