

Sigmund freud and phobias

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Are phobias caused by sexual needs, or is there something else that causes people to have phobias? Sigmund Freud was born May 6, 1856, in Beriberi, Moravia (now the Czech Republic). Freud grew up a very confused child. His father married a woman 20 years younger than himself. His father had sons that were as old as his new bride. Freud thought his half-brothers were more compatible as a mate with his mother. Freud himself questioned if his new little sister was produced from his father or half-brother.

His childhood confusion led him to investigate his own thoughts and the thoughts of other people. (Gay, P., 1988) Freud used psychoanalysis in patients, which allowed them to openly speak about their memories in a relaxed environment. Freud's psychoanalytic approach is still used today. Summers (2006) states, "Freud found that as the patient grew closer to the traumatic material, repression increased, and the analyst's intervention was required. As each resistance was overcome, a new zone was reached in which the patient could associate freely. As that process approached painful material, the resistance intensified, and the analyst was needed to break through the new barrier." (p. 328) But Freud was not satisfied with just analyzing people's thoughts. He wanted to know what motivated the repression of feelings. Freud thought the three psychic structures: the id, the ego, and the superego, could be used to describe the conflicting forces of personality. The id begins at birth and continues until the child is 1 year old. The id is entirely unconscious, and has no regard for rules of society.

The ego is the second stage of psychic structures. The child is beginning to see that needs cannot be met immediately. The third stage of psychic structure development is the superego. This stage takes over in early

childhood as the child begins to learn the rules of society. The child also begins to be more like his or her parent. (Rather, 2008) Freud was very controversial in his time. He believed children's basic feelings were related to sexual feelings. He defined five stages of psychosocial development as oral, anal, phallic, latency, and genital.

The stages of psychosocial development translate into adulthood as well. If needs are not met, or overestimated during any of the stages, the child will have issues as an adult. (Rather, 2008) The first stage of psychosocial development is the oral stage. This begins at birth. Freud argued that breastfeeding satisfied sexual need in an infant as well as nourished the child. By weaning the child early, he or she may have an oral fixation. An infant is able to begin to control bowel movements. Freud believed anal fixations translated into adulthood by being overly self-controlling or careless.

The third stage is the phallic stage, which begins around the third year of life. During this stage children may have strong sexual attachments to a parent. The latency stage begins after a child has had sexual attachment to a parent for several years. During this stage the sexual feelings remain unconscious. The fifth and final stage is the genital stage, which takes over at puberty. It is at this time that young adults begin to find mates that resemble their father or mother. (Rather, 2008) Freud also thought that phobias originated from sexual urges.

Freud used the case of "Little Hans," a boy who was afraid of horses to explain how phobias are related to sexual urges. Little Hans was five years old, his father wrote to Freud to help explain why Hans was afraid of horses.

Freud theorized that Hans had an Oedipus complex and was in love with his mother, and was a sexual rival of his father. Freud believed phobias do not occur when sexual development is normal. Freud's explanation does not take into account that the young boy had witnessed a terrible accident between a bus and a horse weeks earlier.

Freud suggested to Hans' parents to allow Hans to openly speak his feelings, which they did. When Hans' parents talked to him, they found out he was jealous of his new baby sister getting more attention than he. Years later when Freud spoke with Hans, Hans could not remember his phobia of horses. Although most mental health experts have now discarded Freud's theory of phobias originating from sexual development, Freud did advance the study of mental illness by having patients openly discuss their phobias. Margarita, (2009) People unable to cope well with stress may develop an anxiety disorder. Margarita (2009) defines anxiety disorder as " an extreme and chronic reaction to an irrational fear, affecting a person's mood, thoughts, behavior, and activities. " (p. 19) The six types of anxiety disorder include social phobias, specific phobias, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and generalized anxiety disorder. Panic disorder symptoms include a sudden attack of terror including pounding heart, sweating, weakness, faintness, or dizziness.

Obsessive-compulsive disorder symptoms consist of becoming obsessed with a certain fear, and creating strange rituals to overcome the fear. Post-traumatic stress disorder affects people who have suffered through a traumatic event. Many veterans suffer from this disorder. General anxiety disorder is marked by a constant worry for no reason. (Margarita, 2009)

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According to Margarita (2009) " Phobias are irrational and persistent fears that can be triggered by all manner of sources, including objects, situations, people, or activities. " (p. 8) The two general types of phobias are social and specific phobias.

