



talking about
phobias



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This booklet reflects many discussions, suggestions and comments made by health professionals, professional bodies, lay and voluntary organisations, people with phobias and their friends and family.

NHS Health Scotland would like to thank all of those who contributed in any way to the development of this booklet, for so willingly giving their time, and sharing their expertise and experience.

All the quotes in this booklet are from real people.

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introduction

Many people notice they have a specific fear (a phobia) of something such as heights, spiders, people or specific places at some point in their lives. Phobias affect both men and women of all age groups and backgrounds. Happily, most of us will never require treatment for it and the symptoms will only last for a short time – for example in our childhood.

Our upbringing and how we see others react can affect what things we learn to be fearful of. Men and women often have different phobias. For example, around 40% of females describe a fear of rats or mice, but men are more likely to have fears about heights and falling. For children, fears are part of the normal process of growing up. Even very young babies starting to crawl learn to be anxious when they approach an edge. A key point is whether the fear is appropriate. For example, we must be careful when crossing a busy road or walking along a steep cliff-top path. However, if we develop too strong a reaction (e.g. we are not just careful but feel panicky), or that reaction occurs in places where there is nothing to fear (for example on a bus or in a shop), then it has developed into a problem. For some, the experience is so real and distressing that it can dominate their lives.

This booklet is written for people who suffer from a phobia, and for their family and friends. It aims to provide some key information about the different types of phobia and how they affect people, and about the various sources of help available. It also contains references to other reading material and to organisations and websites that can provide further information for those who want to know more.

what is a phobia?

In the everyday course of our lives, there are circumstances that cause us to be frightened, but once the threat has faded or been removed we can usually put our fear behind us and resume our usual way of life. An example is being chased by a dog down the street, or being hooted at by a car which has to slam on its brakes to avoid us. We may feel shaken, short of breath, tense and sweaty afterwards, but things quickly settle down when we realise we have escaped.

But with a phobia:

- we experience a persistent fear that is excessive or unreasonable
- the anxiety affects every part of how we feel – we have terrifying fears that something terrible is happening right now
- it affects how we feel physically (shaky, tense, sick, weak, dizzy, with a rapid heartbeat or breathing) – these physical sensations can reinforce our fears that we are unable to cope.
- the fear is often driven by our fears.

'Each time I drove onto that high bridge my heart felt like it would burst. I couldn't breathe, I couldn't see in front of me. Now I avoid that bridge and cross the river any other way I can.'

Common fears:

- Physical: e.g. that we will collapse, suffocate, have a stroke, heart attack or die.
- Mental: e.g. we may feel so terrible we become convinced that we will die or that something terrible will happen.
- Social: that we may do something terribly embarrassing, e.g. flush, collapse, say something stupid.

Fear is usually triggered by a specific situation. For example, it may be an object, an animal, a place like a bus or busy shop, being high up (e.g. on an escalator), or perhaps facing an injection.

With phobias there is an immediate, severe anxiety response. In some people, that can lead to a full-blown panic attack (see Talking About Panic Attacks). However, many people have phobias that never develop into panic attacks because their anxiety never reaches that level.

There are many different types of phobia. Some are specific and very common, like a fear of flying, heights, spiders, mice, wide open spaces or closed spaces, birds, worms and so on. We can have a fear of virtually anything.

Phobias trigger the fight or flight response where the mind and body are put on alert to cope with outside threats and danger. This prepares the body to fight or run away and has been developed over the years as a form

of protection. The fight or flight response can save our life – for example, meeting a tiger in the middle of a city street would cause an immediate response: we would run away. With phobias, this same very strong reaction can occur linked to something that is nowhere near as scary, e.g. seeing a cat. It may be to do with the fact that today, because we live in a relatively sanitised and fear-free environment, our fears leak out in other ways. If we still lived in a hostile environment where our fear-response was highly tuned, we might have no time for other phobias. We need a fear response in our lives but phobias themselves are not wanted or needed.

Other common phobias include:

- Social phobia: A fear of meeting or talking to people where we feel others can judge us badly. This might include talking to someone, giving a presentation, having a meal in a restaurant, standing in a queue, going to meetings, etc. All of these activities can cause someone with social phobia extreme anxiety and distress.
- Agoraphobia is a fear of being in places from which it is difficult to leave. Its literal translation is ‘fear of the marketplace’, so crowded places like supermarkets, places of worship, airports and train stations, concerts or cinemas can cause great distress. Here the person may avoid such places by using the internet for shopping or by visiting small shops.
- Claustrophobia is a fear of being trapped in enclosed spaces like lifts or cupboards.

- Blood/injury phobia is a fear of the sight of blood, or injections, or perhaps surgery. Having injections or blood taken leads to strong fear where the person feels faint.
- Simple or specific phobias include a fear of various objects, ranging from animals, reptiles and insects to telephones and bridges.

