

Fear and anxiety

[Psychology](#), [Psychotherapy](#)



Phobia comes from the Greek word 'phobos' meaning morbid fear (wikipedia). But what exactly is a phobia? The direct denotation of a phobia is "a persistent, irrational fear of a specific object, activity, or situation that leads to a compelling desire to avoid it" (dictionary). A phobia falls under the category of an anxiety disorder. An anxiety disorder is often "a harmful chronic condition, which can be present from an early age or begin suddenly after a triggering event.

They are prone to flare up at times of high stress and are frequently accompanied by physiological symptoms such as headache, sweating, muscle spasms, palpitations, and hypertension, which in some cases lead to fatigue or even exhaustion" (wikipedia). According to healthline.com, if there is any exposure to the object that is feared, the stimulus may provoke extreme anxiety or a panic attack. "Phobias are mainly and tend to be caused by a traumatic event or experience that happened prior in a person's life. Other factors that may increase the likelihood of a phobia developing include cultural factors and possibly even genetics. " Phobias are actually quite common, affecting more than ten percent of the U. S.

population. Phobias are the most common mental disorder in the United States, but far more women than men are affected by phobias" (about.com). Approximately six point three million American adults ages eighteen to fifty four, or about four point four percent of people in this age group in a given year, have some type of specific phobia (Heering). This anxiety disorder affects more than one in ten people in the world and they are usually present as a panic attack or a severe episode of anxiety and start during adolescence or adulthood (Frapwell). The percent of people that are

diagnosed of having a phobia tend to be constant year to year; there has not been a dramatic increase or decrease over the years. Phobias can be divided into three main categories: social phobias, agoraphobia, and specific phobias.

Social phobias deal with fear of social situations. People who have or had social phobia tend to stay in a solitary environment or just stay home alone where they are most comfortable. This does affect a person's life because it prevents them from functioning in daily life. People do need to interact with others, especially in need of help. These people do not go to social events or outings because then they would feel like they are in danger and it is more likely that they will have a panic attack. A previous negative social experience can be the trigger to having a social phobia perhaps particularly for individuals who have an introversion. Someone with an introversion tend to stay away from groups and would rather stay and work alone.

The cultural factors that have been related to social anxiety disorder include a society's attitude towards shyness and avoidance, affecting someone's ability to form relationships and access employment or education. One study found that the effects of parenting are different depending on the culture—American children appear more likely to develop social anxiety disorder if their parents emphasize the importance of other's opinions and use shame as a disciplinary strategy, but this association was not found for Chinese American children. In China, research has indicated that shy-inhibited children are more accepted than their peers and more likely to be

considered for leadership and considered competent, in contrast to the findings in Western countries. There is an increased amount or a decreased amount that social phobia affects depending on where the country is located, showing that culture does make a difference (wikipedia). Agoraphobia is defined as an abnormal fear of being in crowds, public places, or open areas, sometimes accompanied by anxiety attacks (dictionary). The severity of agoraphobia varies, they can live absolutely normal lives avoiding potential anxiety-provoking situations or they can stay at home practically all day and be homebound trying to stay away from anything that will cause them to be anxious. People with a less severe version of agoraphobia are more likely to buy a luxurious automobile because they do not walk to their destination or take public transportation.

This does make sense because the person with agoraphobia would be more comfortable in a luxurious automobile where they can be alone. The causes of agoraphobia are currently unknown, but the cultural factors that could be related to agoraphobia include the population of where a person lived while growing up. If the person was raised on a farm isolated from the world around them is more likely to develop the fear of public places than someone who lives in the city who is used to that type of environment. A scary experience or event in a person's life can also be a major tribute to having this phobia. Agoraphobia occurs twice as commonly in women as it does in men. This is not very accurate considering that most men would not report that they have agoraphobia due to their stereotypical image of being strong and having no fear (Heering). Specific phobias deal with fear of a specific objects such as snakes or spiders.

