Introduction to Specific Phobias and Their Treatment
Is This Program Right for You?  
The Nature of Specific Phobias

Goals

- To understand the nature of specific phobias
- To understand the different types of phobias
- To determine whether this program is right for you
- To learn how to use this workbook effectively

The Nature of Specific Phobias

Judy was a career woman in the advertising business who had recently received a promotion. Her new job duties required more traveling than she had ever done before. However, this caused Judy a big problem. Whether it was a half-hour or a five-hour flight, Judy became extremely fearful about the thought of flying, so much so that she had successfully avoided flying for the preceding five years. The last time she flew, she was a “total wreck” for at least a week before the flight. In fact, she was a wreck for the entire time she was away, in anticipation of the return flight. She vowed never to fly again. But how could she give up her job promotion? Judy was terrified that the plane would crash and she would die. She would panic at any unusual sound or movement of the plane. Judy realized that her fear was extreme, but she wasn’t able to convince herself to relax. In contrast to her difficulty with travel, Judy was very comfortable with all other means of transportation, including driving on freeways and riding on trains. Judy's life was being impaired by a specific phobia of flying.

Matt had a different type of problem, but it was still a specific phobia. From a relatively early age, Matt became queasy at the sight of blood or injections. He remembers passing out several times, such as when he saw his brother gash his leg and when he was given vaccinations in elementary school. Even bloody scenes on television upset him: he couldn't watch them without feeling weak and lightheaded. At the age of 35, Matt has not been to a den-
tist for about 12 years because he fears injections. He is afraid he'll faint or won't be able to tolerate the injection. But the pain in his back two teeth is getting worse. Matt is not sure what to do.

Amy is a 55-year-old homemaker and mother of three. She and her husband, Paul, recently moved from New York City to a drier climate and safer environment in Arizona. Amy had not expected the kinds of problems she is currently facing. Within the first few days of moving into their new home, Amy found a lizard on their bedroom windowsill and several lizards in their backyard. She became extremely frightened and felt paralyzed until Paul removed the lizards from her sight. Ever since then, Amy has been living in terror of finding more lizards. She scans each room before entering and dons boots before leaving the house. Amy is suffering from a specific phobia of lizards.

What Are Specific Phobias and Fears?

In a nutshell, a 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). Someone whose fear is appropriate given the real dangers of a particular object or situation would not be considered phobic. For example, a fear of being mugged while walking alone in dark alleys in a big city would not be considered a phobia. Similarly, fearing certain deadly insects might not be unrealistic in particular tropical areas, and fears of crossing a deep ravine by means of an old, unsteady bridge would not be viewed as phobic. On the other hand, a fear of falling from a closed office window on the 20th floor of a high-rise building and a fear of harmless reptiles in a zoo are unrealistic—one of the key features of a phobia.

For an exaggerated fear of a particular object or situation to be considered a phobia, the fear must interfere in some way with a person's life or be very distressing. If the fear doesn't bother the person and doesn't interfere with day-to-day activities, then it remains a fear and not a phobia. For example, fears of spiders or snakes may not be considered a phobia for someone who lives in a place where there are no spiders or snakes, simply because the person does not have to encounter the feared object. Also, the person who fears closed-in places, such as elevators, planes, or the backseat of two-door cars,
may not be phobic if the fear is relatively mild, is not especially upsetting to the person, and does not impair daily living.

However, the person who is fearful of elevators to the extent that he or she refuses to use elevators, even if it means climbing 15 flights of stairs or moving to a new work location, would likely be suffering from a phobia. Similarly, the person who is so fearful of spiders that he or she refuses to enter the attic or basement or to reach into the back corner of the bedroom closet may be phobic. The person who avoids freeways and drives on side streets for fear of being hit by other high-speed cars is more likely to be considered phobic than the person who feels somewhat uncomfortable in freeway-driving conditions but continues to drive the freeways because it’s more convenient.

Being phobic does not necessarily mean that the feared object or situation is completely avoided all the time. For example, a person who is phobic of elevators may continue to use elevators but with a great deal of discomfort or with the aid of certain medications. Similarly, a person who flies several times per year for work may still be considered phobic if each trip is preceded by weeks of worry and sleepless nights about the impending flight. An extreme fear that causes distress and impairment would still be considered phobic, even if the avoidance were minimal. To the degree that your fearfulness of a particular object or situation interferes with doing the things you want to do in your home life, work life, social life, or leisure time, and to the degree that your fearfulness bothers you, the kind of treatment offered in this manual will be helpful.

What Happens When We Are Afraid?

