What are the options for managing phobias?

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There are a number of ways of treating phobias such as talking therapies, self-help resources and medication. Here we outline what phobias are and the options for their management.

Anxiety, tension, stress, and panic are terms often used interchangeably to describe different aspects of anxiety. Anxiety in one of its forms can affect individuals at any age from childhood to older adulthood. Anxiety can be disabling and distressing, and presents in a number of ways. One of the most common is as a phobia.

What is a phobia?
Phobias are a type of anxiety disorder that involves a fear or dread of situations, places or people including animals, crowded places, or difficult situations such as heights and it often occurs when there is little actual threat or danger. The key feature of phobias is that the fear experienced is excessive and inappropriate. For example, the person with height phobia will experience the fear even when they are some way removed from a drop and in a position of complete safety. The anxiety experienced is intense and often sufferers go to extreme lengths to avoid the thing they are fearful of. Phobias have a significant impact on the individuals’ social lives, relationships and ability to work. The lifetime prevalence rate for specific phobia and social phobia are 12.5 per cent and 12.1 per cent respectively, the highest of all anxiety disorders. Phobias can be grouped into five main categories:
1. Simple/specific phobias, examples are: hypochondria (fear of illness), aero-phobia (fear of flying) and arachnophobia (fear of spiders). It would include claustrophobia (the fear or dread of being in confined spaces), and blood/injury phobia (feeling faint at the sight or thought of seeing blood).
2. Social phobia: the intense fear of interacting with other people in a variety of social situations.
3. Agoraphobia: the fear of being out of one’s safe zone.

How phobias develop
Like most mental health problems, phobias have multi-factorial origins and develop for a number of reasons. They may have a genetic component, but also are commonly learned behaviours. For example, a traumatic or distressing event can cause a phobia. Such an event may be having been locked in a cupboard as a punishment in childhood, or being...
chased by a dog as a child, leading to ongoing fears and avoidance lasting into adulthood. A phobia can also develop as a result of witnessing fearful behaviour in a parent or other close relative. For example, if a mother has a phobia of dogs then this can be passed on to the child as the child learns to behave in the same fearful way around dogs. A key feature of phobias is that they are maintained over a long period of time.

Symptoms of a phobia
Symptoms are similar to those seen in other anxiety disorders with a fight or flight adrenaline response, +/− symptoms of hyperventilation. Symptoms include acute anxiety, catastrophic fears that something terrible will happen (fall from a height, be stung by a wasp, being scared by the random movements of a spider). There may be associated physical reactions such as sweating, racing heart and chest pains, as well as feelings of detachment/depersonalisation. As a result behaviour changes occur with avoidance and safety behaviours.

Understanding the maintenance of phobias
Phobias, and the impact they have on the mind, body and behaviour can be understood using the Five Areas Model. This uses the principles of cognitive behavioural therapy to understand the maintenance of a phobia. The altered thinking, feelings, emotional symptoms and behaviour seen in a phobia, contribute to a vicious circle that can spin and feel and worse.

Thoughts that are common in those with a phobia such as: “something bad will happen”, “it will hurt me”, “my children will be in danger” (from germs for example), “I will die” have a significant impact on the individual’s feelings. Negative emotions such as fear, dread, anxiety and even anger are experienced.
Physical symptoms, as outlined previously, are common and distressing to the sufferer. As a result of these extreme thoughts, negative emotions and unpleasant physical symptoms, those who suffer from a phobia adopt various behaviours in order to avoid feeling this way.

Unhelpful behaviours include avoidance of the people, places and situations in which the feared object may be present. Alternatively, the person may use a variety of so-called safety behaviours to try and cope by blocking symptoms or seeking additional help (e.g., alcohol/drug misuse, seeking reassurance, needing others to be around “just in case”, misusing medication or pills to cope, or becoming annoyed at others and pushing them away). This behaviour, rather than helping to deal with the problem, actually causes the fear to intensify over time, causing further distress and so the cycle continues.

The treatment of phobias
There are a number of treatment options for phobias including talking therapies, self-help resources and medication.

Cognitive behavioural therapy
Cognitive behavioural therapy (CBT) is currently the most recommended form of talking therapy. It works by breaking the vicious cycle of thoughts, feelings, physical symptoms and behaviour. This can be achieved through various strategies such as:

1. Changing thinking (the C-aspect of CBT): to understand the role that extreme and unhelpful thinking has in contributing to the vicious cycle of fear. Work can include looking at the evidence for and against the worst fears being true, coupled with testing out the reality of fears by altering behaviour.

2. Changing behaviour (the B-aspect of CBT): the most therapeutically powerful CBT interventions for the treatment of phobia are behavioural experiments
including gradual/progressive exposure. This involves facing up to the feared situation, in a planned/graded way together with a therapist. By agreeing there will be no surprises during therapy, the person is encouraged to stick with, and succeed in coping with, each level of anxiety repeatedly as they slowly desensitise to the feared stimulus. They work through a hierarchy of exposure that aims at helping the person cope with an agreed end-target. At each stage the person is encouraged to face fears, feel the anxiety, and not avoid/leave/hurry away, or use any subtle safety behaviours that would undermine the exposure programme.

For example, someone with a phobia of spiders may firstly be asked to draw a picture of a spider, then once comfortable at this stage, look at a photograph of a real spider, then a video of a spider. This process of increased exposure and anxiety management is continued until the individual can be comfortably in the presence of a real spider, even holding one.

Other ways of delivering CBT
Typically CBT for anxiety disorders is offered using 6–12 sessions. For a specific phobia far fewer sessions may be required. Increasingly CBT manuals/books for anxiety are offered as part of a guided/supported self-help approach. Examples include Living with Fear and The Anxiety and Worry Workbook. Computerised CBT (cCBT) is also available for the treatment of phobia eg Fear Fighter. Virtual reality approaches also show promise.

Medications
Antidepressants
SSRIs; less used is the reversible MAOI (monoamine oxidase inhibitor) antidepressant moclobemide sometimes offered for social phobia. There is still occasionally a place for traditional MAOIs such as phenelzine in more severe intractable cases.

Tranquilisers/hypnotics
Diazepam can be given on a short-term basis to those experiencing high anxiety, but is generally best avoided as anything other than a very short-term solution.

Beta-blockers
Propranolol can be offered to treat the physical symptoms that individuals suffer as a result of their phobia (eg shaking).

Further information
Living Life to the Full – Mental Health self-help www.1ltf.com
Triumph Over Phobia UK – The OCD and Phobia charity www.top.org
Anxiety UK www.anxietyuk.org.uk
MIND – UK mental health charity www.mind.org.uk

References
6. CCBT Ltd Healthcare Online. Fear Fighter. www.fearfighter.com

Declaration of interests
Professor Chris Williams is a past-president of BABCP – the lead body for CBT in the UK, and a CBT researcher and trainer. He is also author of a range of CBT-based resources that address anxiety, depression and other disorders. These are available commercially as books, cCBT products, and classes. He receives royalty, and is shareholder and director of a company that commercialises these resources.

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