There are four major types of specific phobias. The four major types of specific phobias include the fear of natural environment, the fear of animals, medical related fear, and situational fear. The most common specific phobia of the natural environment include the fear of lightning, storms, and water. Fear of spiders, snakes, and mice are the most common specific fear with animals. People with a medical related phobia tend to have a fear of going to the doctor or hospital, fear of getting injured, and an irrational fear of seeing any amount of blood. Situational fear tend to involve a fear of specific situations, such as flying, driving, going over bridges or driving through tunnels, and even being in enclosed places like an elevator. There is a higher percentage of people with a specific type of phobia than agoraphobia and social phobia (nih, National Institute of Mental Health).

The first diagnosis of any type of phobia was in the year of nineteen seventy. The diagnosis was related to social phobia and it was discussed as a clinical syndrome distinct from other anxiety disorders. Social phobia was not officially recognized until the third edition of the Diagnostic and Statistical Manual of Mental Disorder (webMD). Symptoms for acknowledging that someone has a phobia vary depending on the type of phobia, but some symptoms apply to just having some type of phobia. Symptoms regarding all phobias include excessive or irrational fear of a specific object or situation and the avoidance of the object or situation, or enduring it with great distress. Physical symptoms of anxiety or a panic attack, such as a pounding heart, nausea or diarrhea, sweating, trembling or shaking, numbness or tingling, problems with breathing, shortness of breath, feeling dizzy or

lightheaded, and feeling like you are choking. Anticipatory anxiety is another symptom regarding all phobias.

Anticipatory anxiety involves becoming nervous ahead of time about being in certain situations or coming into contact with the object of your phobia. An example of this would be similar to a person with a fear of dogs and how that person may become anxious about going for a walk because he or she may see a dog along the way. Children react differently with recognition of their phobias, which makes their symptoms of having a phobia different to the adult symptoms. Children with a specific phobia may express their anxiety by crying, clinging to a parent, or throwing a tantrum (webMD). Diagnosis of a phobia is an evaluation of the patient and the symptoms or anxiety they have. There is not really a diagnostic laboratory test for phobias. Diagnosis is based on the patient's account of their experiences.

If symptoms of a specific phobia are present, the doctor will begin an evaluation by performing a complete medical history and physical exam. Although there are no laboratory tests to specifically diagnose specific phobias, the doctor may use various tests to make sure that a physical illness isn't the cause of the symptoms. If no physical illness is found, a person may be referred to a psychiatrist or psychologist, mental health professionals who are specially trained to diagnose and treat mental illnesses. Psychiatrists and psychologists use specially designed interview and assessment tools to evaluate a person for a specific phobia. The doctor bases his or her diagnosis of specific phobias on reported symptoms, including any problems with functioning caused by the symptoms. A specific

phobia is diagnosed if the person's fear and anxiety are particularly distressing or if they interfere with his or her daily routine, including school, work, social activities, and relationships (webMD). Diagnostic criteria differs between the three main types of phobias.

According to the 4th edition of Diagnostic and Statistical Manual of Mental Disorders, “ the most difficult aspect of diagnosing phobias is sorting them out from other psychiatric disorders such as paranoia, schizophrenia, or obsessive-compulsive disorder, in which fear is associated with situations or specific objects. The diagnostic criteria for a specific phobia “ is if the patient experiences excessive or irrational fear of a specific object or situation, has exposure to the object or situation and it causes an immediate anxiety response or a panic attack, the person knows that the fear is excessive and irrational, the object or situation is endured with distress or avoided, and avoidance, anticipatory anxiety, or distress during exposure to the feared object or situation interferes with the person's ability to function in normal daily activities. The person may have distress about having the phobia” (American Psychiatric Association). Social phobia has the most criteria for diagnosis compared to agoraphobia and a specific phobia. According to the 4th edition of Diagnostic and Statistical Manual of Mental Disorders, the criteria for a social phobia is as follow: “ the person fears or is anxious about experiencing public embarrassment or humiliation in social or performance situations, being in such situations creates intense anxiety and possibly a panic attack, the patient knows that the fear is excessive and irrational, and social or performance situations are avoided or endured with great distress. This condition disrupts the patient’s ability to function at work or school and

causes them to withdraw from social activities and/or relationships, or the fact that they have the phobia causes them distress. This condition has been led on for at least 6 months in people over the age of 18 and fear and avoidance are not caused by other mental disorders, a medical condition, or the effects of a drug.