It is not unusual to find that people with one type of phobia may also experience others. Someone with a fear of flying, for example, may also be panicky on trains or buses.

understanding phobias

We do not know what causes phobias. Around half of people with a phobia can find a reasonable explanation that might have implanted the fear. For example, they may be able to recall a particular event or situation they can link with developing a fear of something specific.

'When I was seven, my cousin stood me up on the parapet of a bridge. He thought it was funny. The water seemed so far down. I think that has been lurking at the back of my mind. I feel it must be at least partly responsible for my fear of bridges.'

For the other half, there is no such reasoning for the phobia. It is not necessary to understand why we have developed a phobia, but we can learn how to overcome it.

Most people's phobias are secret because they become skilled at covering them up. Some reactions, like screaming if a mouse runs across a floor, are socially acceptable. It is not really

considered to be a phobia because it does not significantly affect our lives. If, however, a fear of mice causes a family to move home several times, the phobia would be seen as having a major disrupting effect on their lives.

With a specific phobia, we are afraid of one particular thing. When we find ourselves in a situation where that phobia is unlikely to be triggered, we experience no symptoms at all. People with specific phobias are not more anxious or more neurotic than other people. Their psychological make-up, sleep patterns and energy levels are all normal.

However, people with a severe specific phobia may give up work and avoid going out. As such, it can seriously affect their relationships with other people and their ability to live their lives as they want to.

One of the key problems in phobia is avoidance. Quite understandably, people start to avoid going to particular situations or places, or meeting people where they predict they will feel worse. Although this can cause them to feel better in the short term, the problem is that in the longer term it causes them to feel worse. They start to avoid more and more situations and there is a slow loss of confidence.

'I used to sit in the house day after day longing for someone, anyone, to come and see me. I'd have given anything for some company and a chat. But I couldn't bring myself to go out. I'd watch and watch for someone coming to the door.'

what we can do

To begin to tackle a phobia, we tend to alter our lives so that we avoid the triggers of a fear reaction. We might try to stay away from high buildings, avoid lifts or keep out of crowded places. Most people with phobias organise their lives so they hardly ever have panic attacks brought on by a phobia although they often remain anxious about the possibility of finding themselves in a situation that might trigger panic.

The key is to slowly begin to face these fears and go to places and situations that worry us. This needs to be done step by step at a pace we can cope with. This allows us to slowly rebuild confidence and also discover for ourselves that nothing terrible happens when we face our fears. The solution is having a plan and making changes step by step. Many healthcare practitioners and voluntary sector organisations can help us create this sort of personalised plan.

Think about whether there are any activities you are doing that have become part of the problem. For example:

- drinking too much to block how you feel (alcohol can make you feel more anxious and depressed)
- looking to others to do things for us such as the shopping
- trying to block anxiety in other ways by using medication, etc.

These activities might make us feel better in the short term, but in the longer term they can make us feel worse. They can also place great demands on others.

Other people around us tend to accommodate our phobia too because they do not want to upset us. Unfortunately that can make matters worse because the more they accept our avoidance, the more persistent the fear gets. In most cases, it is very easy to organise our lives to avoid confronting our fears: if we have a fear of spiders, we would not choose to live in the heart of the jungle and if we come across one in our own homes, someone can clear it away for us. But sometimes, phobias can be so severe that they can force us to radically re-order our lives.

recovery

The good news is that phobias can be treated. In fact healthcare workers like treating common phobias but few people come forward for help.

Not surprisingly, most people want to make as little fuss as possible and would prefer to try to treat themselves. But while there are many different types of self-help books on the market, people need guidance in using them effectively.

There are steps we can take to help reduce the effect of the phobia and to learn to cope with it. There are also various sources of support available offering different kinds of help. It is worth contacting one of the organisations listed at the end of this booklet to find out what is available in the local area.

getting help from others

'You can't just say to other people: "I've got agoraphobia." They don't understand. But I can't even hang out washing.'

We should not be embarrassed or ashamed about having a phobia. Around 10% of the general population have a phobia that is severe enough to need clinical help. Healthcare workers take it seriously and would be keen to treat it, especially if it was significantly affecting someone's life.

help from the professionals

The first step is usually the doctor or medical practitioner, someone in a primary care mental health team who can listen to the symptoms and offer different types of help. They may suggest referral for counselling or psychotherapy. The most effective treatments for phobia use an approach called Cognitive Behavioural Therapy (CBT). Sometimes, medication such as selective serotonin reuptake inhibitors (SSRIs) are recommended. However, tablet approaches are generally not as effective in the long term as CBT.

