

Facts

Phobia is a term that refers to a group of symptoms brought on by feared objects or situations. People can develop phobic reactions to animals (spiders), activities (flying on an airplane), or social situations (eating in public). Phobias affect people of all ages, from all walks of life, and in every part of the country.

Phobias can interfere with a person's ability to work, socialize, and have a daily routine. The phobias can focus on something as common as germs, or they may come whenever a person leaves home. A phobia that interferes with daily living creates extreme disability and should be treated.

It is estimated that 5.1 to 12.5% of the general population in the U.S. has phobias. They are the most common psychiatric illness among women of all ages and the second most common illness among men older than 25.

Signs & Symptoms

- Feelings of panic, dread, horror, or terror
- Recognition that the fears go beyond the actual threat of danger
- Reactions that are automatic and uncontrollable, practically taking over the person's thoughts
- Rapid heartbeat, shortness of breath, trembling, and an overwhelming desire to flee the situation
- Extreme measures taken to avoid the feared object or situation.

Phobias are divided into categories by cause:

- **Agoraphobia** — the fear of being alone in any place or situation from which it seems escape would be difficult or help unavailable should the need arise. People with agoraphobia avoid being on busy streets or in crowded stores, theaters, or churches. Some people become so disabled they will not leave their homes. If they do, it is only with a friend or family member. Two-thirds of those with agoraphobia are women. Symptoms develop either suddenly or gradually, between the ages of 18 and 35. Most people develop the disorder after suffering

from one or more spontaneous panic attacks. The unpredictability of panic attacks "trains" individuals to anticipate them and fear any situation in which one might happen. As a result, they avoid places or situations where panic attacks have occurred.

- **Social Phobia** — the fear of being watched or humiliated while doing something in front of others. The activity can be as ordinary as signing a check, drinking a cup of coffee, zipping a coat or eating. The most common fear is of speaking in public. Many people have a generalized form of social phobia, in which they fear and avoid interacting with people. Social phobia occurs in women twice as often as in men, although a higher proportion of men seeks help for this disorder. Social phobia usually begins in childhood or early adolescence and rarely develops after age 25. About 3.7% of the U.S. population aged 18 to 54, about 5.3 million, has social phobia in any given year.

- **Specific Phobias** — As the name implies, people with a specific phobia generally have an irrational fear of a specific object or situation. The disability caused by this disorder can be severe if the feared object or situation is a common one. The most common specific phobia is fear of animals, especially dogs, snakes, insects, and mice. Other specific phobias include fear of closed spaces (claustrophobia) and fear of heights (acrophobia). Most specific phobias develop during childhood and eventually disappear. Those that remain in adulthood rarely go away without treatment.

Causes

The causes of social phobia are still being researched. Recent studies support the evidence that phobias can be inherited. In fact, a gene which affects learned fearfulness recently has been identified in mice. Other research is investigating a biochemical basis for the disorder. In addition, the environment's influence on the development of phobias, in which people with phobias acquire their fear from observing the behavior and consequences of others, is being investigated.

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Treatment

Fortunately, phobias are one of the most treatable mental disorders. Most people who seek treatment completely overcome their fears. Effective relief can be gained through either behavior therapy or medication.

Medications are used to control both the panic felt during a phobic situation and the anxiety from anticipating the situation. They are especially helpful for social phobia and agoraphobia.

Behavior therapy involves helping people become more comfortable with the situations or objects that frighten them. By confronting rather than fleeing the object or situation of fear, the person becomes accustomed to it and can lose the terror, horror, panic and dread he or she once felt.

Cognitive-behavior therapy may also include learning techniques, such as deep breathing, to control anxiety. Another important aspect of treatment is cognitive restructuring, which involves helping people become more realistic about the actual likelihood of danger from what they fear.

Educating significant others about the disorder through either group, couples, or family therapy, can also be helpful.

Helping Yourself

Here are a few strategies that are proven to help calm the body and mind:

- **Breathing.** Consciously take several deep breaths, concentrating on each breath.
- **Relaxation** by body parts. Close your eyes, take several deep breaths, and consciously relax yourself, one body part at a time, beginning at your toes and working up until you have relaxed your entire body, including head and face. You can also try tensing each body part for 15-20 seconds before relaxing it.
- **Imagine** a pleasant peaceful scene or favorite place. Concentrate on the details, colors, smells, and sounds.
- **Massage.** Self-massage of face, neck, and head is easy to do and an instant stress reducer.
- **Meditation,** yoga, and listening to soothing music all reduce stress.
- **Hot baths, warm showers, steam baths and saunas** are common and easy methods of relaxation.
- **Exercise** is known to release tension.
- Find a way to **express your feelings.** It may be by joining a support group, keeping a diary or journal, talking things over with a friend, or some other way of expressing yourself.
- **Monitor your outlook.** Look at your troubles as temporary rather than permanent, and specific rather than universal. For example, instead of thinking,

“I’m a bad person,” try, “I have a bad habit.” Try to focus on immediate issues rather than global ones. When the “big picture” seems overwhelming, break big tasks into smaller, manageable ones.

Helping Someone Else

It is important to be patient and accepting, yet not to regard the affected person as permanently disabled. While the person should be allowed to set his own pace for recovery, you can be supportive by encouraging the person to seek treatment. Then be supportive of his or her medication regime and therapy and educate yourself about the particular disorder your friend or family member is suffering from. Self-help books are often a good source of information. You might also seek the help of a trained family therapist and/or join an educational support group.

Examples of supportive things to say are: “I’m proud of you. Tell me what you need now. Breathe slow and low. Stay in the present. It’s your thoughts that are bothering you, not the situation. I know that what you are feeling is painful, but it’s not dangerous. You can do it no matter how you feel.”

Sources:

American Psychiatric Association
National Institute of Mental Health
National Alliance on Mental Illness

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/