Social phobias are triggered by everyday social situations. Specific phobias include fears about heights, spiders, water, snakes, or elevators. About 15 million Americans experience social phobias, and 19 million suffer from specific phobias. Phobias may come from a frightening experience in childhood, chemical imbalances of the brain, or fears learned from ancestors. (Margarita, 2009) Many people may experience nervousness from different social situations, such as People with social phobias are crippled by their fear of social situations to the point that it interferes with their daily lives.

(Margarita, 2009) There are two types of social phobias: circumscribed social phobia and generalized social phobia. Margarita (2009) defines circumscribed social phobia as, " the fear of a specific situation. " (p. 22) Examples of circumscribed social phobia includes being uncomfortable eating in a restaurant or being unable to use public restrooms. People suffering from circumscribed social phobia are usually able to lead relatively normal lives. They simply avoid the situation that makes them uneasy. Individuals that have generalized social phobia are much more likely to have difficulty with life.

Margarita (2009) states, " Generalized social phobia involves fear of all social situations, such as parties, school dances, or similar events. " (p. 23) Specific phobias are an intense, irrational fear of something specific, such as flying, elevators, or insects. Specific phobias usually do not dominate a person's

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life. There are four types of specific phobias, including: fear of insects and animals, fear of natural environments, fear of blood or injury and fear of dangerous situations. A 2001 poll revealed 51 percent of people with phobias are afraid of snakes.

Other top ranking phobias include public speaking, heights, being in a small space, and spiders and insects. (Margarita, 2009) Of all the specific phobia sufferers, 9 out of 10 are women. Parents may partially be to blame because they are more protective of daughters rather than sons. Boys are taught to be independent, whereas daughters are cautioned to stay close to home. Phobias often start in childhood and are carried into adult life. Another theory is that women are the more vulnerable sex, and are more likely to be the victim of sexual assault. (Margarita, 2009) The physical reactions to phobias are numerous: Breathing increases to take in more oxygen; the heart beats faster; blood pressure rises; stomach vessels constrict to force blood elsewhere; arms and legs receive extra blood for energy; and perspiration increases to regulate body temperature. This reaction of the body prepares it to fight the stress or run away from it. This is known as the "flight or fight" action. (Margarita, 2009) What causes phobias? Phobias can be a result of trauma in early life. Scientists are also studying brain function in regards to phobias.

The amygdaloidal are located in the center of the brain. Amygdaloidal control emotions. Scientists continue to research the amygdaloidal to see if they malfunction, causing the body to overreact to fears. Neurotransmitters enable messages to circulate through the brain, and scientists wonder if an imbalance of neurotransmitters could cause phobias. (Margarita, 2009)

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Phobias affect people in more ways than just the anxiety felt. People suffering from phobias spend an average of \$700 more per year on healthcare than other patients. People with phobias take 60 percent more sick days than other employees.

People with phobias are not as likely to advance in their careers because the affect the phobia has on their job performance. People with phobias earn on average 10 percent less, and have a 10 percent chance of not graduating college. Not only is employment and schooling disturbed, family life is as well. Sixteen percent of social phobia patients abuse alcohol, three times as many as the regular population. Recent of phobia sufferers have attempted suicide at one point in their lives. This is the same rate as people suffering with depression. (Margarita, 2009) Treatment options for phobias include psychiatric therapy or joining a support group. Some people overcome phobias by learning how to relax. The first step to overcoming fears is to realize they are irrational. It may also help to think about things that are not fearful. Some psychologists recommend yoga or exercise to reduce anxiety. They also urge patients not to isolate themselves but rather keep in close contact with family and friends and discuss their fears with them. Others who suffer from phobias turn to cognitive-behavioral therapy.

Cognitive-behavioral therapy gradually exposes the person to their fear. Cognitive-behavioral therapy was first used by New York psychotherapist Albert Ellis in 1953. Cognitive-behavioral therapy may take eight to twenty treatments, with homework assignments assigned between visits. During treatment patients are gradually exposed to their phobias and they work through the anxiety that is felt. The anxiety is greatly reduced and patients

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learn skills to work through any anxiety. Other suffering from phobias may take antidepressants.

These drugs help regulate the flow of neurotransmitters. Antidepressants have high success rates, but medication alone won't cure phobias. People affected by phobias may be treated by a professional for months or years before getting over their fears. (Margarita, 2009) Do most experts today feel the same as Freud that phobias originate from sexual dysfunction? Most experts agree that trauma or change in life environments are the causes of most phobias. Although some phobias are quite debilitating, treatment options do exist for people willing to work through their phobia.