Introduction to Specific Phobias and Their Treatment
Chapter 2  
Specific Phobias: Phenomenology

(Corresponds to chapter 1 of the workbook)

Outline

- Provide information about specific phobias
- Help the client understand the different types of phobias
- Describe the type of client who may benefit from this treatment
- List the costs and benefits of treatment

Educating patients about the different types of phobias and their prevalence, comorbidity, and so on, begins the process of objective self-awareness. To observe and understand one’s fear reactions from an objective standpoint facilitates a problem-solving approach to overcoming fear.

Information About Specific Phobias

Descriptive information about specific phobias is intended to reassure clients that phobic reactions are not very different from normal fear, except that they occur to a degree that is out of proportion with the actual dangers of the situation and that the fear leads to clinically significant impairment or distress.

Important points to emphasize to the client include:

- Phobias are very common. It is estimated that 12.5% of the general population suffers from at least one specific phobia at some time in their lifetimes (Kessler et al., 2005).
- People frequently have more than one phobia at a time.
A phobia differs from a nonclinical fear in several ways. First, a phobia represents excessive fear, or a level of fear that is above and beyond the actual dangerousness of a situation. Second, a phobia is fear that interferes with a person’s life or preferred activities, or that is so distressing as to lessen the enjoyment of usual activities. The interference could affect daily activities or major life decisions (such as employment or residence).

Specific phobias differ from other anxiety disorders, even though other anxiety disorders can involve phobic-like reactions. A specific phobia is different from a general fear of contamination, self-doubt, or a fear of harming others (i.e., obsessive-compulsive disorder); a fear of being away from help or safety or of having a panic attack (i.e., agoraphobia); a fear of being evaluated negatively by others (i.e., social phobia); or a fear of being reminded of a severely traumatic past event (i.e., posttraumatic stress disorder).

A person who is phobic may either avoid the feared object or situation or endure the object or situation with considerable anticipatory anxiety and distress during confrontation.

The *DSM–IV* diagnostic criteria for specific phobia state that the fear is related to a very specific object or situation (i.e., it is circumscribed); the fear is persistent and excessive; exposure to the object or situation produces an almost immediate anxiety response that may or may not develop into a panic attack; the adult sufferer recognizes that the fear is irrational; and the feared object or situation is avoided or endured with intense anxiety that interferes with the person’s functioning. Furthermore, the phobic reaction is diagnosed as a specific phobia only when it is not better accounted for by another mental disorder. (See point about other anxiety disorders and section on *Atypical and Problematic Responses*, below.)

**Different Types of Phobias**

There are several distinguishable types of specific phobias. These include animal phobias (e.g., fears of dogs, cats, mice, birds, snakes, bugs, spiders, and other animals); natural-environment phobias (e.g., fear of heights,
dark, water, and storms); situational phobias (e.g., fear of traveling by car, train, bus, plane, or boats, or of closed-in or claustrophobic situations), blood, injection, and injury phobias, and a miscellaneous category for other phobias. These different types of phobias are distinguished in the *DSM–IV* (American Psychiatric Association, 2000) because of their different patterns of age of onset, comorbidity with other disorders, symptomatology, and possible treatment response.

**Who Will Benefit From This Treatment?**

The MYFP program is most appropriate for individuals who fear circumscribed objects or situations to a degree that is excessive or unrealistic, interferes with life or causes a lot of distress, and is not part of another anxiety disorder. As with all treatment approaches, the MYFP program, although empirically supported, may not be appropriate for all clients. The workbook informs the client of alternative treatments.

**Costs and Benefits of This Program**

The description of costs and benefits is intended to convey to clients that although the program may be very helpful for them, it will take some work. In other words, they are encouraged to have realistic expectations of how much work is involved and to be prepared and motivated for the effort needed. Clients are informed that learning to overcome excessive fear entails learning new skills and learning to change patterns of behavior, as opposed to only developing insights.

It is valuable to explain to clients that the costs of participation in the MYFP program include the time and effort involved and possible initial increases in anxiety as phobic objects are confronted. The benefits of involvement include overcoming a specific phobia, increased quality of life, and improved self-esteem. With such information, clients can make an informed choice about initiating treatment and increasing their investment in treatment.
Case Vignettes

Case Vignette 1

C: I must be crazy to be so afraid of lizards. I know they can’t hurt me, but they terrify me.

T: By definition, phobias are fears that persist despite the recognition that they are irrational or illogical. This is quite different from being “crazy.” It is probably the case that your choice to stay away from lizards convinces you on an emotional level to be afraid, even though your logical mind tells you that you don’t need to be afraid.

Case Vignette 2

C: I am so afraid of heights that I can’t look at television shows of people climbing rock faces, or shots of deep canyons, or anything like that. Is that usual?

T: Yes. When fear is intense, it can generalize to things that remind you of what you fear or represent it in some way. Imagining being up high, seeing someone else up high, or viewing panoramic views from a height represent the situation that you fear and, therefore, may produce some discomfort.

Case Vignette 3

C: I have been so afraid of flying for so long that it is hard for me to imagine ever being able to fly again.

T: Fortunately, the treatments for circumscribed fears and phobias are generally very effective, as long as you stick with the exercises that are assigned and work hard at learning ways of overcoming your fear. The length of time that you have had a phobia is less important for treatment success than how much effort you put into overcoming your phobia.
Case Vignette 4

C: I feel so embarrassed. Here I am a successful entrepreneur who flies around the world on business trips, and yet I am afraid to drive on the freeway.

T: The nature of specific phobias is fear of very circumscribed objects or situations, so it is very common to have a strong fear of just one or two situations, with very little discomfort in most other areas of daily functioning.

Case Vignette 5

C: Is there any kind of drug you can give me to help me over this problem— I just can’t stand the feeling of being trapped inside an elevator.

T: Some people prefer to use medications to help them overcome their fears. This program helps you control your fears by learning new ways of thinking, feeling, and acting. Medications usually take less effort, but evidence suggests that cognitive behavioral treatments (like this one) are very effective for treating specific phobias and have longer-lasting effects than medications.

Case Vignette 6

C: Why isn’t anyone else afraid?

T: Almost everyone has at least a mild fear of one thing or another. Although others may appear not to be afraid, they would most likely confess to something they fear if you questioned them enough. Remember, fears are very common.

Troubleshooting

The most problematic issue initially is deciding whether using Mastering Your Fears and Phobias is appropriate, because differential diagnostic issues sometimes pose problems. The overlap between a series of speci-
fic phobias and agoraphobia, for example, can be difficult to disentangle. Careful interviewing, perhaps with the aid of the ADIS–IV diagnostic interview (Brown, Di Nardo, & Barlow, 1994), and assurance that the specific fears are not part of another anxiety disorder (such as obsessive-compulsive disorder, agoraphobia, posttraumatic stress disorder, or social phobia) are needed.

Another common problem is clients’ faltering confidence in their ability to overcome a phobia. Clients who have had a specific phobia for many years or whose phobia is very intense often assume that their phobia is part of “their personality” and is therefore unchangeable or would take forever to overcome. At this point, it is worthwhile to provide the general reassurance that these types of treatments are very effective, even for intense fears that have persisted for many years. Furthermore, it is helpful to remind clients that effort is more predictive of treatment efficacy than severity or length of duration and that the client can decide the pace of treatment. Finally, clients may be reminded that it is better to judge a treatment’s effectiveness after engaging in the treatment for a while rather than without any evidence from which to judge success.