



## Phobias

Chapter 4- anxiety disorders



---

---

---

---

---

---

---

---

## Module Objectives

- ❖ What is a *Phobia*?
- ❖ How are *Phobias* diagnosed?
- ❖ Can *Phobias* be treated?
  - What causes *Phobias*?
  - What Is PTSD?

---

---

---

---

---

---

---

---

What are you  
afraid of?



---

---

---

---

---

---

---

---

### What is a phobia?

- ❖ A specific phobia is an extreme and irrational fear of a specific object or situation.
- Significantly interferes with ones ability to function.
- ❖ Phobias are not “normal fears”.

---

---

---

---

---

---

---

---

### RUN!!!

- ❖ Avoidance of the stimuli is necessary to meet the criteria for a phobia.
- ❖ Most persons with specific phobias recognize that the fears are unreasonable and irrational- but try to escape anyway.



---

---

---

---

---

---

---

---

### Diagnosing Phobias

- ❖ To qualify for a diagnosis of phobic disorders is that the fear must be excessive and disproportionate to the situation for at least 6 months.
- ❖ Unlike generalized anxiety, the anxiety is focused on some specific object or situation.
- This focus involves feelings of panic, dread, horror or terror.

---

---

---

---

---

---

---

---

## Phobic Disorders

- The relief brought about by the avoidance or escape may help maintain the phobia.
- People with phobias often adapt their lives and simply work around it.

---

---

---

---

---

---

---

The physical symptoms of this type of anxiety are:

- Increased heart rate
- Blood pressure
- Irregular breathing patterns
- Thoughts of disaster

---

---

---

---

---

---

---

Different types of phobias

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

---

---

---

---

---

---

---

### Types of phobias



- 1. Blood-injection-injury type-
- ❖ Unreasonable fear/avoidance of exposure to blood, injury or possibility of an injection.
- These are typically the people who faint at the sight of even a drop of blood (Barlow et al.,1995).
- ❖ People with this type of phobia experience different physiological reactions than other phobias.
- Often experience fainting and drop in blood pressure.

---

---

---

---

---

---

---

---

### Blood-Injury-Injection Phobias



- ❖ This type of phobia runs in families and has a strong genetic component.
- ❖ This is likely because people who inherit this phobia inherit a strong *vaso-vagal* response, 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.




---

---

---

---

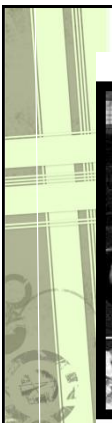
---

---

---

---

### Don't look down!!



**Acrophobia**

---

---

---




---

---

---

---

---



Natural/environment phobias involve the fear of events in nature, like heights, storms or water.

---

---

---




---

---

---

---

---



- ❖ These fears seem to cluster together, so if you fear one situation, you are likely to fear another.
  - Example- If you fear deep water, you are likely to also fear storms
- ❖ The age of onset for this type of phobia is age 7.

---

---

---

---




---

---

---

---

Does Public Speaking Scare You?



---

---

---

---

---

---

---

---



Phobias characterized by fear of public transportation or enclosed places are called \_\_\_\_\_



---

---

---

---

---

---

---

---

### Situational phobia

☒ Situational phobias tend to emerge in the early to \_\_\_\_\_ and research shows this also runs in families (Curtis, Hill & Lewis, 1990).

☒ People with situational phobias never \_\_\_\_\_  
\_\_\_\_\_

- They are able to relax when they don't have to confront the phobia.

---

---

---

---

---

---

---

---



4. The most common specific phobia in the general \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The age of onset is 7, like natural environmental phobias.

---

---

---

---

---

---

---

---

### Statistics

- ❑ The APA reports that in any given year, \_\_\_\_\_% of American adults have phobias.
- ❑ They are the most common psychiatric illness among \_\_\_\_\_
- ❑ The sex ratio for specific phobias is 4:1, overwhelmingly female, which is consistent throughout the world (Arrindell et al., 2003).

---

---

---

---

---

---

---


---

Characteristics of phobias...  
what did you see?

---

---

---



---

---

---

---

---

---

---

---

Since people tend to work around their phobias, only the most \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

### Will I have to live with this forever?

- ❖ Once a phobia develops, it tends to be

---



---



---

- With proper treatment, the vast majority of phobia patients can completely overcome fears and live symptom-free.

---



---



---



---



---



---



---



---

### 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 \_\_\_\_\_

- ❖ 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).

---



---



---



---



---



---



---



---

### Interesting treatment results

- ❖ The phobia disappear and 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 functioning by "rewiring" the brain (Paquette et al., 2003).

---



---



---



---



---



---



---



---





## Where do phobias come from?

It was once believed that phobias developed after

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Where did this come from?

❖ Traumatic experiences can result in phobic behavior, \_\_\_\_\_ where danger results in an alarm response.

- Example

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Developing phobias

❖ Vicarious experience - \_\_\_\_\_

- Seeing someone else have a traumatic experience is enough to instill a phobia in the watcher. Research examining dental phobia (Ost, 1985) supports this.

3. Being warned repeatedly about danger can sometimes produce a phobia, this is referred to as \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### It's all in the breeding...

■ \_\_\_\_\_  
\_\_\_\_\_

- 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?

Mowrer's two-factor model discusses the roles of classical and operant conditioning in the development of phobias

---

---

---

---

---

---

---

---

### Conditioning?

■ The fear component of phobia is believed to be acquired through \_\_\_\_\_

- A child who is frightened by a barking dog
- A 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

---

---

---

---

---

---

---