GERRY HICKEY MBACP.

PHOBIAS.

A Phobia is described as an anxiety disorder varying in severity depending on the effect the fear has on a person's life.
Phobias are persistent irrational fears of an object or a situation that is generally considered harmless. Along with the fear is a strong desire to avoid what one fears and, in some cases, an inability to function at normal tasks in ones job and in social settings because of the fear.

Common phobias include fears of animals, insects, heights, crowds or social events. People with a phobia may readily acknowledge that their fear is out of proportion to the true danger or threat, but they cannot control the fear and are frustrated by not being able to explain it.
If someone does not take action to overcome a phobia, it can last for years, and can cause considerable disruption to daily life.

Phobias are closely related to other anxiety disorders including panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder (OCD) and general anxiety disorder. Phobias are estimated to affect 4% of men and 13% of women.

Common phobias include:

Specific or simple phobias.

These include a fear of: enclosed spaces, such as lifts and small rooms (claustrophobia); needles, animals and insects, particularly spiders, snakes or mice; heights (acrophobia); flying (pterygophobia); water (hydrophobia); storms; dentists; tunnels; bridges; not being able to get off public transportation quickly. There are many other simple phobias.

People who suffer from these phobias rarely have any other psychiatric or psychological problems. Sometimes a person who has a particularly frightening or threatening experience with an animal or in certain situations may put a person at risk of developing a specific phobia.

Witnessing a traumatic event in which others experience harm or extreme fear is another risk factor for this type of phobia.

Receiving repeated information or warnings about potentially dangerous situations or animals is also a risk factor. Specific phobias are common in childhood and typically are outgrown by adulthood.

Social phobia.

This is more than just shyness. Social phobia involves a combination of excessive self-consciousness, and a fear of being negatively evaluated by others. An excessive fear of intimate social situations and a fear of public scrutiny or humiliation in common social situations such as parties are common features of this phobia. This is different to the fear of contact with crowds of people, as with agoraphobia.
People with social phobia have no confidence with people they do not know. They may also fear that they will make mistakes or behave in an embarrassing way, such as blushing, sweating or shaking in public.

Sadly, many people who suffer from social phobias turn to alcohol as an anaesthetic for the problem. How often do we hear "I'll have one to steady my nerves"?
Fear of eating in public or of meeting prospective life partners can be crippling for someone in this situation.
Many people suffering from social phobias become withdrawn and experience very lonely lives, as they try to avoid any social situation outside their immediate family.

Fear of public places (agoraphobia).

Agoraphobia often starts in late adolescence and early adulthood. Most people who have agoraphobia appear to have developed it after having one or more panic attacks. Agoraphobia is a fear of being alone in a place such as a shopping centre or in a room full of people, with no easy means of escape if a panic attack should occur. People with agoraphobia often experience anxiety, panic and depression. It can be particularly disabling, as many people who suffer from it become completely housebound and withdrawn. In the US Agoraphobia is diagnosed in 60% of the people who seek treatment for phobias, over half of whom are women and sadly many sufferers often believe that they are the only ones with this condition.

The following signs and symptoms can be the result of having a phobia.

- A persistent, irrational fear of a specific object, activity or situation that leaves a person on a constant state of high anxiety.

- An immediate response of uncontrollable anxiety when exposed to the object of fear. This usually includes fast breathing (hyperventilation), which can lead to tingling around the mouth, and a fast heart beat (palpitations),

- A compelling desire to avoid and unusual measures taken to stay away from what is feared irrespective of how difficult that may be in itself to put the avoidance in motion.

- An impaired ability to function at normal tasks because of the fear taking over from other thoughts and crippling the function.

- Often, the knowledge that these fears are out of proportion with the stimulus but being totally powerless to do anything about it. Sometimes the sufferer believes that they are the only ones thinking like this.

- When facing the object of a person's phobia, an experience of panicky feelings, such as sweating, rapid heartbeat, breathing difficulties and intense anxiety manifested by a choking sensation, flushes, and faint can be present.

- In more severs cases, anxious feelings are present when merely anticipating an encounter with what is feared.

Causes

Much is still unknown or understood about what causes phobias. However, there may be a strong correlation between a person's phobias and the phobias of their parents.
Children may learn phobias by observing a family member's phobic reaction to an object or a situation. An example of a common learned phobia may be the fear of insects. A parent makes a dramatic event of seeing a spider in the bath and the child witnesses this and internalises the message "spiders are something to be afraid of".

Some Therapists who have studied phobias have suggested that they develop from an unpleasant experience in childhood involving the feared object or situation. The unpleasant situation is stored in the person's memory, bringing on the fear again when the memory is triggered. For some people, the onset of a phobia may be triggered by a stressful life event, such as bereavement or other such associated traumatic experience.

