PHOBIAS

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WHAT'S THE DIFFERENCE BETWEEN FEAR AN PHOBIA?

- Fear is defining as a basic survival mechanism that allows us to be physically prepared to escape from a real danger.

- Phobia is defining as an abnormally fearful response to a danger that is imagined or is irrationally exaggerated.

SYMPTOMS OF PHOBIA

- Feelings of panic, dread, horror, or terror.
- Recognition that he fear goes beyond normal boundaries and the actual threat of danger.
- Reactions that are automatic and uncontrollable, practically taking over the person's thoughts.
- Rapid heartbeat, shortness of breath, trembling, and an overwhelming desire to flee the situation – all the physical reactions associated with extreme fear.
- Extreme measures taken to avoid the feared object or situation.

3 SEPARATE SYSTEMS OF EXPERIENCING FEAR AND PHOBIA:

1. Physical system which includes a wide range of physical sensations such as dizziness, sweating, palpitations, chest discomfort, breathlessness, feelings of unreality, numbness and tingling and so on.
2. Behavioral system which includes the activities designed to reduce fears and phobias, such as escape, avoidance, and relying on various protective behavior.
3. Mental system which includes the fearful thoughts and predictions that contribute to fears and phobias, such as "something bad is going to happen".

DEFINITION OF SPECIFIC PHOBIA

Specific phobia refers to an excessive or extreme fear of a particular object (e.g., an animal) or situation (e.g., being in closed-in spaces), along with awareness that the fear is irrational, unnecessary, or excessive (although children do not always have this awareness).

SPECIFIC PHOBIA

Official criteria for specific phobia (DSM-5; American Psychiatric Association, 2013):

1. The individual experiences excessive and persistent fear of a specific object or situation.
2. The individual experiences feelings of anxiety, fear, or panic immediately upon encountering the feared object or situation.
3. The fear is out of proportion to the actual risk posed by the object or situation.
4. The individual tends to avoid the feared object or situation, or if he or she doesn't avoid it, endures encounters with the feared object or situation with intense anxiety or discomfort.
5. The individual's fear, anxiety, or avoidance causes significant distress (i.e., it bothers the person that he or she has the fear) or significant interference in the person's day-to-day life. For example, the fear may make it difficult for the person to perform important tasks at work, meet new friends, attend classes, or interact with others.
6. The fear, anxiety, or avoidance is persistent (usually lasting at least 6 months).
7. The person's fear, panic, and avoidance are not better explained by another disorder. For example, an individual with an extreme and impairing fear of public speaking only, and who is concerned that others will judge him or her negatively, might be considered to have social anxiety disorder, rather than a specific phobia.

TYPES OF SPECIFIC PHOBIAS:

- Animal phobia (dogs, cats, mice, birds, snakes, insects, bugs, spiders, and others).
- Natural-environment phobia (heights, darkness, water, storms and so on).
- Situational phobias (driving a car; traveling by train, bus or plane; closed-in or claustrophobic situations, such as elevators, small windowless rooms, tunnels, crowded places and so on).
- Blood-injection-injury phobias (seeing blood, watching surgery, getting injections, or related situations).
- Other types (all other types of phobias of circumscribes objects or situations e.g., phobias of vomiting, choking, certain music, novel foods, clowns, balloons, snow, and so on).

CAUSES OF SPECIFIC PHOBIAS:

1. Direct learning experience
2. Observational learning experience
3. Informational learning experience
4. Stress
5. Biological and genetic factors

WHY DO SPECIFIC PHOBIAS PERSIST?

1. Avoidance behavior.

It is a natural coping technique. Avoidance can range from being very obvious to very subtle. For example, you could avoid elevators by using stairs – this is an example of obvious avoidance. Alternatively, you might use elevators but endure the situation by imaging yourself somewhere else – this is an example of subtle avoidance.

2. Beliefs.

Phobic beliefs are characterized by a sense of danger, threat, or the view that "something bad will happen". The threat is attached to the particular object or situation, to one's own reactions to the object or situation, or both.

TREATMENT OF SPECIFIC PHOBIA:

1. Cognitive therapy.

CT involves challenging one's beliefs, expectations, or predictors about the likelihood or consequences of harm related to encountering the feared object or situation in order to reduce anxiety and avoidance behavior.

2. Exposure to Feared Situations (In vivo exposure).

It involves confronting a feared situation repeatedly, until the situation no longer triggers fear.

3. Interoceptive exposure.

Interoceptive exposure is a form of behavioral therapy in which internal physical sensations (such as feelings of choking, dizziness) are reproduced and the patient is exposed to them in a controlled setting.

