

SPECIFIC PHOBIA

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What is specific phobia?

Specific phobia, or simple phobia, is an intense, unreasonable, and persistent fear caused by the presence or anticipation of a specific object or situation. It provokes an immediate anxiety response that can sometimes take the form of a panic attack. This intense fear often leads to avoidance, and causes severe distress when the situation can't be avoided.

Phobias are classified into different subtypes.

- **Situational type:** concerns a specific situation, such as the fear of flying, bridges, elevators, driving, etc.
- **Blood-injection-injury type:** also includes any invasive medical procedure. This kind of phobia is often associated with a feeling of light-headedness that may be followed by fainting in certain cases.
- **Natural environment type:** fear of storms, heights, the dark, water, etc.
- **Animal type:** fear of insects, dogs, snakes, rodents, spiders, etc.
- **Other type:** phobias can be caused by a wide variety of objects or situations that don't fit the categories listed above. These include a fear of choking, loud noises, contracting an illness, vomiting, etc.

Some phobias may be innate, and may have contributed to our survival as a species by helping us to better adapt to our environment thousands of years ago, but they are no longer useful in the modern world. Examples include the fear of spiders, snakes, and heights.

Sometimes, the fear is associated with a factor than is connected to the object of the phobia, such as the fear of fainting in the case of a blood phobia, or the fear of experiencing dizziness in the case of a phobia about heights.

According to the various studies, phobias affect 7% to 11% of the population at some point in their life, and are generally more common among women, with percentages varying depending on the type of phobia. It is interesting to note that the objects of phobias vary from culture to culture.

Children often experience fears related to their stage of development (fear of strangers, monsters, being separated from parents, the dark, sleeping alone, physical danger, school, social rejection, etc.). These are generally temporary, and should not be considered to be phobias unless they cause significant problems in terms of normal functioning. For example, a child who is so afraid of physical danger that he won't go out of the house may have a phobia.

Warning signs

When the fear of an object interferes with someone's daily habits, ability to function at work, or social life, or if the fear causes the person great distress, this might be a sign of a phobic disorder, and treatment may be necessary in order to regain a sense of well-being. However, if the fear does not cause any serious problems (e.g.: a fear of flying for someone who doesn't travel), the person will not be diagnosed as having specific phobia.

It is not uncommon for several members of the same family to have the same phobia. This may be due to learning through observation. A phobia can also be conveyed by other people (e.g.: parents warning their children about certain dangers). In addition, when a family adapts to a child's avoidance behaviour and lets the child avoid the object of the fear, the family may be playing a role in perpetuating the phobia. Finally, phobias are often caused by traumatic events or direct unpleasant experiences.

Symptoms

The first symptoms of phobia often appear during childhood or adolescence, but phobias that are caused by traumatic events can appear at any age. The anxiety response almost always occurs immediately when the

person is confronted with the object of the phobia. This can sometimes cause symptoms of panic, such as rapid heart rate, dizziness, light-headedness, chills or hot flashes, the fear of dying, going crazy, or losing control, sweating, trembling, chest pain, a choking sensation, or a feeling of unreality or being detached from oneself. Simply anticipating contact with the object of the phobia can be enough to trigger these symptoms.

Treatment

Psychotherapy is the treatment of choice for specific phobias. There are several types of therapy that are potentially beneficial. The quality of the bond with the psychotherapist is an important factor. Certain techniques used in cognitive-behavioural therapy are recognized as being particularly effective. One of the common responses to a phobia is to run away from or avoid the situation. Paradoxically, this helps to reinforce and solidify the phobia. In light of this, one of the

techniques that is used in psychotherapy is exposure, which involves having the person face the phobia-causing object or situation in a controlled, gradual, and regular manner until the fear recedes, rather than avoiding it.

In certain cases, medications such as benzodiazepines can be helpful in reducing the intensity of the reaction in the presence of the object of the phobia. However, they should be used with caution and sparingly, because they can cause tolerance and addiction problems. In addition, although these medications can provide temporary relief from anxiety, therapy will help the person to suffer less from the phobia over the long term.

Self-help groups – such as those at Revivre – can help to break the isolation by bringing people who are going through similar situations together. They provide a place where people can share their feelings without fear of being judged. It can also be helpful to hear the stories of other people who have learned to live with the disorder.

Where to go for help

If you think you have specific phobia and you want to learn more about the available treatments, one of the first steps may be to talk to a doctor. For psychological help, you can consult a psychotherapist who is recognized by a professional association, such as a psychologist or a social worker.

In complex cases, the primary care doctor can refer children and their families to the various paediatric psychiatric services in Québec for more specialized care.

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