The most effective treatment for phobias is facing up to fears in a step-by-step way otherwise known as exposure. This is usually offered one-to-one by a practitioner, or in group treatment or by day-hospital visits. Exposure treatment helps people to confront the fear and not to run away from it while giving them the support and confidence to be able to do that.

With graded exposure, people are encouraged to plan a set of steps ranging from the least to the worst of their imagined fears and then are helped to expose themselves to them. In the case of a cat phobia, for example, the first step might be looking at pictures of cats, then touching these pictures for longer and longer periods of time. To start with, this will seem very anxiety provoking – but with time and repeated practice the anxiety settles. The next step might be to look at a cat from behind a glass screen. Using this method, people are often able to pick up a cat and stroke it after two or three sessions. It is vital that the person stays in the situation and does not run away until the anxiety starts to reduce. It is also vital that each step of the plan isn't so big the person feels overwhelmed and wants to give up.

The process can be quick or slow, depending on what the person with the phobia prefers. Some people can be successfully treated in one session. People who would prefer to treat themselves may find exposure treatment difficult without support because its effectiveness depends on having someone there who is experienced in knowing how high someone's anxiety can go, and who is not emotionally involved.

Some phobias, for practical reasons, are unsuitable for the real life exposure method (putting someone in the real situation). However, in the case of a flying phobia, some airlines have introduced both simulated and real experiences to help people overcome those fears. In the case of phobias that cannot be treated easily in real life, pictures or imagination can be used. People can be taught to use their imagination and, as technology evolves, there

is likely to be an increased use of effective virtual reality programmes. These are already in use in America for those suffering from various phobias.

With most phobias it is normal to be so panicky that we feel physically ill. This tension can affect us in all sorts of different ways. For example, if we are frightened of having a heart attack we may be more likely to be aware of a rapid heartbeat. If we have fears of suffocating we may be especially aware of our over-breathing. The over-breathing can also cause us to feel dizzy and light-headed, which can reinforce fears of collapsing or fainting. It's important to remember that fainting during a panic attack is very rare. During a panic attack, our heart speeds up. More than enough blood flows to our brains and bodies. We are only too painfully aware of how scared we feel. This is very different from the situation during a true faint where everything goes distant and our heart rate falls.

The one exception to this situation is a blood phobia – people with blood phobias are more likely to faint. The trigger may be something as simple as smelling hospital or dental-type smells. In that situation, people have to be trained to keep their blood pressure up by thinking angry thoughts, tensing their muscles to stop their blood pressure falling, which would otherwise cause them to faint. Without that training, they are likely to faint if exposed to the triggers that set off their phobia, such as having an injection.

It takes patience and perseverance to overcome a phobia, but every step is a step forward in the right direction.

self-help

Phobias can make us feel very isolated, as though we are alone in experiencing the terror and panic. It helps to know that there are many other people who know exactly what we are going through because they themselves have also experienced it. A self-help approach can be an important part of recovery, and self-help books can help us find out important information about phobias and how they affect us. They can also help us to learn ways of building confidence and facing up to our fears.

family and friends

As a friend or relative, we can help by being patient and understanding, and listening to what the person has to say. It may be difficult to appreciate why the person reacts with such distress to certain situations or objects, but we must try to accept that their fears are very real to them. Attempts to persuade them that they are overreacting or simply being foolish will probably only make them feel more upset and ashamed. Suggesting that the person should 'pull themselves together', 'snap out of it' or 'try not to think about it' is unhelpful. Providing practical support, information and encouragement is a much more helpful approach.

'My family just couldn't see how I felt. They kept telling me to get a grip.'

Family and friends should not laugh or try to 'jolly' someone out of a phobia. Instead, they should take it seriously, understand that it is a very powerful reaction and give support in going for help and tackling fears.

Encourage the person to talk about how they feel and what you can do to support them. Let them set the pace but encourage them to make more changes at a realistic rate. They may need help in practical ways, like accompanying them on a visit to the doctor or self-help group, or perhaps going to the supermarket or travelling on a train with them.

In the longer term, it is important to also recognise that always doing things for the person can sometimes increase their fears by reinforcing their belief that they cannot cope alone without your help. Plans to help people rebuild their confidence therefore often includes a slow reduction in the amount of direct reassurance and support directly relating to the phobia that the person has. This doesn't mean withdrawing support. You can encourage the person and continue to show you care and want to help, but if you help too much they will never have to tackle their fears. It would be unwise to suddenly stop offering this support, but a slow reduction through discussion can be planned into the treatment offered by a healthcare practitioner.

In time, hopefully your help will allow them to venture a little further until they can do things by themselves. You might also support them to seek help and you could assist by finding out about local support groups or relaxation classes. The organisations listed at the end of this book can help.

