



"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 them with 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 almost 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, heights, 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). The most common phobias are those of animals and heights.

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 of phobias are outlined in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, (American Psychiatric Association, 2013):

- Significant fear or anxiety about a specific object or situation (in children, this may be expressed through tearfulness, tantrums, clinging, or freezing);
- The phobic stimulus nearly always triggers immediate fear or anxiety;
- The phobic stimulus is avoided or endured with intense distress;
- The fear or anxiety is excessive or out of proportion to the actual danger posed by the phobic stimulus;





- The fear, anxiety, or related avoidance typically lasts for at least 6 months;
- The fear, anxiety, or related avoidance causes significant distress to the individual or interferes with their daily social, occupational, and/or other important activities.

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

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 height phobia may not take a job in an office on a high floor of an office tower. A person with a flying phobia may turn down a promotion because the new position requires flying to meetings across the country. An individual with a phobia 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 learning (having a traumatic experience with the phobic object or situation), vicarious learning (seeing someone else being frightened of the phobic object or situation), and informational transmission (hearing about a scary event through the media or a family member or being told that a specific object or situation is dangerous).

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 their feared object or situation. This is called an exposure-based treatment because it involves repeatedly approaching the target of one's fear 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. Most people with a phobia can achieve significant improvement or full recovery in as few as one to five sessions. 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. Recent developments in treatment have used virtual reality 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 doses 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.

Where do I go for more information?

For more information on phobias visit the following websites:

- Anxiety Canada at <https://www.anxietycanada.com>
- Anxiety and Depression Association of America at <https://adaa.org>
- Association for Behavioral and Cognitive Therapies 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

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