

WHAT IS A SPECIFIC PHOBIA?

Concern or fear about certain situations, activities, animals or objects is not uncommon. Many people feel anxious when faced with a snake or spider, or travelling by plane. Fear is a rational response in certain situations. However, some people react to objects, activities or situations (the phobic stimulus) by imagining or irrationally exaggerating the danger, resulting in panic, fear or terror that is out of proportion to the actual threat. Sometimes, even the thought of, or simply seeing the phobic stimulus on television, is enough to cause a reaction. These types of excessive reactions may be indicative of a Specific Phobia.

People with Specific Phobias are often well aware that their fears are exaggerated or irrational, but feel that their anxious reaction is automatic or they are not able to control it. When exposed to the phobic stimulus, anxiety can reach excessive levels. Specific Phobias are often associated with panic attacks, during which the person experiences and is overwhelmed by physical sensations that may include a pounding heart, choking, nausea, faintness, dizziness, chest pain, hot or cold flushes and perspiration. For more information on panic attacks, see *beyondblue* Fact Sheet – 36 Panic Disorder.

SIGNS AND SYMPTOMS

A person may have a Specific Phobia if he/she:

- Has a persistent fear that is excessive and unreasonable in relation to a specific object, activity or situation, such as heights, seeing blood or encountering a dog. Adults will be able to recognise that the fear is excessive; children with Specific Phobias may not be able to.
- Avoids situations in which he/she may have to face the phobic stimulus, for example not walking down a street where there may be a dog or refusing to go further than the ground floor of a building. If the situation is unavoidable, it is endured with distress.
- Finds that the anxiety or avoidance associated with such situations makes it difficult to go about daily life (for example, working, studying or seeing friends and family).

It is important to note that this is only a guide as to whether a person has a Specific Phobia. For an accurate diagnosis, talk to a health professional.



Specific Phobias are generally divided into the following categories:

- **Animal type:** fear that relates to animal or insects (e.g. fear of dogs or spiders).
- **Natural-Environment type:** a fear associated with the natural environment (e.g. fear of thunder or heights).
- **Blood-Injection-Injury type:** A fear associated with invasive medical procedures (e.g. injections), or by seeing blood or injury.
- **Situational Type:** a fear of specific situations (e.g. elevators, bridges or driving).
- **Other:** Any other Specific Phobias (e.g. fear of choking or fear of vomiting).

The most common Specific Phobias involve animals, such as dogs, insects, mice, snakes and spiders, even in non-threatening situations such as zoo enclosures or on television. Other common Specific Phobias involve blood or needles and activities such as flying in an aeroplane. Other less common Specific Phobias involve inanimate objects such as buttons or feathers. People can have more than one type of Specific Phobia.

Specific Phobias

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Some specific phobias may co-exist with Agoraphobia, depending on the reason for the person's fear and the person's reaction to it. Agoraphobia is an extreme fear of places where escape is perceived as difficult or embarrassing and where help may be difficult to attain. For more information on Agoraphobia see **beyondblue Fact sheet 36 – Panic Disorder**.

Other Specific Phobias such as the fear of public speaking are more related to Social Phobia. Social Phobia is a condition where the person is overly concerned about how he/she appears to others. This concern then makes social or performance situations difficult and uncomfortable. People with Social Phobia fear how others will perceive them or fear that they may embarrass themselves in some way. For more information see **beyondblue Fact sheet 39 – Social Phobia**.

How common are Specific Phobias and who experiences them?

Specific Phobias are thought to affect around 11 per cent of the Australian population.¹ The first symptoms of Specific Phobias usually arise in childhood or early adolescence.



SPECIFIC PHOBIAS AND CHILDREN

Children experience a number of common fears as they grow up. These include such things as loud noises and strangers (infancy), imaginary creatures and the dark (preschool), natural disasters and animals (early primary school) and illness and death (upper primary school). Learning to manage these fears is a normal part of growing up. Nevertheless, children, even young children, can develop Specific Phobias and even have panic attacks. Children are more likely to develop Specific Phobias than other anxiety disorders and are often not aware that their fear is irrational or exaggerated.

