

Fear and phobias essay



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Introduction THESIS STATEMENT SOCIAL PHOBIAS ARE ANXIETY DISORDERS THAT HAVE THE CAPABILITY TO CLOUD MANY AREAS IN OUR LIVES AND ARE CHARACTERIZED BY THEIR SYMPTOMS AS WELL AS CAUSES. TREATMENTS ARE AVAILABLE AND CAN BE IMPLEMENTED TO SUCCESSFULLY CURE SOCIAL PHOBIAS AND FORM A BETTER COMMUNITY. ‘ I have not been out of the house for six months. I did go to see my doctor at Christmas, but I got into such a state that I nearly collapsed, and now I get him to see me here. I feel safe here and I don’t get the awful feelings, but I’m not even relaxed at home if I know a stranger is visiting. I often have a drink to calm me if the paperboy is coming to collect the paper money or the gas man is coming to read the meter.

Sometimes, though, I just refuse to answer the door. ‘ Overcoming anxiety Helen Kennerley (Robinson 1997) A situation like this may strike some of us as plain absurd, even plunging into the realms of insanity; Yet, this is what people with phobia go through on a daily basis. Anxiety Disorders affect about 40 million American adults age 18 years and older (about 18%) in a given year, causing them to be filled with fearfulness and uncertainty (Kessler et al.). Unlike the relatively mild, such as having butterflies in your stomach on the first date, or feeling fearful when you hear strange noises in your household, phobias and anxiety disorders can last from as soon as 6 months or even as long as a whole lifetime if not treated.

Anxiety disorders happen very commonly along with other mental or physical illnesses, including alcohol or substance abuse, which may mask anxiety symptoms or make them worse. WHAT IS A PHOBIA? A phobia is an intense fear of a situation or an object that wouldn’t normally worry other

people (unless they, too, suffered from the same phobia) (Hill 2000). It severely restricts your life, and may force you to take extreme measures to avoid whatever triggers it. A phobia is known as an anxiety disorder (like obsessive-compulsive disorder and panic attacks), which means it centres on our natural reaction to fear.

Anxiety is about fear, and we all get anxious at some time. It's a natural reaction in all of us, and keeps us safe. Almost all phobias are focused around a place, an animal, a situation, or something which isn't necessarily threatening, but people react in a multitude of ways out of proportion to them. (Gersley 2001) Those who suffer from phobias aren't really frightened of particular situations or places, but of the feelings of terror they experience when in them. While they know consciously that they are not in physical danger, they cannot convince themselves about this.

A phobia is not a psychosis, it is more likely a neurosis. (Stein 1995, p189). When someone is diagnosed with psychosis such as schizophrenia, they may experience other people actually talking to them and clouding their decisions. A phobia is not described as an illness.

However, when confronted by the object of your phobia, you are likely to panic, and panic produces very severe physical symptoms, which can make you believe that you are seriously ill. Your heartbeat may speed up, your fingers might tremble with fear, your stomach might be tightening, and you might be sweating buckets. The fear of becoming ill can become part of the problem. The Main Types of Phobia There are three classes of phobias: agoraphobia, social phobia, and specific phobia (Stein 1995, p256).

As Wood describes, agoraphobics have a terrible fear of being put in situations in which they feel as though it is always not safe. Specific phobia is a phobia which is related to a something tangible such as an object, or something intangible, as a situation. In short, it is specific because the fear is always related to something. The last on the list is social phobia, which is the fear of embarrassment or humiliation in social settings.

Social Phobia in Detail Social phobia is a complex disorder, characterized by the fear of being criticized or humiliated in social situations. There are two types of social phobias: circumscribed, which relates to a specific situation such as “stage fright,” and generalized social phobia, which involves fear of a variety of social situations. (Hall 1997). People who suffer from social phobia fear scrutiny from others. They are constantly thinking that the gathering of other people is an effort to humiliate them.

Apart from that, they tend to be introverts who are highly sensitive to criticism. **Prevalence** How common is phobia? How much credence should we give the diagnosis? One year prevalence of specific phobias is estimated by different sources at approximately 3. % and lifetime prevalence appears to be approximately 5. 3% (Winerman 2005). Furthermore, shyness is so rampant among schoolchildren that a staggering 41 percent exhibit it. This shows that from young, our kids are already starting to feel shy and awkward.

Yet, nothing is done from anyone to help them out. From something as small as being shy to talk in front of an audience, it can grow in intensity to something like not wanting to answer the phone. On top of that, studies

indicate that women are two to four times more likely in developing a certain phobia and rates appear to increase slightly from ages 18 to 64.

Lane, New York Times 21 September 2007, p1). Table 1: Consistency Studies of Social Phobia from Different Countries Symptoms COGNITIVE ASPECTS The hallmark of social phobia is its cognitive features, specifically the fears of being embarrassed, humiliated, or receiving a negative evaluation.

The perceived causes of embarrassment vary widely. Some individuals are concerned that they will show some symptom of anxiety, such as blushing or sweating. Others fear that they will tremble and spill their food while eating.

In addition to the fears that occur in the phobic situation, anticipatory anxiety may be a major problem as well. An event such as giving a speech or presentation will cause these people to worry about it months in advance.

Furthermore, they will be extremely cautious not to slip up and would view the slightest mistake or slurring of words as a terrible error.

They also feel as though everyone around them would notice this.

BEHAVIORAL ASPECTS Avoidance is often the most impairing feature of social phobia. Patients may avoid social situations passively, by not initiating social interactions, or actively, by declining invitations or escaping from anxiety-provoking situations. Patterns of behavior may be so deeply ingrained in the patients' lifestyle that they are not recognized as symptoms by the patients.

