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## Phobias – what, who, why and how to help



## **What are phobias?**

As part of normal life, many of us may feel uncomfortable or fearful at times about certain objects or situations. If such experiences become feared and disrupt life to the point where we are unable to enter social situations or to carry out our work and everyday activities, this may be due to an anxiety disorder called a phobia.

A phobia – from the Greek meaning ‘flight’ or ‘terror’ – is an extreme, irrational fear of an animal, object, place or situation that most people would not fear. People who have phobias either avoid the situations they fear or are intensely anxious in them. They may develop panic attacks either in the situation or at the thought of being in the situation.

There are two types of phobias – **specific** and **complex**.

**Specific phobias** are an anxiety about a single object, situation or activity. These commonly include animals or insects, such as spiders or snakes, or the environment, such as a fear of heights or storms. Sometimes specific phobias involve a situation, such as flying or using an escalator, or being in a situation that may lead to a feared event such as vomiting or choking.

Specific phobias can also be a fear of blood, medical interventions such as injections, or injury. People with blood-injury phobia may faint in the presence of blood or injury, following a reduction in their heart rate and blood pressure. This vasovagal response leading to fainting does not normally occur with other anxiety disorders as a person’s heart beat and blood pressure usually increases as their arousal rate increases.

**Complex phobias** involve several anxieties.

*Agoraphobia* – which can include a fear of open spaces, crowds, public places, entering shops or travelling alone on forms of transport – is a complex phobia. Agoraphobia often occurs with panic disorder, which, like a phobia is an anxiety disorder. (Panic attacks and panic disorder are covered separately in the British Psychological Society information leaflet on Panic Disorder in this series). Often agoraphobia includes the anxiety of being unable to escape to a place of safety (usually home).

*Social Phobia*, a second example of a complex phobia is a fear of a social or performance situations, such as a party or speaking in public. People with social phobia fear that they will behave in an unacceptable or embarrassing way that will lead others to judge them negatively.

In instances where the person's phobia involves situations or objects that are difficult to avoid in everyday life, their avoidance can lead to daily activities becoming limited and sometimes to depression. In the case of agoraphobia, the person can become virtually house-bound.

### **Who can suffer from phobias?**

Mild phobias are very common, particularly in childhood, although most of these fears disappear by the age of six. People can also develop phobias when going through a particularly stressful period of their lives.

Depending upon the research study, approximately five per cent of adults develop agoraphobia, although a smaller number – around one per cent of the population – experience severe distress and significant limitation of their daily activities. Agoraphobia usually starts when a person is in their late 20s and is more common in women than men (which may be because fewer men come forward for help).

Around one to two per cent of men and women develop social phobia, which is often linked to low self-esteem and fear of criticism.

To be classed as a phobia, the symptoms must be due to anxiety, and not to symptoms arising from another problem, either physical or psychological. Your GP or health professional can evaluate you first to rule out any other causes for your symptoms.

### **What causes phobias?**

There is no one answer as to why people develop anxiety disorders, including phobias. Sometimes the trigger or cause is not obvious. Phobias can develop in late childhood, adolescence, or in early adult life following a frightening situation or event. Social phobia, for instance, can begin following an anxious social experience whereas a specific phobia can be triggered by experiencing a panic attack in a situation. Phobias can also run in families, although it is unclear whether this is inherited or learned

from another family member. An example of a learned response would be when a child associates spiders as being dangerous because they have observed their parent becoming very frightened of spiders.

### **How can phobias be treated?**

Anxiety disorders, including phobias, are often unrecognized and left untreated as people often try to cope on their own. Left untreated, people can develop “safety behaviours” such as avoiding drawing attention to themselves, or keeping an eye on the escape route. In some cases, the “safety behaviour” is to avoid the situation altogether. Whilst these behaviours feel to the person as if they are helping to keep them safe, they actually help to maintain, and even in some cases worsen the phobia over time. Treatment will help the person to face their fear and stop their safety behaviours.