WHAT CAUSES SPECIFIC PHOBIAS?

Several factors are likely to increase a person's risk of developing a Specific Phobia. These include:

- **A family history of mental health problems:** A predisposition to anxiety may be passed down from a parent with a mental illness. Research has shown that children of moderately to severely depressed parents are up to three times more likely to have an anxiety disorder, and specifically a phobia, than children of non-depressed parents.²
- **Traumatic experiences:** someone who has, for example, witnessed or experienced a traumatic event (e.g. being bitten by an animal or trapped somewhere like a cupboard) may feel extremely fearful of situations or objects associated with the event afterwards. By avoiding these, even when they are in a non-threatening situation, they may develop a Specific Phobia.

What treatments are available for Specific Phobias?

Phobias are treatable and seeking professional help is the first step towards recovery.

Cognitive Behaviour Therapy (CBT) is the most commonly-used therapy for people with Specific Phobias and can be conducted either in group sessions or individually.

Cognitive behaviour therapists work closely with people to develop a shared understanding of their thinking and behavioural difficulties. Therapists will help people to uncover unhelpful and unrealistic ways of thinking (e.g. "I will be trapped

¹ Leahy, R.L., & Holland, S.J. (2000). *Treatment Plans and Interventions for Depression and Anxiety Disorders*. New York: The Guilford Press.

² Weissman, M.M., Wickramaratne, P., Nomura, Y., Warner, V., Pilowsky, D., Verdelli, H. (2006). Offspring of depressed parents: 20 years later. *American Journal of Psychiatry*, 163(6): 1001-8.

in the elevator and will not be able to breathe”). The person can then be assisted to move closer to more helpful and realistic ways of thinking (e.g. “The chance of getting stuck in there is slim, but even if that happens, I will be able to breathe”).

Therapists may also examine how an individual’s way of thinking prompts negative behavioural patterns, exacerbating and prolonging the Specific Phobia and reinforcing the fear. Behavioural tasks are then carried out to develop a different response to the phobic stimulus. Usually, this involves the determination and execution of a series of exposure tasks. **Graded exposure** is the term that’s commonly given to this series of exposure tasks as the person is gradually exposed to the situation that is feared.

Another effective part of CBT treatment is **Psycho education**. This relates to education regarding the symptoms of anxiety and why they occur. For example, people tend to be less fearful of symptoms if they are informed of the human physiological response to fear. People react to the threat of imminent danger with an acute stress response, commonly known as the *fight-or-flight* response, during which there are many physiological changes. Changes include: the brain releases hormones such as adrenaline, muscles tense and breathing becomes quicker. Education regarding the symptoms of anxiety and why they occur may assist the person to become less fearful of the symptoms themselves. Understanding this process may assist the person to understand the importance of breathing, relaxation and aerobic exercise. Often, **breathing and relaxation strategies** are also taught to minimise physical symptoms of anxiety and manage stress in general.

Medication

Antidepressant medications: A range of antidepressant medications is available and have been widely used to treat anxiety disorders. However, no clear indications of efficacy in using medication have been found in treating Specific Phobias.

For more details see *beyondblue* Fact sheet 11 – **Antidepressant medication** and talk to your doctor.

The Therapeutic Goods Administration (Australia’s regulatory agency for medical drugs) and manufacturers of antidepressants do not recommend antidepressant use for depression in young people under the age of 18.

For more information see *beyondblue* Fact sheet – **Antidepressants for the treatment of depression in children and adolescents.**



Benzodiazepines: These anti-anxiety and sedative drugs are commonly used to relieve anxiety and aid sleep. They are, however, addictive and so are useful only for a short period of time (two or three weeks) or if used intermittently. Benzodiazepines can be difficult to stop taking, and if a person has become dependent, withdrawal symptoms may be quite severe. A common withdrawal symptom is high anxiety, which paradoxically can worsen the problem and make it difficult to assess whether current anxiety is related to the anxiety disorder or a result of long-term use of the Benzodiazepines. (See www.reconnexion.org.au for more information and talk to your doctor.)