Fear is a very natural emotion. It is a basic survival mechanism that allows us to be physically prepared to escape from real danger (e.g., if a car were racing toward you), or to meet it head on with an aggressive response (e.g., if a person were threatening someone you cared about). That is why fear is often called the fight-or-flight response. The body is activated by a rush of adrenalin whenever we perceive danger (and become frightened), so we can respond quickly by escaping from the situation or finding another way to reduce the potential threat. Many of the sensations we experience when frightened are designed to protect us from potential danger. For example, our hearts race to get blood to the big muscles so we can escape easily. We
breathe more heavily to get more oxygen, and we sweat to cool off the body so we can perform more efficiently. The key point here is that fears and phobias are natural emotions that occur whenever a person perceives danger (even when the true danger is minimal, as is the case in phobias).

Fears and phobias are experienced through three separate systems: the *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 numerous other feelings), the *behavioral system* (which includes the activities designed to reduce fears and phobias, such as escape, avoidance, and relying on various protective behaviors), and the *mental system* (which includes the fearful thoughts and predictions that contribute to fears and phobias, such as “something bad is going to happen”). The strategies discussed in this book are designed to target these core components of fears and phobias.

### Different Types of Phobias

As you may have noticed from the above examples, there are several different types of specific phobias.

One interesting aspect of blood, injury, and injection phobias is that, unlike other specific phobias, the phobic reactions are commonly associated with fainting or near-fainting experiences. Furthermore, more than any other specific phobia, fears of blood, injection, and injury tend to run in families.

<table>
<thead>
<tr>
<th>Specific Phobia</th>
<th>Feared Objects/Situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal phobia</td>
<td>Dogs, cats, mice, birds, snakes, insects, bugs, spiders, and others</td>
</tr>
<tr>
<td>Natural-environment phobia</td>
<td>Heights, darkness, water, storms, and so on</td>
</tr>
<tr>
<td>Situational phobias</td>
<td>Driving a car; traveling by train, bus, or plane; closed-in or claustrophobic situations, such as elevators, small windowless rooms, tunnels, crowded places, etc.</td>
</tr>
<tr>
<td>Blood-injection-injury phobias</td>
<td>Seeing blood, watching surgery, getting injections, or related situations</td>
</tr>
<tr>
<td>Other phobias</td>
<td>All other types of phobias of circumscribed objects or situations (e.g., phobias of vomiting, choking, certain music, novel foods, clowns, balloons, snow, chocolate, clouds)</td>
</tr>
</tbody>
</table>
Note that having one specific phobia does not exclude you from having another specific phobia. In fact, it is not uncommon for people to experience several different phobias at one time. Also, there is some evidence to suggest that having one phobia increases the chances of having another phobia, particularly from within the same general type as the first phobia (such as phobias of spiders and snakes, which are both from the “animal” type).

How Common Are Fears and Specific Phobias?

Specific phobias are the most commonly occurring anxiety disorder. According to a large U.S. survey, approximately 12.5% of the general population reports at least one specific phobia during their lives (Kessler et al., 2005). For many specific phobia types, the proportions differ according to sex, with women reporting more specific phobias than men (Bourdon et al., 1988). It is unclear whether this difference reflects a reporting bias (since it is generally less acceptable in our culture for men to express fear than for women to do so) or a true difference between men and women in the prevalence of phobias. The disparity is smaller for phobias of heights, blood, and needles than for other specific phobia types, particularly animal phobias (Bourdon et al., 1988).

Is This Program Right for You?

The following list of questions will help you decide whether this program is right for you at this time.

1. Are you very fearful of animals, insects, the dark, water, heights, air travel, trains, cars, closed-in places, blood, needles, or another specific object or situation?
2. Do you recognize your fear is excessive, unrealistic, or out of proportion to the true danger?
3. Is your fear interfering with your life or producing a lot of worry and distress overall?
4. Is your fear tied to a phobia of a specific object or situation? Is it a part of another broader problem, such as obsessive-compulsive disorder, panic disorder with agoraphobia, or social anxiety? (If you are
not sure, this question can be answered with the help of your doctor or therapist)

5. Is your specific phobia more disturbing than any other problems or issues you may be experiencing in your life, and therefore deserving of priority attention?

If your answer to all these questions is “yes,” then this program is probably right for you.

**Alternative Treatments**

There are many different treatments that are used to treat specific phobias, including other forms of psychotherapy, hypnosis, and medications, for example. It is important to note that unlike the strategies described in this program, most other approaches have not been systematically studied for the treatment of specific phobias, though it is possible that they may be effective in some cases.