” Agoraphobia and its criteria is very basic. If the patient can not stand being trapped in a place or is stuck in a difficult situation which leads to a panic attack is a hint of having agoraphobia. If the patient tries to avoid a difficult situation at all costs and nearly has a panic attack thinking about being in a difficult situation or trapped in a place. Lastly, the avoidance is not caused by any type of drug or other psychotic illness or disorder. (American Psychiatric Association). There are a couple different methods on how to treat and cure phobias. There are different methods of treatment for each main category of phobias: agoraphobia, social phobia, and specific phobia.

Any phobia that interferes with daily living and creates extreme disability should be treated. With proper treatment, the vast majority of phobia patients can completely overcome their fears and be symptom-free for years, if not for life. Effective relief can usually be gained through either cognitive behavior therapy, medication, or a combination of both. Cognitive Behavioral Therapy regards to all phobias within all the main categories. “ Cognitive-Behavioral Therapy, CBT, is highly effective in treating phobias. Cognitive-Behavioral Therapy techniques help people recognize the events or items that trigger the patient’s reactions. The recognition of the events or

items that triggers the patient's reactions is the cognitive piece of the puzzle.

The behavioral piece is the teaching of ways of coping with anxious feelings and physical symptoms through exposure and desensitization" (discovery health). Some therapists use virtual reality or imagery exercise to desensitize patients to the feared entity. These are parts of systematic desensitization therapy. Hypnotherapy is another type of treatment for phobias. Hypnotherapy cooperating with neuro-linguistic programming can also be used to help remove the associations that trigger a phobic reaction. However, lack of research and scientific testing compromises its status as an effective treatment. A different type of treatment is the Eye Movement Desensitization and Reprocessing, EMDR.

Eye Movement Desensitization and Reprocessing has been demonstrated in peer-reviewed clinical trials to be effective in treating some phobias. Eye Movement Desensitization and Reprocessing has been demonstrated as effective in easing phobia symptoms following a specific trauma, such as a fear of dogs following a dog bite. Emotional Freedom Technique, a psychotherapeutic alternative medicine tool, also considered to be pseudoscience by the mainstream medicine, is somewhat useful for patients, also. Medications are used to control the panic experienced during a phobic situation, as well as the anxiety caused by anticipation of that situation and are often used to treat social phobia and agoraphobia. According to wikipedia, " antidepressant medications such as SSRIs and MAOIs may be helpful in some cases of phobia. Benzodiazepines may be useful in acute

treatment of severe symptoms but the risk benefit ratio is against their long-term use in phobic disorders. " Through treatment, you gain more control over an anxiety disorder.

By developing good coping skills, you have a better chance of preventing future anxiety attacks. But, treatment always varies from person to person because others may benefit from one type of treatment more than another person. Living with a phobia can be difficult. Even if the feared object or situation does not regularly appear in the patient's daily life, the patient may find that a lot of their time is spent worrying that it may appear or figuring out how to avoid it. Although you will find primary support from your therapist and closest friends or relatives, you may discover that additional support makes coping easier. Many people find it helpful to read first-person accounts of people's personal struggles with phobias. Others search for the latest treatment information.