TREATMENT OF SPECIFIC PHOBIA:

4. Virtual reality therapy.

Virtual reality exposure has gained a great deal of attention in the treatment of height and flying phobia. In virtual reality exposure, a computer program generates a virtual environment that simulates the phobic situation by integrating real-time computer graphics, visual displays, body tracking devices and other sensory input devises.

5. Applied muscle tension.

Most cases of blood injury phobia have a unique characteristic of a biphasic physiological response to blood, wound and injury stimuli. There is an initial sympathetic response with increased blood pressure and heart rate followed shortly by a parasympathetic response with a drop in blood pressure and heart rate. Taking advantage of this phenomenon, researchers devised an applied muscle tension method for the treatment of blood-injury phobia.

6. Hypnotherapy

Hypnotherapy is the application of hypnotic techniques to induce a “trance” or an altered state of consciousness or attention which increases the person's susceptibility to suggestions to experience various changes in sensation, perception, cognition or control over motor behavior.

DEFINITION OF SOCIAL PHOBIA

Social phobia (also known as social anxiety disorder) is a psychological disorder characterized by an excessive and persistent fear of social or performance situations, in which an individual fears being negatively evaluated by others.

SOCIAL PHOBIA (SOCIAL ANXIETY DISORDER)

Symptoms of social phobia (DSM -4; American Psychiatric Association):

1. A notable and persistent fear of one or more social or performance situations with exposure to unfamiliar people or possible scrutiny by others.
2. The person fears that he or she will act in a way (or show symptoms of anxiety) that will be humiliating or embarrassing.
3. Exposure to the feared social situation almost invariably provokes anxiety, which can take the form of a panic attack.
4. The person recognizes that the fear is excessive or unreasonable.
5. The feared social or performance situations are avoided or endured with intense anxiety or distress.
6. The condition interferes substantially with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or they have notable distress about having the phobia.
7. The fear or avoidance is not due to the direct physiological effects of a substance or a general medical condition and is not better accounted for by another mental disorder.
8. If a general medical condition or another mental disorder is present, the social or performance fear is unrelated to it (e.g., the fear is not of trembling in Parkinson's disease).
9. Specify the disorder as generalized if fears include most social situations.

WHAT CAUSES SOCIAL PHOBIA?

Social phobia sometimes runs in families, but no one knows for sure why some people have it, while others do not. Researchers have found that several parts of the brain are involved in fear and anxiety. By learning more about fear and anxiety in the brain, scientists may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors may play role.

COGNITIVE BEHAVIORAL MODEL OF SOCIAL PHOBIA

Cognitive–behavioral models of social phobia propose biased cognitive processes (i.e., ways of thinking) that contribute to the maintenance of the disorder. These models propose that the anticipation of a social situation (or the situation itself) activates certain assumptions in individuals with social phobia.

COGNITIVE BEHAVIORAL MODEL OF SOCIAL PHOBIA

1. They believe they will act in a socially unacceptable way, leading to catastrophic social consequences.

2. They review what they expect to happen, which involves recalling past negative events and how they see themselves in those situations (i.e., negative self-image), and thus anticipate poor performance.

3. They attempt to manage these dangers by turning attention inwards towards the self (onto the negative self-image) and also towards any perceived threatening information in the environment.

4. During the social situation, people with social phobia develop a standard by which they believe the audience is evaluating them and compare their perception of their own performance against this standard. When they do not believe that they measure up, the perceived likelihood of negative evaluation increases, and anxiety increases as well.

5. Physiological arousal may result in observable symptoms such as blushing, muscle tension and trembling. Those with social phobia tend to overestimate the visibility of their anxiety and assume that others will react negatively to these symptoms. The focus on physiological symptoms and the assumed negative consequences may in fact reduce one's social performance.

6. After the event, they make negative interpretations, which reinforce their negative self-image and expectations of poor performance in the future.

TREATMENT OF SOCIAL PHOBIA:

1. Interpersonal psychotherapy (IPT)

Interpersonal psychotherapy represents an alternative approach in the treatment of social phobia. The main treatment goal of this approach is to modify interpersonal behavior patterns in the central problem areas of the role transitions, role disputes, and role insecurity/role deficits. Therapist interventions include clarification, exploration, encouragement of emotional expression, communication analysis, encouragement of social activity, and the use of the therapeutic relationship.

2. Medications.

The most commonly prescribed medications for social phobia are anti-anxiety medications and antidepressants.

