A phobia (from the Greek: φόβος, Phóbos, meaning “fear” or “morbid fear”) is, when used in the context of clinical psychology, a type of anxiety disorder, usually defined as a persistent fear of an object or situation in which the sufferer commits to great lengths in avoiding, typically disproportional to the actual danger posed, often being recognized as irrational. In the event the phobia cannot be avoided entirely the sufferer will endure the situation or object with marked distress and significant interference in social or occupational activities.¹

The terms distress and impairment as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR) should also take into account the context of the sufferer’s environment if attempting a diagnosis. The DSM-IV-TR states that if a phobic stimulus, whether it be an object or a social situation, is absent entirely in an environment - a diagnosis cannot be made. An example of this situation would be an individual who has a fear of mice (Suriphobia) but lives in an area devoid of mice. Even though the concept of mice causes marked distress and impairment within the individual, because the individual does not encounter mice in the environment no actual distress or impairment is ever experienced. Proximity and the degree to which escape from the phobic stimulus should also be considered. As the sufferer approaches a phobic stimulus, anxiety levels increase (e.g. as one gets closer to a snake, fear increases in ophidiophobia),
and the degree to which escape of the phobic stimulus is limited and has the effect of varying the intensity of fear in instances such as riding an elevator (e.g. anxiety increases at the midway point between floors and decreases when the floor is reached and the doors open).[2]

Finally, a point warranting clarification is that the term phobia is an encompassing term and when discussed is usually done in terms of specific phobias and social phobias. Specific phobias are nouns such as arachnophobia or acrophobia which, as the name implies, are specific, and social phobia are phobias within social situations such as public speaking and crowded areas.

Clinical phobias

Psychologists and psychiatrists classify most phobias into three categories[3][4] and, according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), such phobias are considered to be subtypes of anxiety disorder. The three categories are:

1. Social phobia: fears other people or social situations such as performance anxiety or fears of embarrassment by scrutiny of others, such as eating in public. Overcoming social phobia is often very difficult without the help of therapy or support groups. Social phobia may be further subdivided into

   - generalized social phobia (also known as social anxiety disorder or simply social anxiety).
   - specific social phobia, in which anxiety is triggered only in specific situations.[5] The symptoms may extend to psychosomatic manifestation of physical problems. For example, sufferers of paruresis find it difficult or impossible to urinate in reduced levels of privacy. This goes far
beyond mere preference: when the condition triggers, the person physically cannot empty their bladder.

2. **Specific phobias**: fear of a single specific panic trigger such as spiders, snakes, dogs, water, heights, flying, catching a specific illness, etc. Many people have these fears but to a lesser degree than those who suffer from specific phobias. People with the phobias specifically avoid the entity they fear.

3. **Agoraphobia**: a generalized fear of leaving home or a small familiar 'safe' area, and of possible panic attacks that might follow. It may also be caused by various specific phobias such as fear of open spaces, social embarrassment (social agoraphobia), fear of contamination (fear of germs, possibly complicated by obsessive-compulsive disorder) or PTSD (post traumatic stress disorder) related to a trauma that occurred out of doors.

Phobias vary in severity among individuals. Some individuals can simply avoid the subject of their fear and suffer relatively mild anxiety over that fear. Others suffer full-fledged panic attacks with all the associated disabling symptoms. Most individuals understand that they are suffering from an irrational fear, but they are powerless to override their initial panic reaction.

Specific phobias

As briefly mentioned above, a specific phobia is a marked and persistent fear of an object or situation which brings about an excessive or unreasonable fear when in the presence of, or anticipating, a specific object; furthermore, the specific phobias may also include concerns with losing control, panicking, and fainting which is the direct result of an encounter with the phobia. The important distinction from social phobias are specific phobias are defined in regards to objects or situations whereas social phobias emphasizes more on social fear and the evaluations that might accompany them.
Diagnosis

The diagnostic criteria for 300.29 Specific Phobias as outlined by the DSM-IV-TR:

1. Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).

2. Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed panic attack. **Note:** In children, the anxiety may be expressed by crying, tantrums, freezing, or clinging.

3. The person recognizes that the fear is excessive or unreasonable. **Note:** In children, this feature may be absent.

4. The phobic situation(s) is avoided or else is endured with intense anxiety or distress.

5. The avoidance, anxious anticipation or distress in the feared situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

6. In individuals under the age of 18, the duration is at least 6 months.

7. The anxiety, panic attack, or phobic avoidance associated with the specific object or situation are not better accounted for by another mental disorder, such as Obsessive-Compulsive Disorder (e.g., fear of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of school), Social Phobia (e.g., avoidance of social situations because of fear of embarrassment), Panic Disorder With Agoraphobia, or Agoraphobia Without History of Panic Disorder.

Social phobia

The key difference between specific phobias and social phobias is social phobias include fear of public situations and scrutiny which leads to embarrassment or humiliation in the diagnostic criteria. In social phobias, there is also a generalized category which is included as a specifier below.

**Diagnosis**

The diagnostic criteria for 300.23 Social Phobia as outlined by the DSM-IV-TR:

1. A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or
embarrassing. **Note:** In children there must be evidence of the capacity for age-appropriate social relationships with familiar people and the anxiety must occur in peer settings, not just in interactions with adults.

2. Exposure to the feared social situation almost invariably provokes anxiety, which may take the form of a situationally bound or situationally predisposed **Panic Attack.** **Note:** In children the anxiety may be expressed by crying, tantrums, freezing, or shrinking from social situations with unfamiliar people.

