

UNDERSTANDING

# Phobias



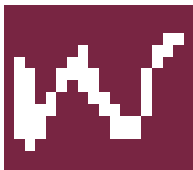
  
Mind  
Publications

*'I have not been out of the house for six months. I did go to see my doctor at Christmas, but I got into such a state that I nearly collapsed and now I get him to see me here. I feel safe here and I don't get the awful feelings, but I'm not even relaxed at home if I know a stranger is visiting. I often have a drink to calm me if the paperboy is coming to collect the paper money or the gas man is coming to read the meter. Sometimes, though, I just refuse to answer the door.*

*'I was always a bit nervous about going out and about and, gradually, I went to fewer and fewer places on my own, and I began to rely more and more on a glass or two of sherry to give me Dutch courage. A year ago, I was able to use the corner shop and to get round the block to see my sister, but I can't do that now – even with the sherry. Just talking about it makes me feel wobbly and breathless. I try not to think about the awful feelings I get – thinking about them makes me feel almost as bad as going out does. Sometimes I wonder if I'm going mad. My sister is very helpful, though – she does my shopping and visits me nearly every day.'*

Helen Kennerley, *Overcoming Anxiety* (Robinson 1997)

This booklet aims to give a brief introduction to phobias and looks at what support is available and how people can find ways to help themselves.



## **What are phobias?**

A phobia is an over-intense fear of a situation or an object that wouldn't generally worry others to the same extent. It can seriously interfere with the way people live their lives.

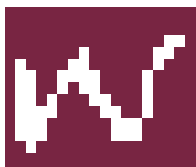
Phobias are one of a number of so-called 'anxiety disorders', and centre around our natural reaction to fear – anxiety (see Mind's booklet *Understanding Anxiety*, details under *Further Reading* on p. 11). We all get anxious at some time. People who suffer from phobias are afraid of the feelings they experience when they get anxious. In fact, it's a fear of fear. Almost all phobias feature places, situations, animals or objects which aren't necessarily threatening at all.

Fear is a natural reaction in all of us – and keeps us safe. As we grow up, we learn what is dangerous, and how to avoid danger. We know what it's like to be afraid in certain situations, and many of us have particular fears, whether it's of going up ladders, of water, or of dogs, for instance. These can all be seen as reasonable responses to something that might harm us in some way. What distinguishes a phobia from ordinary fears is that it is out of proportion. It may severely restrict someone's life and force them to take extreme measures to avoid the situations associated with the phobia.

Phobias are known as neuroses (rather than psychoses) because those who experience them are well aware that the thoughts and feelings which are troubling them are their own rather than coming from an external source.

While a phobia is not an illness, as such, it can provoke the very severe physical symptoms associated with anxiety and panic, including rapid heartbeat, churning stomach, dizziness, shortness of breath, sweating and trembling, dry mouth, nausea, and muddled thinking.

While these feelings do pass, they can be very distressing and frightening while you are feeling like this and can make you feel out of control and overwhelmed. (Often, people feel anxious about being left on their own, because of this). Afterwards, sufferers may well feel depressed and embarrassed.



## ***What are the different kinds of phobia?***

People can develop a phobia about any object, whether animate or inanimate, and about any situation. But phobias can be broken down into different groups, and the examples below are typical:

### **Situations**

- being in the dark
- being away from home
- heights
- enclosed spaces (claustrophobia)
- being alone (monophobia)
- falling (space phobia)

### **Illness**

- heart trouble
- cancer
- losing a limb

### Social situations

- meeting people socially or in public
- eating in front of people
- making a speech

### Agoraphobia

- leaving the safety of home

### Specific phobias

- any animal, bird or insect
  - flying in an aircraft
  - germs
- (Often, a picture or even a mental image can cause terror.)



## *How common are phobias?*

Current estimates are that there are 10 million people in the UK with phobias.

Unfortunately, people who are suffering from a phobia often feel unable to talk about it. This makes it difficult to say accurately how many people are involved. It is clear, though, that phobias are very common and wide-ranging and that many people suffer from more than one.

