

Phobias research paper examples

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Abstract

The research deals with the problem of phobias, the types of this irrational behavior, the history of research as well as the key founders and co-researchers who contributed significantly to studying this psychotic disorder. It was also studied whether phobias have relationship with age and gender of those being prone to the disorder. The questions of reasons, symptoms and treatment were given a particular focus in the concluding part of the project. The question of whether phobias are acquired in the course of life or transmitted genetically was scrutinized based on the opinions of world's finest psychology experts, professors and their associates.

Key words: phobia, psychotic, disorder, genetic, transmit, fear, irrational, anxiety

Phobia is a specific kind of anxiety disorder, which consists in an intense fear of a certain object of the visual environment that may emerge in the shape of blood and surgery-related objects, heights, spiders, butterflies, books and other items. Simply put, phobia is a type of fear that does not cease haunting a person over a certain timeframe due to a number of factors. The early research and interpretation attempts date from the days of the ancient Greek physician Hippocrates, continuing through centuries up to the prominent psychologist Sigmund Freud and experts in later decades. Such psychic disorder as phobia has its gender and age peculiarities, being acquired or genetically transmitted. Similar to all psychological deviations, phobias are subject to correction since there certain ways to medically treat the symptoms of fears that have a complex nature.

According to the Institute of Psychiatry experts, Marks and Mataix-Cols

(2004), the problem of phobia came to be identified as early as the 5-4-th century BCE by Hippocrates. Since then there had been no particular attempts whatsoever made to do what is called the distinguishing of the problem apart from describing it in a condensed form. Saul (2001) gave a very deep insight into the etymology of phobias, which roots in the beliefs of ancient Greeks. The word “ phobos” itself purports strong fear or terror and is rendered from Grecian as phobia. The illuminati, stemming from the Stoic School of philosophy, that was flourishing around 4th century BCE committed themselves to construing and propounding the phenomenon of fear to some extent. Roman emperor, the illustrious Marcus Aurelius and the great Seneca, the tutor of the notoriously known emperor Nero, agreed in their time on the description of phobia as being an emotion or passion that needed conquering in order for a person to regain an accord with nature and attain imperturbability, which means a person can still endure pain and retain happiness by mastering him- or herself (Saul, 2001).

Caelius Aurelianus, a well-known Roman physician was more accurate in his approach to the interpretation of phobia defined as a kind of mania that tends to stem from mind problems and is in no way associated with body or physical pain. Though the causes were wanting, the description of phobia was skillful; still, latter generations never put this knowledge to a good use. The ideas and experience of the ancient Greeks regarding this disorder are thought to have been discarded and the humanity of today hardly takes advantage of the original interpretations. With Roman Empire having collapsed by 400 PE, Christian Church, notoriously known for supervising all secular activities, called a halt to studies, causing scientific research in all domains to stall. Thus came all attempts to study phobia to a standstill, <https://assignbuster.com/phobias-research-paper-examples/>

although strong was the fear of pest and syphilis around the time. Through middle ages and well into the Renaissance, the Catholic Church had scholars engaged in studying theologian disciplines, which could not but affect the study of secular sciences, such as psychology and phobia, one of its under-studied subjects. Since the Church was being persistently power-oriented, the focus of attention just would not be shifted from God until 14th century, which signified the transition from theocentricism to anthropocentrism when a human being came to be regarded as being central to the universe (Saul, 2001).

With a new era of laicized science, there came Descartes, an important contributor to the knowledge of psychology and most importantly phobias and anxiety. Still, who did revolutionize and spur scientists on to studying fear, anxiety, and phobias was Charles Darwin who published his resounding book “ The Origin of Species”. From then onwards there were experiments triggered by a number of specialists on animals and humans, of which the most important ones were being conducted by a German psychologist Wilhelm Wundt. Spanish physiologist Santiago Ramon y Cajal won the Nobel Prize for his discovery of brain consisting of such nerve cells as neurons. This neuroscience breakthrough made it possible for scientists to establish the connection between nerve cells and emotions, such as anxiety or fear that the scientists report to have been studying ever since then (Saul, 2001).