TREATMENT OF SOCIAL PHOBIA:

- BEHAVIORAL TREATMENTS:

1. Exposure therapy.

In exposure therapy the therapist and patient generate a graded hierarchy of anxiety-provoking situations, and the patient is then encouraged to enter and remain in the feared situation until the level of anxiety decreases.

2. Social skills training.

Social skills training is based on the assumption that people with social phobia either have a deficit in their social skills or are unable to use these skills because of their anxiety. The treatment uses behavioral techniques such as modelling, role-play and corrective feedback to improve person's social performance.

3. Applied relaxation.

Applied relaxation consists of teaching the patient to use progressive muscle relaxation, and ultimately to relax in response to a cue word. This is practiced first in situations that are not anxiety-provoking and it is then used during anxiety-provoking social situations.

TREATMENT OF SOCIAL PHOBIA:

- COGNITIVE TREATMENTS:

1. Cognitive restructuring.

Cognitive restructuring is defining as a process in which person challenges the negative thinking patterns that contribute to your anxiety, replacing them with more positive, realistic thoughts.

2. Combined cognitive – behavioral treatments (CBT).

This therapy consists from two main components: cognitive therapy which examines how negative thoughts, or cognitions, contribute to anxiety and behavior therapy which examines how you behave and react in situations that trigger anxiety.

(COGNITIVE) TREATMENT OF SOCIAL PHOBIA:

- Cognitive - behavioral group therapy (by Heimberg). Components of therapy:

a) Education – patients are given a description of the cognitive-behavioral model of social phobia and a rationale for the treatment.

b) Cognitive restructuring – patients are taught to identify negative thoughts and are then taught how to challenge those thoughts by looking for thinking errors.

c) Exposure – repeated exposure to anxiety-provoking situations using in-session role-pays (exposure is seen as an opportunity to practice identifying and challenging automatic thoughts).

d) Homework – patients are encouraged to use exposure and cognitive restructuring between sessions.

(COGNITIVE) TREATMENT OF SOCIAL PHOBIA:

- Clark and Wells's (1995) cognitive therapy. Components of therapy:

a) Education - the therapist describes the model of social phobia to the patient.

b) Modifying self-focused attention - behavioral experiments are used to reduce self-consciousness and to illustrate the effect of switching from self-focused to externally focused attention.

c) Safety behaviors - during social interactions the patient practices increasing and decreasing safety behaviors to challenge beliefs about the consequences of not performing these behaviors.

d) Verbal reattribution -the patient is taught to identify and challenge idiosyncratic negative thoughts related to social interactions.

e) Video feedback -the patient watches a video of themselves during a social encounter and their distorted self-image is contrasted with the true observable self.

f) Modifying pre- and post event processing - patients practice disengaging from worry before and after social interactions.

g) Modifying conditional assumptions and beliefs - assumption and beliefs about social performance (e.g. 'I must always speak fluently or people won't take me seriously') are challenged using standard verbal restructuring techniques. Behavioral experiments in which the patient purposefully fails during social performances (e.g. purposefully hesitating when speaking) are used to illustrate the inaccuracy of these beliefs.

DEFINITION OF AGORAPHOBIA

Agoraphobia is an abnormal fear or anxiety about feeling helpless in an embarrassing situation in which help may not be available, in the event of having an unexpected or situationally predisposed panic attack or panic-like attack.

AGORAPHOBIA

Symptoms of agoraphobia:

1. Anxiety in response to being away from an environment that is seen as ‘safe’.
2. Symptoms of significant anxiety and sometimes a panic attack such as breathlessness, sweating, dizziness, fast heart rate, sensation of choking, nausea, and feelings of extreme fear or dread.
3. Anticipation of anxiety if the person is required to leave their safe environment.
4. Low self-esteem and loss of self-confidence.
5. Reluctance to leave the house or venture beyond familiar surrounds.
6. Depression, which can sometimes accompany the condition.

TREATMENT OF AGORAPHOBIA:

1. Cognitive therapy.

The therapist helps you to understand your current thought patterns. In particular, to identify any harmful, unhelpful, and false ideas or attitudes which you have that can make you anxious. The aim is then to change your ways of thinking to avoid these ideas. It can help your thought patterns to be more realistic and helpful.

2. Behavioral therapy.

Behavioral therapy aims to change any behaviors which are harmful or not helpful.

2. Cognitive behavioral therapy.

CBT is usually done in weekly sessions of about 50 minutes each, for several weeks. You have to take an active part, and are given homework between sessions. For example, you may be asked to keep a diary of your thoughts which occur when you become anxious.

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