



## "Psychology Works" Fact Sheet: Phobias

### What is a phobia?

A phobia is an excessive and persistent fear of a situation (e.g., enclosed places, driving, flying, seeing blood, heights) or an object (e.g., animals such as rats, snakes, spiders, dogs, or birds).

The focus of an individual's fear is generally anticipated harm or danger related to the situation or object (e.g., having an accident while driving, being bitten by a dog) or fear of losing control and having anxiety-related physical sensations (e.g., panicking in an enclosed place, fainting upon seeing blood).

The fear is considered excessive because it is out of proportion to the actual level of danger associated with the situation. When an individual with a phobia is exposed to the feared stimulus (the object or the situation) or related cues (things that remind us of the object or situation), an immediate anxiety response is triggered that can sometimes grow into a full-blown panic attack. Consequently, people with phobias either avoid the feared situations or objects or they endure a lot of distress.

For example, an individual with a phobia of snakes experiences an anxiety reaction in a number of situations including seeing a snake on television, being outside in grassy or wooded areas where snakes may live, and seeing things that resemble a snake such as a coiled garden hose in the yard.

Phobias are quite common and occur in more than one in every 10 Canadians. There are four main types of phobias: animal type (e.g., spiders, dogs, and rodents), natural environment type (e.g., storms, lightning, and water), blood-injection-injury type (e.g., seeing blood, getting a needle, having a medical procedure), and situational type (e.g., enclosed places, flying, driving). Phobias that do not fit into these four categories fall into a fifth category referred to as "other type" (e.g., fears of choking or vomiting).

Blood-injection-injury and animal phobias typically begin in early childhood whereas situational and natural environment phobias begin later, usually in the late teens and 20s. Approximately 75% of individuals with a blood-injection-injury phobia report a history of fainting in response to the phobic stimulus.

These features are outlined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition; American Psychiatric Association (2013).

- exposure to the phobic stimulus triggers an excessive fear or anxiety reaction;
- in children, the anxiety response may manifest as tantrums, crying, and freezing or clinging behaviour;
- exposure to the feared stimulus is avoided or endured with intense distress;
- the fear or anxiety is excessive or out of proportion to the realistic danger posed by the phobic stimulus with consideration of the sociocultural context;
- fear is present for at least 6 months; and



- the fear causes significant distress to the individual or interferes with daily social and/or occupational activities.

Phobias have a strong effect on a person's life. Phobias cause a lot of distress and/or make it very difficult to function normally in social situations and at work.

For example, an individual with a snake phobia may avoid pleasant activities such as gardening, nature walks, camping or playing a game in a field. A person with a fear of heights may not take a job in an office on a high floor of an office tower. A person with a fear of flying may turn down a promotion because the new position requires flying to meetings across the country. An individual with a fear of needles or medical procedures may avoid necessary treatments or routine blood tests because of their phobia, putting their health at risk.

Although many phobias are triggered by experiencing a traumatic event in the phobic situation (e.g., getting stuck in an elevator or having a panic attack while flying), a number of individuals do not remember a specific time or event that caused their fear and report a more gradual development.

Thus, there are a number of ways to develop a phobia, including "direct conditioning" (being frightened in the situation or by the object), "vicarious acquisition" (actually witnessing a frightening event in the phobic situation or seeing someone else who is afraid in the phobic situation), and informational transmission (e.g., hearing about a scary event in a phobic situation through the media or a family member).

We are more likely to develop fears of some objects and situations than others. For example, it is much easier to develop a fear of a snake than a flower. In fact, our fear of snakes may have helped us to survive over the centuries. Our own unique personality factors (such as a disgust reaction to certain stimuli) and our stress levels at the time of a traumatic event can also lead to the development of a phobia.

## **What psychological approaches are used to treat phobias?**

The treatment of choice for specific phobias is cognitive behaviour therapy (CBT).

It focuses on slowly and safely exposing a person to the feared situation or stimulus. This is called an exposure-based treatment, which involves repeatedly approaching the fear-provoking situation or object until it no longer produces a strong fear reaction.

Many studies have shown that exposure-based CBT is highly effective for the treatment of specific phobias.

In fact, specific phobias are considered to be the most treatable of the anxiety disorders. Significant improvement or full recovery can occur in as little as one session of guided exposure lasting 2-3 hours. This form of treatment has been used for adults, adolescents, and children.



CBT has been found to be effective when administered in a self-help book format as well. Virtual reality environments have also been used to assist in exposure to situations that are difficult to replicate such as flying and heights.

Generally, medications are not considered effective for the treatment of specific phobias. However, it is not uncommon for individuals with phobias to be prescribed low dosages of benzodiazepines (anti-anxiety medication) to be taken in the phobic situation (e.g., when flying). Although this will not eliminate the fear, it allows the person to function in the situation.

Situational phobias (e.g., claustrophobia) that share many features with panic disorder may also respond to antidepressants proven useful in treating panic attacks. Preliminary studies suggest that selective serotonin reuptake inhibitors (SSRIs) may play a role in reducing fear and anxiety levels. However, CBT is considered superior to medications in the treatment of specific phobias.

## Where do I go for more information?

For more information on phobias visit the following websites:

- Anxiety Disorders Association of Canada at <http://www.anxietycanada.ca>.
- Anxiety Disorders Association of British Columbia at <http://www.anxietybc.com>.
- Anxiety Disorders Association of America at <http://www.adaa.org>.
- Association for Behavioral and Cognitive Therapies (ABCT) at <http://www.abct.org>.

**You can consult with a registered psychologist** to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, click <http://www.cpa.ca/public/whatisapsychologist/PTassociations/>.

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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: [factsheets@cpa.ca](mailto:factsheets@cpa.ca)

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