The majority suffer from one of the phobias listed above. Agoraphobia is probably the most common phobia and particularly affects women. It ranges from a mild fear of going out, to feeling unable to go out at all, which can lead to being severely anxious and depressed.



## *How do phobias start?*

It is unclear exactly where phobias come from. While some people can trace specific phobias back to their childhood and to a particular, frightening event, others do not know where their phobia came from.

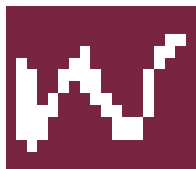
There is a suggestion that people who have less well-developed strategies for coping with life's difficulties are more prone to phobias. Phobias can follow prolonged

periods of stress and anxiety, as well as a particular event which brought on a panic attack. Panic attacks are very common and many people experience panic attacks of some description during their lives (see Mind's booklet, *How to Cope with Panic Attacks*, details under *Further Reading* on p. 11). Depression also seems to be linked to anxiety.

Stressful relationships, poor housing, poverty and other social factors often contribute to increased feelings of insecurity and are likely to make people more vulnerable.

At the start of a phobia, people feel frightened in a particular situation or place – but do not know why. Each time they are in the same situation or place they have an overwhelming sense of impending disaster and an intense desire to escape. The extreme sense of fear is very real and spirals so that the person comes to believe these feelings will be provoked wherever they go. Eventually, avoiding the situation seems like the safest option – by steering clear of all lifts, for instance, or by walking everywhere, by staying at home or keeping themselves to themselves.

Those who suffer from phobias are not really frightened of particular situations or places but of the feelings of terror they experience when in them. While they know they are not in real physical danger they cannot convince themselves this is the case.



## ***What can help me live with a phobia?***

It may be a good idea to start with a visit to a GP, who can also refer you to a psychiatrist or psychologist so you can find out what treatment might work for you. Or you might prefer to find your own therapist or source of help. Many people do not seek professional help for phobias, but develop coping strategies and self-help techniques themselves. There is no right or wrong way to feel or thing to do. Different things work for different people.

There are a number of possible treatments or forms of help available, via your GP:

### **Medication**

It is generally recommended that you do not use medication as a substitute for talking treatments or other therapy (see below, for details of these). But, short-term drug therapy can be useful in dealing with the effects of a phobia. Currently, there are three classes of drugs considered useful in managing anxiety. These are minor tranquillizers (anxiolytic agents), anti-depressants and beta blockers. Benzodiazepine drugs, including chlordiazepoxide (Librium), diazepam (Valium) and lorazepam

(Ativan), are all minor tranquillizers which are the most widely prescribed for anxiety. Short-term use for only around two weeks is recommended because long-term use can result in dependency and loss of sedative effect. Possible side-effects include drowsiness, tiredness, confusion and feelings like a hangover. Sometimes anxiety can initially increase.

Anti-depressants are often prescribed to lessen anxiety since anxiety and depression are often linked. The most widely used of the large range available are tricyclic anti-depressants such as amitriptyline (Elavil), imipramine (Tofranil), doxepin (Sinequan), nortriptyline (Aventyl) and desipramine (Norpramin). These drugs can take up to two weeks to have any positive effect and there may be side-effects, including drowsiness, dry mouth, blurred vision, palpitations and tremors of the hands as well as constipation and difficulty urinating.

Recently, a newer group of anti-depressants seems to have proved beneficial and result in fewer side-effects. These are collectively known as 'selective serotonin-re-uptake inhibitors' (SSRIs). Included in this group is fluoxetine (Prozac), fluvoxamine (Faverin, Luvox), paroxetine (Seroxat, Paxil) and sertraline (Lustral, Zoloft). The possible side-effects of fluoxetine, however, are nausea, vomiting, insomnia, and increase in anxiety initially, while headaches, sweating and reduction in appetite may be side-effects of fluvoxamine. There is no immediate response to these drugs – it can take several weeks to see any effect. For more information on drug treatments and side-effects contact the *MindinfoLine* or consult one of the books and booklets listed under *Further Reading* on p. 10).

