Specific Phobia: Overcoming Your Irrational Fears

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A specific phobia typically involves a strong fear and avoidance of *one particular* type of object or situation. There are no spontaneous panic attacks, and there is no fear of panic attacks, as in agoraphobia. There is also no fear of humiliation or embarrassment in social situations, as in social phobia. Direct exposure to the feared object or situation may elicit a panic reaction, however. The fear and avoidance are strong enough to interfere with your normal routines, work, or relationships and to cause you significant distress. Even though you recognize its irrationalities, a specific phobia can cause you considerable anxiety.

Among the most common specific phobias are the following:

Animal Phobias. These can include fear and avoidance of snakes, bats, rats, spiders, bees, dogs, and other creatures. Often these phobias begin in childhood, when they are considered normal fears. Only when they persist into adulthood and disrupt your life or cause significant distress do they come to be classified as specific phobias.

Acrophobia (fear of heights). With acrophobia, you tend to be afraid of high floors of buildings or of finding yourself atop mountains, hills, or high-level bridges. In such situations you may experience 1) vertigo (dizziness) or 2) an urge to jump, usually experienced as some external force drawing you to the edge.

Elevator Phobia. This phobia may involve a fear that the cables will break and the elevator will crash *or* a fear that the elevator will get stuck and you will be trapped inside. You may have panic reactions, but you have no history of panic disorder or agoraphobia.

Airplane Phobia. This most often involves a fear that the plane will crash. Alternatively, it can involve a fear that the cabin will depressurize, causing you to asphyxiate. More recently, phobias about planes being hijacked or bombed have become common. When flying, you may have a panic attack. Otherwise you have no history of panic disorder or agoraphobia. Fear of flying is a very common phobia. Approximately 10 percent of the population will not fly at all, while an additional 20 percent experience considerable anxiety while flying.

Doctor or Dentist Phobias. This can begin as a fear of painful procedures (injections, having teeth filled) conducted in a doctor's or dentist's office. Later it can generalize to anything having to do with doctors or dentists. The danger is that you may avoid needed medical treatment.

Phobias of Thunder and/or Lightning. Almost invariably, phobias of thunder and? lightning begin in childhood. When they persist beyond adolescence, they are classified as specific phobias.

Blood-Injury Phobia. This is a unique phobia in that you have a tendency to faint (rather than panic) if exposed to blood or your own pain through injections or inadvertent injury. People with blood-injury phobia tend to be both physically and psychologically healthy in other regards.

Disease Phobia (Hypochondria). Usually this phobia involves a fear of contracting and/or ultimately succumbing to a specific illness, such as a heart attack or cancer. With disease phobias, you tend to seek constant reassurance from doctors and will avoid any situation that reminds you of the dreaded disease.

Specific phobias are common and affect approximately 10 percent of the population. However, since they do not always result in severe impairment, only a minority of people with specific phobias actually seek treatment. These types of phobias occur in men and women about equally. Animal phobias tend to be more common in women, while disease phobias are more common in men. In general, women are twice as likely to report specific phobias as men, but this may reflect a difference in who seeks treatment (Cameron 2004).

As previously mentioned, specific phobias are often childhood fears that were never outgrown. In other instances, they may develop after a traumatic event, such as an accident, a natural disaster, an illness, or a visit to the dentist--in other words, as a result of conditioning. A final cause is childhood *modeling*. Repeated observation of a parent with a specific phobia can lead a child to develop it as well.

Current Treatment

Since specific phobias generally do not involve spontaneous panic attacks, some of the treatments for panic, such as panic-control therapy, interoceptive desensitization, and medication, are usually not included.

Relaxation Training. Abdominal breathing and deep muscle relaxation are practiced on a regular basis to reduce symptoms of anxiety that occur both when facing the specific phobia and when experiencing worry (anticipatory anxiety) about having to deal with the phobic situation. (See chapter 4.)

Cognitive Therapy. Fearful thoughts that tend to perpetuate the specific phobia are challenged and replaced. For example, What if I panic because I feel trapped aboard an airplane? would be replaced with more realistic and supportive thoughts, such as While I may not be able to leave the airplane for two hours, I *can* move around, such as leaving my seat to go to the bathroom several times if needed. If I start to feel panicky, I have many strategies for coping that I can use, including abdominal breathing, talking to my companion, listening to a relaxing tape, or taking medication, if necessary." Coping statements, such as "I've handled this before and I can handle it again" or "This is just a thought; it has no validity," are also useful. These supportive coping statements are rehearsed until they are internalized. (See chapter 8.)

Exposure. This involves gradually facing the phobic situation through a series of incremental steps. For example, fear of flying would be faced first in imagination only (imagery desensitization), then

by watching planes land and take off, then by boarding a grounded plane, then by taking a short flight, and, finally, by taking a longer flight. A support person would accompany you first through all the steps, then you'd try them on your own.

For some phobias, it's difficult to do real-life exposure. For example, if you're afraid of earthquakes, treatment would emphasize cognitive therapy and then exposure to imagined scenes of earthquakes (or watching movies about earthquakes). Imagery and real-life exposure are described in chapter 7.

To sum up, specific phobia is usually a benign disorder, particularly if it begins as a common childhood fear. Though it may last for years, it rarely gets worse and it often diminishes over time. Typically it is not associated with other psychiatric disturbances. People with specific phobias are usually functioning at a high level in all other respects.