HELPING YOURSELF TO RECOVER FROM SPECIFIC PHOBIA

Once a person with a Specific Phobia is receiving treatment, the process of recovery can be different for each individual. Recovery can involve both ups and downs; some days are easier than others. For more information see *beyondblue* Fact sheet 15 – **Recovery.**

The following may help:

- Talk to your doctor about referral to a mental health professional who specialises in treating Specific Phobia.
- Notice the thought patterns that contribute to your Specific Phobia/s. Write these down and see if you can challenge them yourself. Then discuss them with a health professional you trust.



- Learn and practise anxiety management techniques, such as breathing and relaxation. If practised regularly, these techniques can reduce general anxiety and stress. For more information on relaxation techniques see **beyondblue Fact sheet 6 – Reducing stress**.
- Establish a routine: allow time to work, but also make time to relax. Do things you enjoy and spend time with family and friends. For more information, see **beyondblue Fact Sheet 8 – Keeping active** and **Fact sheet 15 – Recovery**.
- Maintain a healthy lifestyle, get regular exercise, have adequate sleep, eat a balanced diet and limit your intake of alcohol and other stimulants, such as caffeine. For more information, see **beyondblue Fact Sheet 7 – Sleeping well**, **Fact sheet 8 – Keeping active**, **Fact sheet 9 – Reducing alcohol and other drugs** and **Fact sheet 30 – Healthy eating for people with depression, anxiety and related disorders**.
- Set yourself some realistic and small goals to help manage your stress better. For example, walk three times a week, join a yoga class and eat regular meals.
- Work with the person to re-establish (slowly) a daily routine that includes enjoyable and/or relaxing activities.
- Encourage the person to maintain a healthy lifestyle and participate in social activities.
- Don't expect too much too soon; recovery can take a while and there may be some ups and downs.
- Find emotional support for yourself. Dealing with and caring for a person with a Specific Phobia can be difficult at times. You may need support too. This may involve attending a support group; individual, couple or family counselling; or educational sessions. For more information see *beyondblue's* free booklet **A Guide for Carers** available from the website or call 1300 22 4636 (local call cost).
- Parents and teachers can play a critical role in helping children develop skills for managing their fears. These include:
 - helping children to understand that fear is a normal emotion and can be overcome
 - developing children's coping strategies, including positive self talk.

HOW TO HELP SOMEONE RECOVER FROM A SPECIFIC PHOBIA

Family and friends can play an important role in helping a person with a Specific Phobia to recover. There are also ways in which they can help themselves to cope with caring for a person with a Specific Phobia.

- Acknowledge that the person has a disorder and is not just 'being difficult'; the anxiety is a very real and distressing experience.
- Encourage the person to seek help by letting him/her know what services are available and offer to accompany the person.
- Don't involve yourself in the person's avoidance of objects or situations that make him/her anxious.
- If appropriate, offer practical support, such as being with the person when he/she faces his/her fear – if that is what the person wants.
- Encourage the person to challenge unrealistic or anxious thoughts.
- Acknowledge any gains the person makes, no matter how small.

These strategies and others are outlined on the KidsMatter website www.kidsmatter.edu.au

WHERE TO FIND HELP

A General Practitioner (GP) is a good person with whom to discuss your concerns in the first instance. A GP can arrange or conduct any necessary medical tests and make a referral to a mental health professional. It is recommended that you go to your regular local GP or another GP in the same clinic, as they will have access to your medical file. However, if you don't have a regular GP or clinic, a list of GPs with expertise in treating common mental health problems is available at www.beyondblue.org.au by clicking on Find a Doctor or Other Mental Health Practitioner, or call the *beyondblue* info line on 1300 22 4636 (local call cost).

Psychiatrists are doctors who specialise in mental health. They can make medical and psychological assessments, conduct medical tests and prescribe medication. Some psychiatrists use psychological treatments such as Cognitive Behaviour Therapy (CBT) and Interpersonal Therapy (IPT). IPT is a structured program with a specific focus on improving relationships.

Psychologists, mental health nurses, social workers and occupational therapists with mental health training

specialise in providing non-medical (psychological) treatment for depression, anxiety and related disorders.