### **Community care**

Everyone referred to psychiatric services in England and Wales should have their needs assessed and care planned within the Care Programme Approach (CPA), or its equivalent. This should provide you with an assessment of your social and health care needs, a care plan, a keyworker and a regular review. You are entitled to say what your needs are and to have an advocate, if you want one. This assessment might also include carers and relatives.

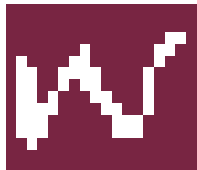
You can, in addition, request social services to make an assessment of your needs for community care services which covers everything from day-care services to your housing needs, with the aim of providing services in your own home or supported accommodation. You might need careworkers, and, since many areas have introduced charges for services, this cost may need to be included in the needs assessment.

Once your community care assessment has confirmed your need for services, you may be eligible to claim direct payments to enable you to purchase the care you need rather than having it provided by social services. Direct payments cover such

things as employing your own careworker and day-centre charges. Your local social services or the National Centre for Independent Living (see *Useful Organizations*, p. 9-10) should be able to give you information.

You might be referred to your local community mental health team which also makes community care assessments and whose aim is to enable you to live independently. They can help with practical tasks, such as sorting out welfare benefits and housing as well as day centres or drop-in centres. They also arrange for community psychiatric nurses (CPNs) to work with you, and to administer medication, if necessary.

You can get information about local mental health services from any of the above – your GP, social services department of your local council, local Mind association, community mental health team, community health council or council for voluntary services. This includes details of local projects which provide services to particular communities such as black and minority ethnic communities, women, disabled people and lesbians and gay men. You may also find details in your local telephone directory.



## **What can I do to help myself?**

There is no one way of coping with phobias which is guaranteed to work. Different strategies work for different people: some people might prefer to work on their own self-help programme, while others prefer to get involved in self-help groups or to work with a psychologist, psychiatrist or therapist within an agreed treatment plan – or to do a combination.

### **Therapies**

There are different kinds of talking treatments, including counselling, psychotherapy and cognitive behaviour therapy (see *Further Reading* on p.10 for relevant books and booklets). Psychotherapy tends to be quite long term and in-depth, and focuses on finding and dealing with the causes of your distress as well as developing your own coping strategies.

Cognitive behaviour therapy identifies connections between your thoughts, feelings and behaviour, and develops practical skills to manage them. This has proved very useful in phobias.

Behaviour therapy, also known as exposure therapy or desensitization, is often practised by psychologists and involves being exposed very gradually to whatever you most fear, so that you learn to face it.

Visualization is another technique which people use themselves, combining relaxation and breathing techniques, in particular, with, say, mentally planning and carrying out tasks such as making a trip to the shops.

There is a suggestion that a combination of behaviour therapy and appropriate medication can be beneficial, particularly where medication is prescribed in low dosages and sporadically.

### **Self-help programmes**

You can choose to work to your own programme, which includes cognitive behaviour therapy techniques. The organizations listed opposite and the books listed on p. 10 should be able to help you devise one to suit. You could work the programme on your own, with someone close to you or with a careworker if appropriate, or you could involve a therapist.

As an example, someone with agoraphobia might find it useful to plan a programme which involves making a very short trip outside to begin with. Very gradually, the length of time spent outside is increased, as is the distance away from home. Similarly, a planned programme to reduce claustrophobia might start with approaching an enclosed space such as a lift, watching others using it, then opening the doors, next time stepping inside, going up one floor, and so on. The same applies to monophobia (fear of being alone) where you might try being by yourself for a very short period of time, gradually increasing time spent alone. Space phobia (a fear of falling) affects balance and there is a suggestion that it tends to affect people who have a physical problem with walking. Techniques described above, known as self-exposure therapy, can also be applied here – taking a small number of steps, while coping with the anxiety, and gradually increasing the number attempted.