**Psychological therapy:** Psychological treatments can help people with phobias and a psychologist, or other healthcare professional, will usually work with the person to help deal with the phobia.

The psychological therapy shown to have the longest lasting effectiveness in anxiety disorders is Cognitive Behavioural Therapy (CBT), which combines two types of psychotherapy: cognitive therapy and behaviour therapy. This group of therapies focuses on assisting people to modify unhelpful patterns of thinking and reacting (behaviour) in order to reduce their distress and overcome phobias. Variants of Cognitive Behaviour Therapy include Rational Emotive Behaviour Therapy.

Finding and dealing with the root cause in individual therapy, and sharing experiences in group psychotherapy, can also help understanding and recovery from agoraphobia. In addition to receiving therapy from a health professional, computerised cognitive behaviour therapy programmes have also been developed to provide cognitive behavioural therapy for anxiety disorders under the supervision of health professionals.

### **Specific phobia**

Many specific phobias including blood-injury phobia, can be treated using desensitization, a form of behaviour therapy. It is based on the theory that, as many emotional and behavioural responses are learned, unwanted

responses such as avoidance behaviours can be replaced with more helpful ways of reacting to situations through new learning. Working with a therapist, you will gradually in stages be exposed to the object or situation that you fear, and through repeated exposure, you may be helped to overcome your fear as you habituate to the situation. Treatment sometimes may only take a couple of therapy sessions.

If you are offered Cognitive Behavioural Therapy, the therapist will encourage you to undertake behavioural experiments to test out the ideas you hold about your phobias. For example, if you really believe that 'I can't stand using the lift', then you can test out your idea by using the lift and observe what happens to you and monitor what you actually think in the situation.

### **Complex Phobia**

Treatment for social phobia and agoraphobia usually involves Cognitive Behavioural Therapy. The therapist would develop a treatment plan after a careful assessment. With social phobia sometimes interpersonal skills are also taught to assist the person to socialise and look more confident. Some people with social phobia have also found relaxation techniques useful. Cognitive behavioural therapy may be used in combination with anti-depressants in the case of social phobia, and in agoraphobia if panic attacks are also present.

**Medication:** Talking therapies are usually the preferred treatment for phobias, and medication is therefore only recommended in the short term, (e.g. tranquillizers such as lorazepam). Anti-depressants, such as paroxetine and fluoxetine are also used to treat anxiety disorders, including social phobia, often in combination with Cognitive-behavioural therapy.

**Self-help:** Several self-help strategies can help people with phobias, either on their own or in combination with other treatments. These include bibliotherapy (written material explaining phobias and how to overcome them), information on support groups where available, or additional information on all aspects of anxiety disorders.

**Computerised CBT for anxiety:** There are a number of computerised cognitive behaviour therapy programmes that can help a person to deal with anxiety, phobias and depression. The National Institute for Health and Clinical Excellence (NICE, 2006) has developed guidance on these computer programmes and also information for the public.

*Computerised cognitive behaviour therapy for depression and anxiety: Understanding NICE guidance – information for people with depression and anxiety, their families and carers, and the public*

ISBN 1-84629-153-4

<http://www.nice.org.uk/nicemedia/pdf/TA097publicinfo.pdf>

**Self-help books:** There are many self-help books on dealing with phobias. We would recommend self-help books that adhere to the Behavioural or Cognitive Behavioural approach.

*Living with Fear: Understanding and Coping with Anxiety*, by Isaac M. Marks. Published by McGraw Hill (Second Edition) in 2005.

*Overcoming Social Anxiety and Shyness: A self-help guide using Cognitive Behavioural Techniques*, by Gillian Butler. Published by New York University Press in 2001.

## **Where to find out more**

Triumph over Phobia,  
a national network of self-help groups..... **tel: 0845 600 9601**  
..... **www.topuk.org.uk**

National Phobics' Society,  
the charity dealing with anxiety disorders..... **tel/fax: 08444 775 774**  
..... **www.phobics-society.org.uk**

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