Marks and Mataix-Cols (2004) claimed the term of phobia had been coined as recently as the 19th century, gaining its contemporary meaning with time. In psychological parlance, phobia is an unexplainable intense sense of fear, which grows out of proportions to the evident stimulus, which is avoided by a person to have this disorder. The 19th century saw many profound

interpretations of this type of psychic disorder made by leading experts, such as that of Otto Westphal, an outstanding German neurologist, whose 1871 account of agoraphobia or the fear of space, is one of the most important landmarks in the history of phobia studies (Marks and Mataix-Cols, 2004). According to Saul (2001), it was three men fearing to walk through squares and streets on their own, with no one around, who Westphal handpicked for the experiment; however, the examined were said to regain their composure when once companioned by a person or an inanimate object. The phenomenon of phobia would not possibly be so well-studied save for the American Civil War that gave clinicians plethora of opportunities of examining fear in earnest by studying the effect fear has on lungs, heart and other body organs and systems (Saul, 2001).

According to Marks and Mataix-Cols (2004), Austrian father of psychoanalysis, Sigmund Freud was the first to draw a dividing line between common phobias of different things the majority of people have a certain amount of fear for, such as death, snakes, and illness, to name a few, and phobias that inspire no terror in average people, such as the above-mentioned phobia of space. In the year 1895, Henry Maudsley in his book “Pathology of Mind” gave his approval to agoraphobia previously described by Otto Westphal as a separate syndrome. The same year the scientist went on to include all types of phobias under melancholia as well as ridiculing names to have been given to all types of phobia before. Emil Kraepelin, German psychiatrist, described in his textbook published in 1913 irresistible fears and ideas, without separating the concepts of phobia and phenomena that have obsessive-compulsive nature (Marks and Mataix-Cols, 2004).

When the problem of phobia did receive its official documental approval was <https://assignbuster.com/phobias-research-paper-examples/>

the year 1947. To be precisely, it obtained the so-called diagnostic label in ICD, the International Classification of Diseases as well as DSM, Diagnostic and Statistical Manual, the latter classification including the disorder 5 years later, which was in 1952. Of 9 classifications applied in a variety of countries, only 3 used to feature phobias as a diagnosis as of 1959. It was already in 1960s that Isaac Marks together with his colleagues concluded that phobias had their peculiarities, depending on gender, as well as various age of disorder onset only for phobias to be further classified into agoraphobia, social, and other specific phobias (Marks and Mataix-Cols, 2004). Such a rich history of phobia studies have helped scientist give a very clear definition of phobia, its major types, causes, symptoms, relationship with age and gender, and possible treatment.

Nordqvist (2013) suggested, “ A phobia is an irrational fear, a kind of anxiety disorder in which the sufferer has a relentless dread of a situation, living creature, place or thing.” Chong and Hovanec (2012) noted that anxiety was the sensation of fear, worry or dread seemingly without a clear cause; however, it does differ from fear or worry. According to Nordqvist (2013), a phobia-ridden person does his utmost to avoid the source of irritation, which assumes rather exaggerated forms in their mind as compared to the real life. Encountering a source of phobia renders a person distressed and interferes in the normal functioning of his or her organism, more than that, conjuring up the idea of an irritator alone may lead a person to feel an extreme panic, which means phobia is a far more serious disorder than fear. Day-to-day activities are hardly to be affected by a person’s phobia as long as the contact does not happen on a regular basis in the case of ophidiophobia, or the fear of snakes. However, when it comes to a person’s entertaining fear

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for leaving for the place of public gathering or being on public spaces or spending time in a large group of people.

Nordqvist (2013) noted there were non-psychological phobias, such as photophobia that consists in human sensitivity to light in case of having migraine or conjunctivitis. Still, this case in point bears no relation to the fear of light. Rabies is hydrophobia, or inability of drinking water, which is another example of non-psychological phobias. Certain concepts that contain the term phobia do not imply the uncontrollable fear for something. Thus, for example, on no account does homophobia imply the fear for homosexual perverts. Instead, it is more of a dislike or discrimination against them. Some people may be known for despising teenagers and the youth, which may be referred to as ephibiphobia while other people clearly abhor foreigners or strangers, which is otherwise known as xenophobia (Nordqvist, 2013).

As far as genuine phobias are concerned, there are specific or simple and complex fears distinguished by scientist. Specific or simple phobias embrace the whole range of fears from specific situations or places to living creatures and various things or material objects. When diagnosed with specific phobias patients may suffer from aviophobia (the fear of flying), cynophobia (the fear of dogs), chiroptophobia (the fear for bats), dentophobia (the fear for dentists), ophidiophobia (the pathological fear of snakes), ornithophobia (the fear for birds), and ranidaphobia (the fear of frogs), to name but a very few. In accordance with Waters (2003), there also are such specific types of fear disorder as selenophobia or the superstitious fear for moon, cometophobia, meteorophobia, astrophobia that require no additional explanation.