We recommend that if you undertake this program (either on your own, or with the help of a therapist), you should not undergo psychological treatment for your phobias with a different therapist at the same time. As with all treatments focused on the same problem, messages can become mixed and confusing if you are working with two therapists, in two different programs. For that reason, we find it much more effective to do only one treatment program at a time. However, if you are currently involved in another psychotherapy program that is very general in its orientation or is focused on a clearly distinct problem area (such as marital problems), there is no reason that the two cannot be done at the same time. Generally, we recommend that you discuss these issues with your doctor or therapist to decide whether it is best to continue with your alternate treatment, switch to the treatment described in this program, or attempt to engage in both treatments at the same time.

In the case of specific phobias, most experts agree that medications are not a preferred treatment. This is in contrast to other anxiety-based problems, where medications are often useful on their own or in combination with psychological treatment. Note that some individuals may find medication useful to get through a difficult situation (e.g., taking an anti-anxiety medication to cope with a flight); however, there is little research on the use of
medications for specific phobias. Rather, there is general agreement that the psychological treatments described in this book are the most effective approach.

**Costs Versus Benefits of Treatment**

Before going ahead with this program, you must ascertain your level of commitment or motivation to overcoming your phobias at this point. Part of that appraisal depends on knowing what the program entails. You should be prepared an average of five to six weeks of fairly intensive work. The strongest predictor of response to this type of treatment is the amount of practice one is willing to do. The treatment is essentially a learning program that requires quite a lot of work and dedication. The more you put into it, the more you will get out of it. We will be teaching you new ways of thinking and acting, but you must implement these changes. The skills are only as useful as the dedication of the person using them. It is not the severity of your phobia, your age, or how many years you have suffered that determines the success of this program. Rather, your motivation and persistence determine your success. The major costs and benefits are listed below.

**Costs**

- Time and effort needed to complete the program
- Initial discomfort when confronting specific objects and situations
- Initial increase in stress and fear when confronting phobic objects and situations

**Benefits**

- Control of your phobia
- Increased quality of life from freedom to comfortably do things you previously avoided
- Higher overall self-esteem from knowing you have conquered a disabling or excessive fear
So, consider whether you have the motivation right now to give it your best shot. If you don’t have the motivation right now, or if other things are more important to you, it is better to wait. It is best not to begin a program like this half-heartedly.

How to Use This Workbook

This manual is divided into three parts. The first part describes how specific phobias develop. The second part describes how to treat specific phobias. The third part provides detailed guidelines for overcoming particular types of specific phobias. The first two parts are necessary preliminaries to any chapter in the third part, particularly because many of the terms used are explained in the first two parts. So read all of the first two parts before proceeding to the chapter in the third part that best fits the kind of phobia you are experiencing. If you have more than one specific phobia, as people often do, it is probably most effective to begin with the one that is causing the most interference in your daily life or is causing you the most distress and worry overall. For example, let’s say you are fearful of dentists and fearful of flying. However, the fear of dentists is currently very problematic because you have a broken front tooth that needs repair, whereas you don’t foresee any travel plans for some time. In this case, begin with the fear of dentists. You can deal with the phobia of flying later.

How much time you devote to each part of the manual is mostly up to you. The first part (chapters 1, 2, and 3) consists mostly of explanations, with a few assignments involving assessing and monitoring various aspects of your phobia. It is best to complete the chapters and exercises in this section before moving on to the next section.

The second part (chapters 4, 5, 6, and 7) contains general descriptions of the treatment strategies you will eventually use to overcome your fear, including strategies for challenging fearful thoughts, and strategies for confronting your feared object or situation. The first time you read this part, skim the chapters quickly, just to get a sense of what treatment will involve, but don’t do the exercises. You will return to these chapters later.

After you skim the second part, you can turn your attention to the chapter in the third part that is most relevant to your phobia. For example, if you fear cats, you will use chapter 10, which concerns animal phobias. As you work
through the chapter in this section that corresponds to your fear, you should return to the chapters in the second part and complete the exercises. The relevant chapter in the third part will give you examples of how to complete the exercises described in the second, so you should read your chapter in the third part before starting the exercises.

On average, the exercises in the second and third parts usually take 5 to 6 weeks to complete for each specific phobia. However, note that it is possible to overcome certain specific phobias (especially phobias of animals, insects, blood, and needles) in even less time. Even a single, prolonged session of exposure-based treatment with a therapist may lead to considerable improvement. Finally, we recommend that this program be done with the supervision of the mental health professional who recommended this manual.