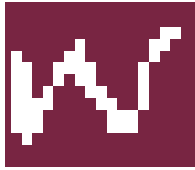
### **Relaxation techniques**

Some people find relaxation techniques helpful. Printed or taped guides or classes can teach you how to improve your breathing to lessen tension, physical exercises to do to relax your muscles and action plans to help you progress from coping with non-stressful situations to those you find difficult (see *Useful Organizations* opposite). Reading Mind's *Understanding Anxiety* and *How to Cope with Panic Attacks* booklets might also be helpful (see *Further Reading*, p. 11).

### **Self-help groups**

It can be useful to share common experiences and methods of coping with others. You could contact the local Mind association in your area, or the organizations listed in *Useful Organizations* opposite. Social services may also be able to tell you if there is a group local to you.





## ***What can partners, friends or relatives do to help?***

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It can help a lot if you accept the feelings your partner, friend or relative is having and recognize how difficult it is for them to cope with them. Conversely, it can increase someone's isolation, distress and anxiety if their feelings are not accepted and they come to believe they are being treated as though they were over-reacting or exaggerating.

If they are working to a self-help programme (either on their own or with a therapist) you could ask how you could help them in this – or you could accompany them to treatment sessions if they want you to. However, make sure you get enough support for yourself. It is also important, while supporting someone, to try to avoid them becoming dependent on you so that their phobia also becomes the focus of your life.



## ***Useful organizations***

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### **BABCP (British Association for Behavioural and Cognitive Psychotherapies)**

PO Box 9, Accrington BB5 2GD, tel. 01254 875277, e-mail: [info@babcp.com](mailto:info@babcp.com),  
website: [www.babcp.com](http://www.babcp.com)

Full directory of psychotherapists available for £2.60, payable to BABCP.

### **Carers National Association**

20-25 Glasshouse Yard, London EC1A 4JT, tel. 020 7490 8818, fax: 020 7490 8824,  
minicom: 020 7251 8969, helpline: (freephone) 0808 808 7777,

e-mail: [internet@ukcarers.org](mailto:internet@ukcarers.org), website: [www.carersnorth.demon.co.uk](http://www.carersnorth.demon.co.uk)

Provides advice and information to carers, and campaigns on their behalf.

### **First Steps to Freedom**

7 Avon Court, School Lane, Kenilworth, Warwickshire CV8 2GX, tel. 01926 864473,  
helpline: 01926 851608, e-mail: [firststepstofreedom@compuserve.com](mailto:firststepstofreedom@compuserve.com),

website: [www.FIRSTSTEPS.demon.co.uk](http://www.FIRSTSTEPS.demon.co.uk)

Offers practical advice (e.g. telephone self-help groups and one-to-one counselling).

### **Maudsley Self-treatment Centre for Phobias**

tel: 020 7919 2484

With the guidance of a therapist, this computer-aided system helps you plan and carry out your own treatment.

### **National Centre for Independent Living**

250 Kennington Lane, London SE11 5RD, tel. 020 7587 1663, fax: 020 7582 2469,  
minicom: 020 7587 1177, e-mail: [ncil@ncil.demon.co.uk](mailto:ncil@ncil.demon.co.uk)

### **National Phobics Society**

Zion Centre, Royce Road, Hulme, Manchester M15 5FQ, tel. 0161 227 9898,  
e-mail: [natphob.soc@good.co.uk](mailto:natphob.soc@good.co.uk), website: [www.phobics-society.org.uk](http://www.phobics-society.org.uk)  
Self-help groups, telephone support, counselling, therapy tapes and factsheets.

### **No Panic (National Organization for Phobias, Anxiety, Neurosis Information and Care)**

93 Brands Farm Way, Randlay, Telford, Shropshire TF3 2JQ, helpline: 01952 590545  
Run drop-in centres, telephone support groups and provide telephone counselling.  
Also produce a newsletter and relaxation tapes.

### **Obsessive Action**

Aberdeen Centre, 22-24 Highbury Grove, London N5 2EA, tel. 020 7226 4000  
(administration and membership only).  
Specifically for sufferers of OCD. Runs self-help support groups, newsletter and  
conferences. Send SAE for leaflets and factsheets.

