



## PHOBIAS

Are you afraid of spiders or insects, getting into a lift, or even driving over the Auckland Harbour Bridge? Well, you are not alone because up to 10 per cent of people in New Zealand experience specific phobias.

A phobia is an irrational or excessive fear of an object or situation. It involves a sense of endangerment or a fear of coming to harm when in that situation or near that object.

The term phobia comes from the Greek word 'phobos', which means fear. Although sufferers know their fear is irrational and out of proportion to the situation, they cannot control it. Phobias are more common in women.

There are dozens of different types of phobias that exist - here are some examples:

- Agoraphobia is well known as the fear of open spaces or crowds. These people may be housebound as a result of it.
- Arachnophobia is the fear of spiders.
- Bacteriophobia is the fear of bacteria.
- Claustrophobia is the fear of confined spaces.
- Cyberphobia is the fear of computers.
- Cynophobia is the fear of dogs.
- Dentophobia is the fear of dentists.
- Glossophobia is the fear of speaking in public.
- Mysophobia is the fear of dirt and germs.
- Octophobia is the fear of figure 8.
- Pteromerhanophobia is the fear of flying.
- Trypanophobia is the fear of injections.
- Xenophobia is the fear of strangers or foreigners.

Many of the phobias can be divided into four main subtypes:

1. Medical - things like injections, seeing blood, visiting a doctor, or seeking an invasive medical treatment.
2. Animal, e.g. snakes, rodents, spiders, insects.
3. Natural environment - lightning, water, storms, wind, heights, etc.
4. Situational - fear of bridges, leaving home, driving, flying, tunnels, lifts or public transport.

The most common phobias in the community are fear of heights, mice, spiders and insects.

The symptoms of a phobia can include nausea, breathlessness, sweating, shaking, feeling the fear of dying, and a sense of unreality. In some cases, these symptoms can progress to a full-blown anxiety attack where the sufferer thinks they are going to die.

Most phobics (phobia sufferers) have more than one phobia. The more severe a phobia or the more phobias a sufferer has, the more disability they may encounter - for example, being unable to leave their home or feeling limited as to where they can go, what they can do and who they can meet.

Phobias can run in families either due to genetics or because people see others in their family responding in a particular way to certain situations. Other causes of phobia can include traumatic causes, e.g. when a person witnesses another person experiencing a traumatic event - like being attacked by a dog - then they might subsequently become phobic to dogs.

Phobias can also be by association, e.g. if you feel anxious while driving over the harbour bridge this may develop into a phobia of driving over the harbour bridge. Or, if you have a near miss whilst driving over the bridge, this may make you more anxious when you go to drive over the bridge again.

Phobias can start as early as childhood, when there is often a fear of blood, animals and things like water and lightning. In adolescents the fears are often in relation to height.

Phobias can be associated with other mental illnesses like anxiety or depression.

The treatment of phobias usually involves counselling therapies and medications in some cases.

Behavioural therapy that involves sensitisation through real contact or imaginary contact with the phobic object can be used.

It is useful for sufferers to avoid coffee as it increases anxiety.

People can go for help to their family doctor, a psychiatrist or, in New Zealand, the Phobic Trust  
<http://www.phobic.org.nz>.

The take home messages about phobias are:

1. They are very common.
2. Many people don't seek help.
3. Many people are severely limited by them.
4. It is important to detect phobias early as they can develop from a trauma into a phobia over a period of time.

It is easier to treat them early.