

Phobias

Phobias are distressing and common disorders in which someone has a powerful fear of a situation or object. Common phobias include fears of animals, birds, heights, crowds or social events. People with a phobia may acknowledge that their fear is out of proportion to the true danger or threat, but they cannot control or explain it.

If someone does not take steps to overcome a phobia, it can last for years and be very disabling. It can cause considerable disruption to their daily lives - and those of their families.

Symptoms

Most people have no symptoms until they are faced with their feared situation or object. When they are confronted by this, they have severe symptoms of anxiety. These can be so unpleasant that the person takes elaborate steps to avoid coming into contact with their feared object. Symptoms of the anxiety include:

- fast breathing (hyperventilation)
- being aware of a fast heart beat (palpitations)
- choking sensations
- flushes, sweating and feeling faint

In severe cases, these symptoms can occur even when the person is thinking about being close to the feared object or simply seeing a picture of it.

Causes

We do not know what causes phobias. Psychologists who have studied phobias have suggested that they develop from an unpleasant experience in childhood involving the feared object. The unpleasant situation is stored in the person's memory, bringing on the fear again when the memory is triggered. For some people, the onset of a phobia may be triggered by a stressful life event, such as bereavement.

Types of phobias

Specific phobias

These are fears of specific situations such as being close to animals or birds, fear of heights, lifts or other closed spaces (claustrophobia), needles, flying or the sight of blood. These phobias are more common in women, and they often begin in childhood, in some cases after an associated traumatic experience.

People who suffer from these phobias rarely have any other psychiatric or psychological problems.

Agoraphobia

Agoraphobia often starts in late adolescence and early adulthood. Strictly speaking, it means a fear of open spaces. In reality it is often used to refer to a fear of crowded places. People with agoraphobia often experience anxiety, panic and depression.

Agoraphobia can be particularly disabling, as many people who suffer from it become completely housebound.

Social phobia

Social phobia occurs when there is an excessive fear of intimate social situations, such as small groups of people at parties. This is different to the fear of contact with crowds of people, as with agoraphobia.

People with social phobia have no confidence with people they do not know, and fear that strangers are being overtly critical of them. They may also fear that they will behave in an embarrassing way, such as blushing or shaking in public.

In some cases, social phobia may lead to excessive drinking, as some people with social phobia feel they need a drink to steady their nerves before any social event. Some people with this disorder have a particular fear of eating in public, or of any encounters with the opposite sex. This may lead to people having very lonely lives, as they try to avoid any social situation outside their immediate family.

Self help for phobias

The personal motivation to expose oneself to the feared object and to tolerate the anxiety is the most important ingredient of treatment. Some people find that they can do this on their own, perhaps with the help of books and other support, including that from friends and family.

Professional treatment

If self-help techniques do not help, a person with a phobia should talk to their doctor, who may recommend a range of therapies.

Cognitive behavioural therapy

The best treatment for phobia is a psychological treatment called cognitive behavioural therapy. The cognitive element addresses the thoughts about the phobia, while the behavioural part focuses on exposing the person to their feared object or situation, and changing specific actions.

The cognitive aspect teaches people to understand the thinking patterns that contribute to their symptoms and to change their thoughts so that symptoms are less likely to occur.

For example, when the anxiety associated with phobia begins, and the person feels dizzy, they may automatically become alarmed and start thinking "I'm dying". He or she learns to replace this with a more realistic thought such as "It's just dizziness and I'm going to be OK". Other typical thoughts that may be experienced during exposure such as "I'm unsafe" are also challenged.

An example of the part of cognitive behavioural therapy that focuses on behaviour, rather than thoughts, is exposure therapy, outlined below.

Exposure therapy

Exposure therapy involves starting to confront the fear and stopping to avoid it. When exposed to the feared object or situation, the person is taught to tolerate their high levels of anxiety. After 30 minutes or so, anxiety levels naturally fall. The body cannot keep up this highly-aroused state when there is no logical reason to be frightened. People learn to conquer their fears by gradually learning that no catastrophe befalls them during exposure. The degree of exposure is increased gradually.

For example, for someone with a bird phobia, this would start with looking at photographs of birds. This would move on to handling feathers, to going to areas such as a duck pond and feeding the ducks or eventually even helping to clean out a friend's birdcage and handling the bird in the process.

It may be helpful for a friend or relative to get involved in the treatment. If a professional is involved, a friend could attend some of the sessions or help with 'homework' or practice exposure.

Other types of therapy

Counselling

Counselling is sometimes also called supportive psychotherapy. Some people find it useful to discuss how they have altered their lifestyle to cope with a phobia, and the adjustments they have made to avoid the feared situation. However, unless the person actually starts confronting the situation, counselling alone is unlikely to change things.

Discussing the impact of a phobia may be enough to help some people make the decision to change themselves, perhaps with the help of a friend or family member. Many people, however, still need the help of a professional trained to treat phobias.

Relaxation training

There are exercises to reduce symptoms of anxiety. Relaxation training includes breathing exercises and muscular relaxation. For some people, it can be a useful addition before a behavioural therapy programme by providing skills that help reduce anxiety when exposed to the feared object. However, relaxation training alone is not enough to treat a phobia.

Hypnosis

Hypnosis has been tried but with no scientifically proven effect.

Medication

Drugs are rarely used to treat phobias, though if the person has an associated condition, like depression, this may be treated with medication. Some doctors may prescribe medicines called benzodiazepines (such as Valium) to ease symptoms in the initial stages of a psychological programme.

Other drugs, called beta-blockers, are sometimes used to reduce anxiety and have also been used together with psychological treatment programmes. Drug treatment alone, however, is not enough.

Further help

Hong Kong Mood Disorders Center (The Chinese University of HK)

Hotline : (852) 2833 0838 - 8
<http://www.hmdc.med.cuhk.edu.hk/main.html>

Mental Health Association of Hong Kong

<http://www.mhahk.org.hk/>

St. John's Counselling Service

Address : 7D, On Hing Building., 1-9, On Hing Terrace, Central, HK
Tel : (852) 2525 7207/8
Fax : (852) 2524 2777
Email : counsell@stjohnscathedral.org.hk

The American Psychiatric Association

http://www.psych.org/public_info/phobias.cfm

National Phobics Society

<http://www.phobics-society.org.uk/>

MIND

[Understanding Phobias.pdf](#)
<http://www.mind.org.uk/mindpdfs/>

SANE

<http://www.sane.org.uk>

Healthwise (Health Information Resource Centre)

Tel : (852) 2849 2400
Fax : (852) 2849 2900
Email : info@healthwise.org.hk
Homepage : www.healthwise.org.hk

This leaflet is for information only. For a detailed opinion or personal advice, please consult your own doctor.

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