Pteronophobia or the fear of being tickled by feathers; selachophobia, the pathological phobia about sharks; ostraconophobia, or the disgust at

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mollusks; gatophobia, the dread of cats; lachanophobia, the fear for vegetables, growing in an allegedly contaminated ground; anthrophobia, the dread of a flowers or flowers as a whole; scoleciphobia, or the aversion to worms; herpetophobia, the fear for snakes and reptiles may cause a lot of disturb as potential irritators. Feared also are bees, stings, insects, wasps, frogs, moths, parasites, ants, termites, waters, sea or ocean, caves, steep slopes, lakes, floods, woods at night, trees, forests, whirlpools, waves and wavelike motions, darkness, clouds, nights, sun and sunlight, dawn and daylight, sunshine, air, fog, cold, heat, ice and frost, wind, all having scientific definitions of their own (Waters, 2003). Trimarchi (n. d.) attempted to classify “ strange fears” that may seem unconventional at first glance, they are as follows: papyrophobia, or the fear of paper; epehebiphobia, or the fear for youth entertained by old people; metrophobia, the dread of poetry due to inability to interpret its deep implications and author’s messages. Other types include emetophobia or the fear of vomiting caused by the phobia of poisoning and may be seen in aversion to food prepared by others; somniphobia of the fear for sleep; geniophobia, the dread of chins, namely of touching or looking at this face part; chromophobia, or the fear of the whole range of colors or some types. Finally, there is eisoptrophobia, or the phobia about mirrors and reflective surfaces and, most importantly, ergophobia, in other words, the dread of work (Trimarchi, n. d.).

Social phobia is two of arguably the most widespread disorders known as complex phobias, representing fear as well as anxiety for certain incidents, situations or circumstances. Those suffering from social anxiety disorders are undisposed to visiting weddings, parties, or exhibitions for fear of getting humiliated or embarrassed in public. They may also fear lest they should

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have to deliver a public speech or perform on the stage in front of a large live audience. All the fear are public judgment as well as careful scrutiny on the part of people around them. The fear of being ridiculed or, worse, fingered or laughed at owing to their clothes, voice or body peculiarities is so strong as to never make them a part of social gatherings that are close to being genuine ordeals, in their personal estimation (Nordqvist, 2013).

Among psychologists, the word is that such type of individuals began avoiding social meetings in their teens, in part due to them gaining excessive weight and being diagnosed with obesity. This isolation mode of life caused them to develop depression. It is also believed that people should on no account mistake shyness for social phobia. Agoraphobia, another type of complex disorders, is a strong, intense fear to find oneself in a situation, with neither escape nor help at hand. People to experience such type of fear are willing to evade traveling on trains or buses, besides keeping aloof from shopping malls, big shops, and large convention centers. Severe symptoms of this disorder starting to appear, a person may be loath to even step foot outside his or her own house. Apart from the mentioned agoraphobia, a sufferer may or may not have accompanying disorders, such as monophobia or the fear for staying alone as well as claustrophobia or the fear to feel trapped in closed spaces. The ratio of agoraphobia patients' having panic disorder is as large as 80% (Nordqvist, 2013).

Nordqvist (2013) claimed there were different symptoms that might be the case by various types of phobia. Most common symptoms for all kinds of psychic disorder are as follows: the feeling of uncontrollable and undaunted anxiety while in close proximity to the source of irritation, an irresistible, haunting obsession to dispose of fear, whatever the cost, a person's

organism may no longer be able to function properly by confronting an irritator at close quarters. Additionally, as easy as it may be for an irritated person to admit their fear have no more rational grounding than they have convincing reasons, the state of emotional disturb may be extremely difficult to handle. Panic and strong anxiety may have concurrent symptoms, such as trembling, sweating, accelerated heartbeat, the feeling of chocking, chills or hot flushes, abnormal breathing in the shape of panting, heaving a sigh, or attempting to catch breath, chest pains or tightness, the sensation of pins and needles, butterflies in the stomach, disorientation and confusion, nausea, parched mouth, headache, and dizziness. The feeling of anxiety beyond the source of irritation is not seldom. Children may be seen crying, being liable to cling or trying to hide behind parents up to throwing temper tantrums.