Many find that simply speaking with someone who has been there makes things a bit easier to handle. Although many phobia sufferers experience similar concerns despite the type of phobia they have, each type of phobia also brings with it specific concerns (Heering). Telling someone that you have been diagnosed with a phobia could be very emotional for you because you do not want to be made fun of or be judged. It could also be hard because after you tell them what you have been diagnosed with you might be treated differently. You could be treated as a sick patient, which would probably make it worse for you making you think of the phobia more. Phobias do have psychological and emotional effects on you. You could

wonder if what you are thinking is normal or not, which can mess with your thoughts (Heering).

A phobia affects your life, but does it affect the people around you? This depends on what type of phobia you are diagnosed with. If you are diagnosed with a social phobia, you have most likely lost most or even all of your close relationships. If you are diagnosed with a specific phobia, then you are likely to still have relationships with the people close to you. Yes, there may be some limits, such as if a person is afraid of flying and their friend wants them to go on a vacation with them, the person with the phobia is not going to go. Sometimes the question of phobias being prevented comes up and the answer is no a phobia can not be prevented. “ Although many specific phobias cannot be prevented, early intervention and treatment following a traumatic experience, such as an animal attack, may prevent the person from developing severe anxiety” (webMD). There are many types of phobias including some strange and ironic types of phobias.

The most common types of phobias mostly fall under the specific phobias category. Some common phobias are “ arachnophobia, ophidiophobia, acrophobia, agoraphobia, cynophobia, astraphobia, trypanophobia, social phobias, pteromerhanophobia, mysophobia, belonephobia, claustrophobia, odontiatophobia, phasmophobia, phobophobia, trypanophobia, zoophobia” (about). There are many interesting facts of these phobias. Arachnophobia is the fear of spiders and is twice as more likely to occur with women having this phobia than men. Ophidiophobia is the fear of snakes and it is often attributed by a traumatic experience or by cultural factors. Acrophobia is the

fear of heights and usually leads to panic attacks and avoidance on anything in relation to height. Cynophobia is the fear of dogs and is usually caused by a not so good specific experience with a dog.

Astraphobia is the fear of thunder and lightening, which also has three other names: brontophobia, tonitrophobia, and ceraunophobia. Trypanophobia is the fear of injections and this fear goes untreated because people avoid the triggering object and situation. Pteromerhanophobia is the fear of flying and is often treated using exposure therapy, in which the patient is gradually and progressively introduced to flying. Mysophobia is the fear of germs or dirt and could possibly be related to obsessive compulsive disorder.

Belonephobia is the fear of pins and needles, claustrophobia is the fear of an enclosed space, odontiatophobia is the fear of dentists, phasmophobia is the fear of seeing a ghost or a phantom, phobophobia is the fear of having a phobia, and zoophobia is the fear of going to a zoo. The latest type of phobia now is afoodphobia. There are a few amounts of people that are scared of mayonnaise or ketchup (about).

Yes, there are many phobias out there that are strange and scientists are starting to wonder if it really is a phobia or just an excuse. You would never think that celebrities have phobias because we all think that they are just glitz and glam and perfect, but in reality some celebrities do have phobias. Did you know that Nicole Kidman has a fear of butterflies? Jennifer Aniston, Cher, Michael Jackson, and Whoopi Goldberg have a fear of flying. Orlando Bloom has a fear of pigs. Daniel Radcliffe, Johnny Depp, and Sean “ Diddy” Combs have a fear of clowns (about). It is so weird that the people other

people look up to and think they are scared of nothing are normal people and fear things regular people fear. There are three main categories of a phobia: social phobia, which is the fear of any type of a social situation, agoraphobia, which is the fear of being in crowds or public places, and specific phobia which is the fear of a specific object.

What it all comes down to be is that fear runs the life of a person with phobia. It affects the person emotionally and psychologically and depending on the severity and what type of phobia the person has, it could affect the people around you and your relationships with them. Not all phobias have a treatment unless if the person is willing to go through with the treatment. A phobia can be a serious anxiety disorder. Works Cited About. com. Web.

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