### **PAX (Panic attacks, phobias and anxiety disorders)**

4 Manor Brook, Blackheath, London SE3 9AW, tel. 020 8318 5026,  
website: [www.panicattacks.co.uk](http://www.panicattacks.co.uk)

### **TOP UK (Triumph over Phobia)**

PO Box 1831, Bath BA2 4YW, tel. 01225 330353  
A national network of structured self-help groups run by trained volunteers.

### **Stress Management Training Institute**

Foxhills, 30 Victoria Avenue, Shanklin, Isle of Wight PO37 6LS, tel. 01983 868166,  
fax: 01983 866666, e-mail: [admin@smti.org](mailto:admin@smti.org), website: [www.smti.org](http://www.smti.org)  
For advice on relaxation techniques and referral to a teacher.



## ***urther reading and order form***

### **Qty**

- Anxiety, Phobias and Panic Attacks* E. Sheehan (Element 1999) £5.99
- Cognitive Therapy of Anxiety Disorders – A Practice Manual and Conceptual Guide* A. Wells (John Wiley 1997) £18.99
- Coping with Anxiety and Depression* S. Trickett (Sheldon Press 1997) £6.99

- Getting the Best from Your Counsellor or Psychotherapist* (Mind 1996) £1
- How to Cope with Panic Attacks* (Mind 2000) £1
- Knowing Our Own Minds – A survey of how people in emotional distress take control of their own lives* (MHF1997) £15
- Making Sense of Treatments and Drugs: Anti-depressants* (Mind 1998) £3
- Making Sense of Treatments and Drugs: Minor tranquillizers* (Mind 1999) £3
- Making the Most of Being a Carer – A practical guide to lightening the load* A. Whitfield (Need2Know 1996) £7.99
- Mind Guide to Managing Stress* (Mind 1995) £1
- Overcoming Anxiety* H. Kennerely (Robinson 1997) £7.99
- Overcoming Panic – A self-help guide using cognitive-behavioural techniques* D. Silove and V. Manicavasagar (Robinson 1997) £6.99
- Panic Disorder – The facts* S. Rachman & P. de Silva (OUP 1996) £8.99
- Psychiatric Drugs – Users' experiences and current policy and practice* (Mind 1998) £3.00
- Understanding Anxiety* (Mind 2000) £1
- Understanding Depression* (Mind 2000) £1
- Understanding Obsessive-compulsive Disorder* (Mind 2000) £1
- Understanding Talking Treatments* (Mind 1997) £1

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## Mind works for a better life for everyone with experience of mental distress

For details of your local Mind association and details of local services contact Mind's helpline, *MindinfoLine*, 8 522 1728 from within London or 0845 7660163 outside London. Mon-Fri 9.15 am - 4.45 pm.

If you need interpretation *MindinfoLine* has access to 100 languages via Language Line. Tynetalk is available for people with hearing or speech problems who have access to a minicom. To make a call via tynetalk tel. 0800 959598, fax. 0151 709 8119.

### **Mind also has six regional offices and a national office in Wales:**

<b>Mind Cymru</b>	Third Floor, Quebec House, Castlebridge, Cowbridge Road East, Cardiff CF11 9AB
<b>Northern Mind</b>	158 Durham Road, Gateshead, Tyne & Wear NE8 4EL
<b>North West Mind</b>	21 Ribblesdale Place, Preston PR1 3NA
<b>South East Mind</b>	First Floor, Kemp House, 152-160 City Road, London EC1V 2NP
<b>South &amp; West Mind</b>	Pembroke House, 7 Brunswick Square, Bristol BS2 8PE
<b>Trent &amp; Yorkshire Mind</b>	44 Howard Street, Sheffield S1 2LX
<b>West Midlands Mind</b>	20/21 Cleveland Street, Wolverhampton WV1 3HT

### **Northern Ireland Association for Mental Health**

Central Office, Beacon House, 80 University Street, Belfast BT7 1HE  
helpline 02890 328474

### **Scottish Association for Mental Health**

Cumbrae House, 15 Carlton Court, Glasgow G5 9JP tel. 0141 568 7000



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