When to seek medical advice

Simply feeling uncomfortable or uncertain about an object or situation may indeed be normal and common and nothing to be too concerned about. If the phobia isn't disrupting a person's life to a great extent, it's not considered a disorder and may not need medical treatment.
But if the fear becomes so irrational and so uncontrollable to the point that it affects a person's social interactions or job duties, they probably have a disorder that requires medical or psychological treatment.

However it is very important to see a doctor first to be sure to rule out other causes for the anxiety.

Screening and diagnosis

One is likely to be asked to describe their symptoms, how often they occur and what seems to trigger them. Sometimes physical disorders occur along with anxiety disorders as a physical reaction.
As is common with other anxiety disorders, the sufferer will probably undergo a complete physical exam so that your doctor can determine whether health conditions other than phobias could be causing your symptoms of anxiety. Phobias sometimes occur along with other anxiety disorders and may be accompanied by depression, abuse of alcohol or other substances, or eating disorders.
It will be of interest to ones doctor to try to identify other mental disorders that may exist before suggesting a course of treatment so it is vital that the sufferer is honest in replying to any investigative questions.

Complications

Having a phobia usually causes other problems. These can include:

Social withdrawal. If there is a phobia, the sufferer may find that they avoid social situations, talking to people and public places.

Depression. As the result of the withdrawal from many activities that other people find enjoyable in their personal and professional lives a person can become depressed.

Mood altering chemical abuse. Some people with phobias turn to drugs like alcohol and the like to deal with stress. This is an unwise and unhealthy choice as it is basically self medicating and can lead to dependency and all its horrendous consequences for the abuser and those they interact with.

Treatment

The doctor or a mental health professional may suggest medications or psychological therapy or both to treat phobias. Most people don't get better on their own and require some type of intervention and treatment. The aim of treatment is to reduce anxiety and fear and to help the sufferer better manage their reactions to the object or situation that causes them. The personal motivation to expose oneself to the feared object and to tolerate the anxiety is one of the most important aspects of treatment. Some people find that they can do this on their own, perhaps with the help of books and support from friends and family.

Medications

Beta blockers. These medications work by blocking the stimulating effect of epinephrine (adrenaline). They block some of the peripheral signs of adrenaline's stimulation and anxiety, including increased heart rate, elevated blood pressure, pounding of the heart, and shaking voice and limbs. These can be very effective for people who have stage fright but must give a presentation before other people. However, not all beta blockers are effective for this purpose, and they're only available by prescription and their usage monitored, so check with your doctor.

Antidepressants. Antidepressants also can reduce anxiety. The most commonly used antidepressants are selective serotonin reuptake inhibitors (SSRIs). Again, these need to be discussed with your GP and the term of their usage monitored.

Sedatives. Medications called benzodiazepines help a person relax by reducing the amount of anxiety that they feel. Sedatives need to be used

with caution because they can be addictive. Again, these need to be discussed with your GP and the term of their usage monitored. And sedatives should be avoided if a person has a previous history of abusing drugs like alcohol. The GP should always be informed of such a history if they are not already aware of it.

Relaxation training

This is training exercises that help to reduce symptoms of anxiety. It includes breathing exercises and muscular relaxation. For some people, it can be a very useful addition before a counselling programme by providing skills that help reduce anxiety when exposed to the feared object.
Some people cannot handle exposure in any form, so it is important that the therapist recognises this and is familiar with an alternative approach.

Counter-conditioning is one such approach. In this form, the sufferer is trained to substitute a relaxation response for the fear response in the presence of the phobic stimulus. Relaxation is incompatible with feeling fearful or having anxiety, so it is said that the relaxation response counters the fear response. This counter-conditioning is most often used in a systematic way to very gradually introduce the feared stimulus in a cautious step-by-step manner.

The three areas of progression include:

(1) Training the sufferer to physically relax,
(2) Recognising the various extents of the anxiety levels
(3) Using relaxation as a response to each feared stimulus beginning first with the least anxiety-provoking stimulus and moving then to the next least anxiety-provoking stimulus until all of the items listed in the anxiety hierarchy have been dealt with successfully.

However, relaxation training alone is not usually enough to treat a phobia, just an important supporting mechanism for the main actions.

Counselling.

Counselling can be used as a supportive form of psychotherapy. Many people find it useful to discuss how they have altered their lifestyle to cope with a phobia, and the adjustments they have had to make to avoid the feared situation. Discussing the impact of a phobia has on life may be enough to help some people make the decision to change themselves, perhaps with the help of a friend or family member However, unless the

person actually starts taking action to deal with the phobia, counselling alone is unlikely to change things.

