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 one's 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!!
**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 phobias

- 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