Family can play an important role in not allowing the effects of the phobia to escalate. If, for example, a partner is persuaded to move house several times because of a mice phobia, he or she should agree with the person and their healthcare practitioner to resist the pressure in future.

your needs

It can be very upsetting to see someone we love experience the distress a phobia can cause and you may find yourself struggling to know what to say and how best to offer support. You may be frustrated at their behaviour as it can seem bizarre and unreasonable.

Caring for someone who finds it difficult to venture out, for example, is difficult, especially when they push us away or become very dependent on us. When you are doing a lot to help out practically, you may feel resentful and increasingly worn out by the burden of it.

In supporting them, it is important that you look after yourself too. You need to have an outlet for your feelings, to have someone you can talk to about your concerns. It might be your doctor or medical practitioner, a close friend or perhaps a member of a support group. With that backing, you will feel more confident in helping your friend or relative.

'I got so short-tempered with him. I knew he couldn't help it, but sometimes I really just wanted to shake him out of it and prove to him that he could get out of the house if he only tried harder.'

You can find some mood-checking rating scales at www.livinglifetothefull.com

looking ahead

Learning to overcome a phobia is not easy, nor is it always a quick process. There will be setbacks along the way. It takes patience to carry on and not be discouraged, but eventually you will feel more confident about challenging your fears and dealing with the avoidance tactics that have become so much a part of your life.

The problem you have with the phobia may not disappear overnight. It also may not disappear completely, but, at the very least, it can be kept at a manageable level.

With courage, a clear plan and a step-by-step approach, phobias can be effectively treated and cured.

useful addresses

Scottish Association for Mental Health (SAMH)

Brunswick House
51 Wilson Street
Glasgow G1 1UZ
Tel: 0141 530 1000
Email: info@samh.org.uk

Anxiety UK

Zion Community Resource Centre
339 Stretford Road, Hulme
Manchester M15 4ZY
Helpline: 08444 775 774
(open Monday to Friday 9.30am to 5.30pm)
Admin/office line: 0161 226 7727
Email: info@anxietyuk.org.uk
Website: www.anxietyuk.org.uk

Triumph Over Phobia UK (TOP UK)

PO Box 3760
Bath BA2 3WY
Tel: 0845 600 9601
Email: info@topuk.org
Website: www.topuk.org

No Panic

93 Brands Farm Way, Telford
Shropshire TF3 2JQ
Office: 01952 680 460
Helpline: 0800 138 8889
(open from 10am to 10pm every day)
Website: www.nopanic.org.uk

useful websites

Living Life to the Full

www.livinglifetothefull.com

Anxiety UK

www.anxiety.org.uk

Triumph Over Phobia

www.topuk.org

ocd action

www.ocdaction.org.uk

SA Scotland

www.sascotland.co.uk

PAX

www.panicattacks.co.uk

Glasgow's South-East Psychosocial Services

www.glasgowsteps.com

Scottish Association for Mental Health

www.samh.org.uk

suggestions for further reading

There are many publications about phobias, and your GP or local library will be able to suggest some for you. Here are a few that might help.

Feel the Fear and Do It Anyway: The Anxiety and Phobia Workbook

by Edmund Bourne.
Published by New Harbinger Publications, 2005

No Fear: Overcoming Panic Attacks and Phobias

by Alice Neville. Published by Help Yourself, 2003

Overcoming Anxiety: A Five Areas Approach

by Chris Williams. Published by Hodder Arnold, 2003

Living with Fear (updated)

by Isaac Marks. Published by McGraw-Hill Education, 2005

Overcoming Anxiety: A Self-Help Guide Using Cognitive Behavioural Techniques

by Helen Kennerley. Published by Constable and Robinson, 1997

Overcoming Social Anxiety: A Self-help Guide Using Cognitive Behavioural Techniques

by Butler, G. Published by Constable and Robinson, 1999

Manage Your Mind: the Mental Fitness Guide

by Gillian Butler and Tony Hope.
Published by Oxford University Press, 1995

Other topics covered by the *Talking about...* series are:

- Anxiety disorders
- Attention Deficit Hyperactivity Disorder (ADHD)
- Bereavement
- Bipolar affective disorder
- Depression
- Eating disorders
- Panic attacks
- Personality disorders
- Phobias
- Postnatal depression
- Schizophrenia
- Self harm

These publications are available online at www.healthscotland.com/publications or telephone 0131 536 5500.

Disclaimer

Every effort has been made to ensure that this publication is as up-to-date and accurate as possible. However, new research can sometimes mean that information and recommendations change very quickly. Changes and alterations will be made at the next reprint to reflect any new information.

While the booklet represents the consensus of good practice, please remember that different circumstances and clinical judgement may mean that you have slightly different experiences. If you have any doubts, worries or fears, then do not hesitate to contact your doctor for reassurance and further explanations.

