

“Fear” is the normal response to a genuine danger. With phobias, the fear is either irrational or excessive. It is an abnormally fearful response to a danger that is imagined or is irrationally exaggerated. People can develop phobic reactions to animals (e.g., spiders), activities (e.g., flying), or social situations (e.g., eating in public or simply being in a public environment).

Phobias affect people of all ages, from all walks of life, and in every part of the country. The American Psychiatric Institute for Research and Education (APIRE) has reported that in any given year, 7.8% of American adults have phobias. They are the most common psychiatric illness among women of all ages and are the second most common illness among men older than 25.

Symptoms

Phobias are emotional and physical *reactions* to feared objects or situations. Symptoms of a phobia include the following:

- **Feelings of panic, dread, horror, or terror**
- **Recognition that the fear goes beyond normal boundaries and the actual threat of danger**
- **Reactions that are automatic and uncontrollable, practically taking over the person’s thoughts**
- **Rapid heartbeat, shortness of breath, trembling, and an overwhelming desire to flee the situation— all the physical reactions associated with extreme fear**
- **Extreme measures taken to avoid the feared object or situation**

Categories of Phobias

Phobias are divided into categories according to the cause of the reaction and avoidance.

AGORAPHOBIA

Agoraphobia is the fear of being alone in any place or situation where it seems escape would be difficult or help unavailable should the need arise.

People with agoraphobia may avoid being on bridges, busy streets or in crowded stores. Some people with agoraphobia become so disabled they literally will not leave their homes. If they do, it is only with great distress or when accompanied by a friend or family member.

Two-thirds of those with agoraphobia are women. Symptoms usually develop between late adolescence and mid 30’s. The onset may be sudden or gradual.

Most people with agoraphobia develop the disorder after first suffering from one or more spontaneous panic attacks—feelings of intense, overwhelming terror accompanied by symptoms such as sweating, shortness of breath, or faintness. These attacks seem to occur randomly and without warning, making it impossible for a person to predict what situation will trigger such a reaction.

The unpredictability of the panic attacks “trains” individuals to anticipate future panic attacks and, therefore, to fear any situation in which an attack may occur. As a result, they avoid going into any place or situation where previous panic attacks have occurred.

SOCIAL PHOBIA

A person with social phobia fears being watched or humiliated while doing something in front of others. The activity is often as mundane as signing a personal check or eating a meal. The most common social phobia is the fear of speaking in public. Many people have a generalized form of social phobia, in which they fear and avoid interpersonal interactions. This makes it difficult for them to go to work or school or to socialize at all.

Social phobias generally develop after puberty and, without treatment, can be lifelong.

SPECIFIC PHOBIA

As the name implies, people with a specific phobia generally have an irrational fear of specific objects or situations. The disability caused by this phobia can be severe if the feared object or situation is a common one.

The most common specific phobia in the general population is fear of animals—particularly dogs, snakes, insects, and mice. Other specific phobias are fear of closed spaces (claustrophobia) and fear of heights (acrophobia).

Most simple phobias develop during childhood and eventually disappear. Those that persist into adulthood rarely go away without treatment.

Treatment

Any phobia that interferes with daily living and creates extreme disability should be treated. With proper treatment, the vast majority of phobia patients can completely overcome their fears and be symptom-free for years, if not for life. Effective relief can usually be gained through either cognitive behavior therapy, medication, or a combination of both.

COGNITIVE BEHAVIOR THERAPY

In behavior therapy, one meets with a trained therapist and confronts the feared object or situation in a carefully planned, gradual way and learns to control the mental and physical reactions of fear. By confronting rather than fleeing the object of fear, the person becomes accustomed to it and can lose the terror, horror, panic, and dread he or she once felt.

MEDICATIONS

Medications are used to control the panic experienced during a phobic situation, as well as the anxiety caused by anticipation of that situation and are often used to treat social phobia and agoraphobia.

Resources

For more information, please contact:

American Psychiatric Association (APA)

1000 Wilson Blvd.
Suite 1825
Arlington, VA 22209
703-907-7300
www.healthyminds.org

Anxiety Disorders Association of America (ADAA)

8730 Georgia Avenue,
Suite 600
Silver Spring, MD 20910
240-485-1001
www.adaa.org

National Mental Health Association (NMHA)

2001 N. Beauregard Street,
12th Floor
Alexandria, VA 22311
800-969-NMHA (6642)
www.nmha.org

National Alliance for the Mentally Ill (NAMI)

Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
703-524-7600
Information Helpline:
800-950-NAMI (6264)
www.nami.org

One in a series of brochures designed to reduce stigmas associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit www.healthyminds.org.