Speaking of the reasons of psychotic disorders, according to Nordqvist (2013), simple phobias are most likely to be developed between the ages of 4 and 8, resulting from an unpleasant life experience, for example, in a confined space, causing a person to suffer from claustrophobia with time. Phobia may also result from watching another family member experience a similar disorder. To put a simple example, a child may well develop arachnophobia out of seeing parents suffering from this type of phobia, which means they are not necessarily have to be genetically inherited from ancestors. The idea of phobias having been inherited from our historic ancestors some time ago is worth considering insofar as spending time in the open space was dangerous, if not tantamount to suicide, with so many predators around. That being said, children's being not this willing to leave house may very well have that deep-rooted long ago established reasons.

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People of that time did benefit from having phobias; however, the people in large shopping malls hardly have much in common with strange tribesmen. McDermott (2013) thought that phobias might be inherited from parents or even grandparents, referring to a study published in the journal "Nature Neuroscience". The matter is that, in modifying DNA, ancestral unpleasant past experience has the potential of passing down through further generations, which may be explained in terms of epigenetics. Emeritus Professor of Pediatric Genetics in University College London, Marcus Pembrey thinks of the exploration as a breakthrough that will enable experts to introduce corrections into an individual genotype to prevent the biological transmission of ancestral memory (McDermott, 2013). According to Nordqvist (2013), another reason has its clear explanation from a neurobiological perspective. Since the most potentially lethal and dangerous of events are stored in such areas of mind as prefrontal cortex, ventromedial prefrontal and medial prefrontal cortices. While confronting similar unpleasant events, a person's mind utilizes the ability of retrieving the data stored and react as if there were a return of a similar situation, with body going into the state of tenseness and readiness to repulse the irritator (Nordqvist, 2013).

In this case, treatment may imply the replacement of unpleasant memories stored in mind with something more rational. With no damage inflicted, a person may be content with staying aloof from the source of irritation. For those impossible to treat a professional help is needed since it may help cure nearly all phobias. A psychiatrist will probably prescribe medications, behavior therapy, or both types combined in order that symptoms of anxiety and fear might disappear and a person might handle the source of irritation <https://assignbuster.com/phobias-research-paper-examples/>

with little-to-no fear. Medications proscribed may include beta-blockers applied for high blood pressure or cardiovascular conditions in order for the symptoms of trembling limbs, palpitations, voice quiver, and uncontrollable stage fear to be decreased. Antidepressants influence the levels of serotonin in human brain, leading mood to improve. Tranquilizers or sedatives are also very instrumental in reducing the symptoms of anxiety. Behavior therapy, aka desensitization, does a lot to help sufferers change their reaction to the source of fear. It consists in exposing a person to an irritator by gradually bringing them closer to it. The method also includes Swedish technique of treatment by watching other patients' exposure to their phobias. Cognitive behavioral therapy enables a person to learn different ways of responding to phobias, which is supposed to alleviate their fears and emotional disturb (Nordqvist, 2013).

Conclusions

Phobias are a specific anxiety disorder, which is characterized by extensive and irrational states of fear for either animate or inanimate objects. The history of phobias date back to the ancient Greeks represented by Hippocrates; later attempts to interpret the phenomenon of irrational fear were undertaken by the School of Stoicism; after Roman Empire had collapsed, the Catholic Church halted all scientific endeavors, which were not resumed until Renaissance and most notably Descartes. The revolutionary works of Charles Darwin furthered scientific programs and opened new vistas for researching human anxiety that was scrutinized and interpreted by Otto Westphal and Sigmund Freud. As far as the classification of phobias is concerned, there are two major types, namely, simple and complex anxiety

disorders, with the latter requiring far more profound treatment; whoever, if people do not confront an irritator on a regular basis, there is no need for a special treatment to be prescribed. If not, a doctor may recommend medications, such as beta-blockers, antidepressants, sedatives. Behavioral and cognitive behavioral therapy may be prescribed in other cases, when necessary. Numerous scientific experiments demonstrated that women were far more prone to irrational fear than men were. It is also worth noting that psychological disorders, such as phobias may either be acquired after people watching their relatives experience similar phobias or be genetically transmitted, being codified in a family genotype and inherited by children.

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