A rebate can be claimed through Medicare for psychological treatments if the person has a mental health problem and is referred by a GP, psychiatrist or paediatrician to a psychiatrist, registered psychologist, social worker or occupational therapist in mental health. This rebate can be claimed for part of the cost of up to 12 individual consultations and 12 group sessions in a calendar year. To find a list of health professionals who provide psychological treatment for which a Medicare rebate can be claimed, go to www.beyondblue.org.au and click on [Find a Doctor or other Mental Health Practitioner](#) or call the *beyondblue* info line on 1300 22 4636 (local call cost).

MORE INFORMATION

beyondblue: the national depression initiative

1300 22 4636 or www.beyondblue.org.au

Information on depression, anxiety and related disorders, available treatments and where to get help

Youthbeyondblue

www.youthbeyondblue.com

beyondblue's website for young people – information about depression and anxiety and how to help a friend

Lifeline

13 11 14

Counselling, information and referral (local call cost)

MensLine Australia

1300 78 99 78

Support for men, especially those with family and relationship problems

Suicide Call Back Service

1300 659 467 or www.suicidecallbackservice.org.au

Telephone and online support for people at risk of suicide, their carers and those bereaved by suicide

Relationships Australia

1300 364 277 or www.relationships.com.au

Support for people with relationship problems

Multicultural Mental Health Australia

(02) 9840 3333 or www.mmha.org.au

Provides mental health support for Australians from culturally and linguistically diverse backgrounds

Anxiety Online

www.anxietyonline.org.au

Information and virtual treatment clinic for people with anxiety disorders

Anxiety Recovery Centre Victoria

www.arcvic.com.au

Information about anxiety disorders, their management and links to other services

CRUFAD Clinical Research Unit for Anxiety and Depression

www.crufad.org

Information about anxiety and its management

E-Couch

www.ecouch.anu.edu.au

Evidence-based information and strategies for dealing with anxiety disorders

headspace: National Youth Mental Health Foundation

www.headspace.org.au

Mental health information for young people

MoodGYM

www.moodgym.anu.edu.au

Online psychological therapy

Reconnexion

1300 273 266 or www.reconnexion.org.au

Psychology services for people experiencing anxiety and depression and tranquilliser dependency

Virtual Clinic

www.virtualclinic.org.au

Internet-based education and treatment programs for people with anxiety and depression



STATE-SPECIFIC SERVICES

ACT

Mental Health Foundation

(02) 6282 6658

www.mhf.org.au

Information about anxiety, depression, schizophrenia and bipolar disorder in the Australian Capital Territory

New South Wales

Mental Health Association NSW

1300 794 992

www.mentalhealth.asn.au

Northern Territory

Top End Association for Mental Health

1300 780 081

www.teamhealth.asn.au

Queensland

Panic Anxiety Disorder Association QLD

(07) 3353 4851

www.anxiety.websytle.com.au

South Australia

ACEDA – panic and Anxiety, obsessive Compulsive and Eating Disorders Association

(08) 8297 4011

www.aceda.org.au

Tasmania

Mental Health Council of Tasmania

(03) 6224 9222 / 1800 808 890

www.mhct.org

Victoria

ADAVIC (The Anxiety Disorders Association of Victoria)

www.adavic.org.au

Information about Panic Disorder, Social Phobia, Agoraphobia, Generalised Anxiety Disorder, depression and support services

Western Australia

Anxiety Self Help Association

(08) 9346 7262

www.cnswa.com

Other *beyondblue* anxiety information material available:

beyondblue Fact sheet 21 – Anxiety Disorders

beyondblue Fact sheet 31 – Post-Traumatic Stress Disorder

beyondblue Fact sheet 35 – Generalised Anxiety Disorder

beyondblue Fact sheet 36 – Panic Disorder

beyondblue Fact sheet 37 – Obsessive Compulsive Disorder

beyondblue Fact sheet 39 – Social Phobia

beyondblue wallet-size information card – Anxiety Disorders

beyondblue envelope-size information card – Anxiety Disorders

beyondblue Booklet – A Guide to What Works for Anxiety Disorders

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