

# Treatment of phobias

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The treatment of phobias is either psychotherapy or medication. The most effective treatment is when there is a combination of psychotherapy and medications that are for the individual's phobia (" Medication" 1). One type of therapy for mental disorders is desensitization, or else exposure therapy. It includes the supportive and gradual exposure of the individual to situations or objects that are similar to what he or she is phobic about. These circumstances can either be simulated with the help of technology or by actual anxiety-provoking stimuli (" Therapy" 4).

It has been found that cognitive behavioral therapy (CBT) can often decrease phobic symptoms as it helps the sufferer change his or her way of thinking. To accomplish this goal, CBT uses three techniques (" Therapy" 2): Firstly, the didactic component educates the person about the different phobias and the treatment, it creates positive expectations for therapy and leads him or her to cooperate with a phobia. The second technique is the cognitive component.

This technique helps the individual to recognize which are the ideas and assumptions that influence his or her behavior. The third technique is the behavioral component. It makes use of techniques that have the purpose to modify the sufferer's behavior in order to teach him or her strategies to deal with the phobia (" Therapy" 3). It is essential to most patients' recovery.

Medications are also used for the treatment of phobias, with the drawback of the possible side effects that usually vary from person to person and depend on the type of medication (" Medication" 1). Selective serotonin reuptake inhibitor (SSRI) medications are often used for all types of phobias, mostly

when desensitization and CBT are not effective. SSRI increases the levels of serotonin in the brain. Examples of these medications are fluoxetine (Prozac), sertraline (Zoloft), and paroxetine (Paxil). Common side effects of SSRI include dry mouth, sexual dysfunction, weight gain, nausea (“ Medication” 2).

Sometimes phobias, are treated with beta-blocker medications. Beta-blockers can help with some of the physical symptoms that are associated with panic, such as increased heart rate, sweating, tremors, but cannot aid with the psychological symptoms. An example of a beta-blocker is propranolol. Side effects include insomnia, and they may cause heart and blood pressure problems (“ Treatment” 2).

Phobias are also treated with benzodiazepines, or minor tranquilizers that cause relaxation. However, they are used with caution to treat phobias because there is a possibility of addiction and risk of overdose. Examples of such medications include diazepam (Valium), alprazolam (Xanax), lorazepam (Ativan), and clonazepam (Klonopin) (“ Medication” 3).

Approximately 7% of American adults and 5. 5% of teenagers are suffering from social phobias according to MentalHealthAmerica (MHA). The population with social phobias that experiences their first symptoms before adulthood is more than 75%, usually at 13 years of age (American Psychiatric 18). From those with social anxiety disorder, about 30% have a severe case and only 40% are being treated. There are more women than men who suffer from social phobia (about 2: 1 ratio) (American Psychiatric 2). Sufferers are also

prone to substance use disorder and major depressive disorder (American Psychiatric 15).

According to the graph from Dr. Roger's lecture on psychological disorders, the most common specific phobias are these of snakes, heights, mice, flying on an airplane, being closed in a small place, spiders and insects, thunder and lightning, being alone in a house at night, dogs. Specific phobias appear mostly in early childhood, around age 7 (American Psychiatric 10).

Approximately 9% of Americans, which means more than 19 million individuals suffer from a specific phobia, and many of them have more than one. The prevalence of specific phobias in adolescents is more than that of 15% and twice as many women as men have them (American Psychiatric 8).

Approximately 1.7% of teenagers and adults in the US are diagnosed with agoraphobia each year. Cases where agoraphobia and panic disorder are not connected are rare and are affecting 0.9%, or 1.8 million Americans. More than 40% of those who suffer from agoraphobia have a severe case.

However, the ones who seek and receive treatment are less than half. The average age of onset is between 20 to 30 years old. In teenagers agoraphobia is not common, with prevalence of 2.4% from ages 13 to 18 (American Psychiatric 76).

Phobias are an anxiety disorder. They have three main categories which are social phobias, specific phobias, and agoraphobia. All three of these types have many aspects to them and include subcategories and fears, with specific phobias having no limitations. Most phobias effect women more than

men. The symptoms of most phobias are often shown in younger ages, either in childhood, adolescence or early adulthood.

What causes phobias is yet to be determined, although theories suggest that there is a correlation between the environment of the person growing up, and the family history. However, phobias can be associated with a shocking or negative incident and/or experience. It is important that phobias are treated with psychotherapy, medication, or both. Through these methods the symptoms can be reduced and the person can have a functional life.