This means that people, who suffer from social phobia, unknowingly would distance themselves from society. Cognitive distortions are a hallmark, and learned about in CBT (cognitive-behavioral therapy). Thoughts are often self-

defeating and inaccurate. (Stein 1995, p341) Causes (Hall, cited in Gersley 1997) came to a conclusion that the cause of phobias lie in a combination of genetic predisposition along with environmental and social causes. GENETIC FACTORS It is shown that if a first-degree relative also has this disorder, the risk of having social phobia is two to threefold greater.

(Grillion 1997). This may be contributed by the learning of these phobias by observational learning and parental psychosocial education. Even studies of identical twins brought up in different settings have indicated that, if one twin develops a social phobia, the concordance rate in the other twin was 30 – 50 percent. (Kendler 1999) . This puts the formation of phobias in the nature camp.

Adolescents who had a lacking in confidence in relationships with their mothers also displayed a higher risk at developing social phobia. Yet, genetics are not the only factor to phobias. EVOLUTIONARY THEORY In a famous experiment, Martin Seligman applied classical conditioning in which he used aversive stimulation (small jolts of electricity) to establish phobias of snakes and flowers (Masci, cited in Gersley 1997). In this experiment, two to four jolts were enough to establish a phobia to the pictures of flowers and higher repetitions of aversive stimulation was needed to institute a fear for the pictures of spiders. One explanation was that these functions are what were needed by the human species to survive, dating back thousands of years ago.

It is a survival mechanism that enables us to survive by naturally having a fear instinct towards things like spiders, snakes, and anything that can

threaten our survival. We develop fear towards anything that we cannot control. In this respect, people with phobias develop it as they feel totally helpless in controlling it. As a result, they start avoiding people, avoiding places where their embarrassments may become public, due to the inception of the problem. NEUROBIOLOGICAL FACTORS By 2002, scientists have added to evidence to conclude that social phobia can be inherited (NIMH 1999). This gene that governs fearfulness was discovered in mice and because social phobia shares some traits with panic disorder, it is likely that there are also genes that govern a person's susceptibility to social phobia.

Moreover, some researchers believe that neurotransmitter-receptor abnormalities are key suspect in the development of social phobia. (Goodwin 1983, p208). Irregularities in these areas are thought to affect brain functions as well as contribute to the high degree of comorbidity of phobias with other mental illnesses. People with social phobia have also been found to have a hypersensitive amygdala.

This part of the brain controls the secretion of hormones related to fear. When put in a fearful situation, the amygdala will secrete neurotransmitters; thus, creating a feeling of trepidation. Treatment for phobias In general, treatments of anxiety disorders are composed of psychotherapy and medications. Many people don't seek professional help for phobias, but develop coping strategies and self-help techniques themselves. Either ways, it is paramount to seek help for these anxiety disorders as leaving it as it is would only propagate the problem. There is no right or wrong way to feel or thing to do.

Different things work for different people. PSYCHOTHERAPY One of the best treatments in psychotherapy is Cognitive Behavior Therapy (CBT)(Davidson et. al 1998) The cognitive part helps people change the thinking patterns that support their fears, and the behavioral part helps people change the way they react to anxiety-provoking situations. For example, CBT can help people with panic disorder learn that their panic attacks are not really heart attacks and help people with social phobia learn how to overcome the belief that others are always watching and judging them. When ready to confront their fears, they are thought how to desensitize themselves to situations that may trigger the fear response.

As an example, people with social phobia may be encouraged to spend time in feared social situations without giving in to the temptation to flee and to make small social blunders and observe how people respond to them. Since the response is usually far less harsh than the person fears, these anxieties are lessened. This is called exposure treatment, as the patients are exposed to the elements that they fear. Exposure-based behavioral therapy has been used for many years to treat specific phobias.

The person gradually encounters the object or situation that is feared, perhaps at first only through pictures or tapes, then later face-to-face. Often the therapist will accompany the person to a feared situation to provide support and guidance. MEDICATIONS Medication will not cure anxiety disorders, but it can keep them under control while the person receives psychotherapy. Medication must be prescribed by physicians, usually psychiatrists, who can either offer psychotherapy themselves or work as a team with psychologists, social workers, or counselors who provide

psychotherapy. Antidepressants were developed to treat depression but are also effective for anxiety disorders.

Although these medications begin to alter brain chemistry after the very first dose, their full effect requires a series of changes to occur; it is usually about 4 to 6 weeks before symptoms start to fade. It is important to continue taking these medications long enough to let them work. Some of the newest antidepressants are called selective serotonin reuptake inhibitors, or SSRIs. SSRIs alter the levels of the neurotransmitter serotonin in the brain, which, like other neurotransmitters, helps brain cells communicate with one another. The SSRI's would also help in cases of comorbidity such as social phobia with Obsessive Compulsive Disorder, or General Anxiety Disorder.

Conclusion In conclusion, it is very evident that phobias influence our lives tremendously. Speaking of which, social phobia affects adults, adolescents, and even children! It has been recognized that they deserve special psychiatric attention, but a focus on phobic aspects may influence its management and eventually treatment response. Therefore, it is important for everyone to have an in depth understanding about phobia and the society must be more supportive in helping people with phobia. With this report, I hope that more people would become aware of phobias and understand what it is all about. Bibliography INTERNET •Fight Your Fears, Phobia, viewed 23rd October

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