Therefore, it is therefore imperative that your chosen therapist practices an eclectic form of therapy that allows them be flexible and competent in conducting the treatment. Your GP may be able to advise you on whom to choose but you should also check with the therapist that they are prepared to be flexible in their approach.

Counselling: Behaviour or Exposure type therapy.

A professional and effective therapist will use as part of the treatment a form of what is commonly known as “cognitive behavioural therapy”. It is currently a bit of a “buzz therapy” and sometimes paraded as a “fix all” by some medical professionals. In reality it is very effective in its place but I believe best used as part of an eclectic therapy plan. This therapy focuses on behaviour, rather than thoughts. This is linked to the Idea of “bringing the body and the mind will follow”. However a professional therapist will also do some investigative counselling prior to entering this area to ensure that there are no relevant unresolved issues in the sufferer’s life history.

Exposure type therapy concerns the desensitization or exposure therapy focuses on changing a person’s response to the feared object or situation. It involves starting to confront the fear and stopping avoiding it. This is done by gradual, repeated exposure to the cause of the phobia may help a person learn to conquer their fear.
For instance, if a person afraid of flying, the therapy may progress from having the sufferer think about flying to looking at pictures of airplanes, to going to an airport, to sitting in an airplane, and to finally taking a flight. At Dublin Airport there is a program to help people adjust to flying. For example, a group of people with the same fear may all sit in an airplane together, but the airplane won't take off as an initial part of the therapy.
When exposed to the feared object or situation, the person is taught to tolerate the high levels of anxiety they experience. After 30 minutes or so, anxiety levels in most people naturally fall. The body is unable to keep up this highly-aroused state when there is no logical reason to be frightened. People learn to conquer their fears by gradually learning that no catastrophe befalls them during exposure. The degree of exposure is then increased gradually.

Another example, say for someone with a spider phobia, this would start with looking at photographs of spiders. They would then move to areas where one finds spiders and just observing them from a distance. Eventually even helping a spider go from place to place using and implement such as a garden shovel, where the spider is at a “safe” distance could be achiever. This would be a major advance in dealing with the phobia and many experience this as a vital turning point in dealing with the phobia.
Sometimes it may be helpful for a friend or relative to get involved in the treatment. If a professional is involved, a friend could attend some of the sessions or help with "homework" or practice exposure.

The cognitive aspect of this therapy teaches people to understand the thinking patterns that contribute to their symptoms and to change their thoughts so that symptoms are less likely to occur.
An example of this would be to accurately assess the anxiety associated with phobia beginnings. For instance, when the sufferer feels dizzy, they may automatically become alarmed and start thinking "I’m dying". They learn to replace this with a more realistic thought such as "It’s just dizziness and I’m going to be OK". Other typical thoughts that may be experienced during exposure such as "I’m in danger" are also challenged.

So, this type of therapy involves the client helped by the therapist learning ways they can view and cope with the feared object or situation differently. They learn alternative beliefs about the feared object or situation and the impact it has on their life. There's a special emphasis on learning to develop a sense of mastery and control of thoughts and feelings.

Self help suggestions to develop Coping skills

If ones phobia persistently causes them anxiety and causes disruptions to their life on a daily basis, seeing a doctor is a necessary first step along a course of professional treatment.
But to deal with everyday anxieties, whatever their cause, these coping strategies can be very helpful:

Take action. Accurately assess what's making you anxious and become prepared to address it.

Change your attitude. Try not to dwell on past concerns about the place or thing. Change what you can about your attitude to it and begin to let the rest take its course.

Breaking the reaction cycle. When you feel anxious, do something different from your usual reaction. Take a fast walk or make a phone call to help you make contact with the world outside the situation and then refocus.

Look after of yourself. As usual get enough sleep, eat a balanced diet, exercise and take time to relax. Avoid caffeine, alcohol and nicotine, which can worsen anxiety. Don't turn to non-prescription drugs like alcohol for relief.

Talk to another person. Expose the fear and let it know that you are not alone with it anymore. Share the problems with a friend or a counsellor who can help you gain perspective. Find out about any about support groups in your area for people who have phobias. If there isn't one, why not start one?

As a final note, I am always sensitive to those who have to live with sufferers of anxiety disorders. They too suffer greatly as a knock-on effect of the disorder and can find it very difficult. Frequently the sufferer is unaware of the ripple effect their disorder is having and this can lead to conflict and disharmony in relationships and families. It may be necessary also for the concerned person to seek professional help in an effort to remain grounded.

WWW.GERRYHICKEY.COM