

Claustrophobia



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Claustrophobia Info: Claustrophobia means ‘fear of suffocation or restriction’. It is typically classified as an anxiety disorder (mind well, it’s not a disease) and often results in panic attack (fast heartbeats n breathing, frightened, going crazy n many more are its symptoms–refer Wikipedia for more). Claustrophobia is designated as a situational phobia, because it is triggered by a certain situation. People suffering from this are called Claustrophobics! Fear of restriction:- Feeling (rather fear) of being confined to a single place- as in small rooms, locked rooms, cars, tunnels, cellars, elevators, subway trains, crowded places, caves, etc. They feel they might get stuck into it n wont be able to come out. Additionally, the fear of restriction can cause some claustrophobics to fear trivial matters such as sitting in a barber’s chair or waiting in line at a grocery store simply out of a fear of confinement to a single space. Fear of suffocation:- Feeling they get when they r confined (real or imaginary). Even without going to anyplace like that, just the thought of it can also create panic n result in suffocation. They believe they will die with the lack of air! The major difference between the two is, in d former they believe they would never be able to move out of place and hence start making efforts to escape or arrange an emergency escape (like, they will seek a place near the door during parties) in the latter the main fear is about dying by the absence of air. Scientifically, they are two different modes of claustrophobia, but some patients (dats my belief) generally experience both (like in my case, but I feel I’m confined and then eventually start suffocating). General behavior: It's a constant search for escape routes... * On entering a room, hallway, lift (elevator), etc. you first scan for the escape routes and will usually position yourself as near to this as possible. * Air travel becomes difficult or impossible - you dread that moment

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when the doors 'clunk' shut and you're 'trapped' for the duration of the journey. * Car journeys can be difficult, particularly if they require you to travel on a motorway or even dual carriageway since it is not as easy to 'escape' from these. Similarly you may start to avoid travelling at busy times so that you do not get trapped in a traffic jam. * Hospital checks involving scans where you are slowly moved through the scanning machine may only be possible with sedative medication. * If you live or work on an upper floor you get plenty of exercise because you are unable to take the lift (elevator). And even if you are able to travel in lifts it is done with difficulty and you'll likely wait if the lift appears crowded. * And it's not just small rooms - even a large room, if filled with people, will pose a threat unless you can position yourself near a doorway. So meetings and parties are avoided. * In extremes you cannot be in a room unless the door is left ajar. * It is often linked with conditions which have a strong physical element, such as Irritable Bowel Syndrome (IBS), where there is a realistic need to be able to escape quickly to get to a toilet. In such cases, even if the condition subsides, the fear of not having an escape route may continue because you now have 'learned' the claustrophobic response. Causes: Claustrophobia can develop from either a traumatic childhood experience (such as being trapped in a small space during a childhood game), or from another unpleasant experience later on in life involving confined spaces (such as being stuck in an elevator). When an individual experiences such an event, it can often trigger a panic attack; this response then becomes programmed in the brain, establishing an association between being in a tight space and feeling anxious or out-of-control. As a result, the person often develops claustrophobia. How they react during attacks? : 1. Results in panic attack- breathing quick, sweating,

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frightened, losing control and going crazy. 2. When they imagine themselves in such situations (called ' claustrophobic attacks'), they may remove clothes feeling that it may relieve the symptoms. When a person with claustrophobia finds himself in a restricted space, his body responds in certain ways.

Claustrophobia symptoms can include: * sweating * accelerated heartbeat * nausea * fainting * light-headedness * shaking * hyperventilation * a fear of actual imminent physical harm Some common situations that can cause anxiety in claustrophobia sufferers include: * Being inside a room: the individual will look for an exit, for example, at a movie theatre * Being inside a car: the individual will avoid driving on the highway or major roads where there is heavy traffic * Being inside a building: the individual will avoid taking elevators * Being at a party: the individual will stand near a door * Being on an airplane * While undergoing an MRI or CAT scan (also referred to as MRI claustrophobia and CAT scan claustrophobia, respectively) In extreme cases, the very sight of a closed door can lead to feelings of anxiety in the individual. Claustrophobia can have crippling social and psychological effects since the patient will often avoid situations in which she thinks she will have an anxiety attack, leading to isolation and depression. Treatment There is no cure for claustrophobia, however, there are several forms of treatment that can help an individual control her condition. Treatment for claustrophobia can include behavior therapy, exposure therapy, drugs or a combination of several treatments. Behavior therapy includes identifying trigger points and recognizing that one's reactions to these triggers are learned instead of natural; through visualization and positive thinking, the individual learns to disassociate feelings of danger with the confined space. Neuro-Linguistic Programming is a type of behavior therapy that deconstructs the individual's

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preconceived view of reality, reducing the anxiety provoked by a specific situation or setting. Flooding is a type of exposure treatment in which the individual is exposed to a situation until the anxiety attack passes; a less extreme form of exposure treatment is counter-conditioning. Counter-conditioning includes behavior therapy, as the individual is taught visualization and relaxation techniques before being slowly reintroduced to the trigger situation. Medications prescribed to help treat claustrophobia include anti-depressants and beta-blockers, which help to relieve the heart pounding often associated with anxiety attacks. Alternative claustrophobia treatments include regression hypnotherapy, in which hypnotherapy is used to remember the traumatic event that led to the individual's claustrophobia. The patient is taught to see the event with 'adult' eyes, which helps to decrease the sense of panic that it has instilled into their minds.