3. The person recognized that the fear is excessive or unreasonable. **Note:** In children this feature may be absent.

4. The feared social or performance situations are avoided or else are endured with intense anxiety or distress.

5. The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

6. In individuals under age 18, the duration is at least 6 months.

7. The avoidance is not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition and is not better accounted for by another mental disorder (e.g. Panic Disorder With or Without Agoraphobia, **Separation Anxiety Disorder**, **Body Dysmorphic Disorder**, a **Pervasive Developmental Disorder**, **Schizoid Personality Disorder**).

8. If a general medical condition or another mental disorder is present, the fear in Criterion A (Exposure to the social or performance situation almost invariably provokes an immediate anxiety response) is unrelated to it, e.g., the fear is not of **Stuttering**, trembling in **Parkinson's disease**, or exhibiting abnormal eating behavior in **Anorexia Nervosa** or **Bulimia Nervosa**.

Specify if:

**Generalized:** if the fears include most social situations (also consider the additional diagnosis of **Avoidant Personality Disorder**).

**Notice the severe overlap between specific and social phobias which is indicative of the nature between the two. The differences from specific phobias unanimously lay only in the word "social".**
Etiology

Environmental

Much of the progress in understanding the acquisition of fear responses in phobias can be attributed to the Pavlovian Model which is synonymous with Classical Conditioning. Myers and Davis (2007) describe the acquisition of fear as when a conditioned stimulus (e.g., a distinctive place) is paired with an aversive unconditioned stimulus (e.g., an electric shock) to an end result in which the subject exhibits a conditioned feared response to the distinctive place (CS+UCS=CR). For how this model works in the context of phobias, one simply has to look at the fear of heights, or acrophobia. In this phobia, the CS is heights such as the top floors of a high rise building or a roller coaster. The UCS can be said to originate from an aversive or traumatizing event in the person's life such as being trapped on a roller coaster as a child or in an elevator at the top floor of a building. The result of combining these two stimuli leads to a new association called the CR (fear of heights) which is simply the CS (heights) transformed by the aversive UCS (being trapped on a roller coaster or elevator) leading to the feared conditioned response. This model does not suggest that once you have a conditioned feared response to an object or situation you have a phobia. As listed above, to meet the criteria for being diagnosed with a phobia one also has to show symptoms of impairment and avoidance. In the example above, for the CR to be classified as a phobia it would have to exhibit signs of impairment due to avoidance. Impairment, which can be considered along the same lines as a disability from a clinician's standpoint, is defined as being unable to complete tasks in one's daily life whether it be occupational, academical, or social. In the recent example, an impairment of occupation could result from not taking on a job solely because its location happens to be at the top floor of a building, or socially not participating in a social event at a theme park. The avoidance aspect is defined as behavior that results in the omission of an aversive event that would otherwise occur with the goal of the preventing anxiety. The above direct conditioning model, though very influential in the theory of fear acquisition, should not suggest the only way to acquire a phobia. Rachman proposed three main pathways to acquire fear conditioning involving direct conditioning, vicarious acquisition and informational/instructional acquisition.

As experimentation with the aforementioned direct conditioning modeling continued, it became increasingly evident that more than just classical conditioning can influence the onset of a phobia. Rachman (1978) proposed that vicarious acquisition was a critical component to the etiology of phobias, so it was decided to include information and instruction from the parent and family members to better understand its onset. Of the research
conducted in this area, one of the best examples of how vicarious conditioning, more specifically modeling, effects the acquisition of a phobia can be said to have come from Cook & Mineka’s (1989) work on rhesus monkeys. In this experiment, Cook & Mineka, through the use of video, appraised 22 rhesus monkeys on their fear to evolutionary relevant stimuli (e.g. crocodiles and snakes), and evolutionary irrelevant stimuli (e.g. flowers and artificial rabbits) to see if fear conditioning using the direct conditioning model (Pavlov’s model) leads to fear acquisition (or more specifically the conditioned fear response). The results of the research showed that after 12 sessions the rhesus monkeys acquired a fear to the evolutionary relevant stimuli and not to the evolutionary irrelevant stimuli; furthermore, the experiment also revealed that when they exposed monkeys to other monkeys that interacted with snakes without showing fear, this group did not acquire the fear which supports the theory of vicarious conditioning through modeling. According to Pavlov’s theory of classical conditioning, the experimenters should have been able to condition a feared response within the rhesus monkeys to the evolutionary irrelevant stimuli because the Pavlovian model posits that any UCS can elicit a CR. The result show the necessary augmentation of the Pavlov model with the vicarious acquisition model.

Regions of the brain associated with phobias

Evolutionary

The circumstance that specific phobias tend to be directed disproportionately against certain objects such as snakes and spiders may have evolutionary explanations. In this view phobias are adaptations that may have been useful in the ancestral environment. On the savanna, unlike dangers such as large predators, snakes and spiders tend to be hidden from view until very close and may be a particular danger to infants and small children,
favoring the development of an instinctive fearful response. This view does not necessarily hold that phobias are genetically inevitable. Instead, there may be a genetic predisposition to learn to fear certain things more easily than other things. Similarly, primary agoraphobia may be due to its once having been evolutionary advantageous to avoid exposed, large open spaces without cover or concealment. Generalized social phobia may be due to its once being usually very dangerous to be confronted by a large group of staring, non-kin, unknown, and not smiling strangers.

Neurobiology

Phobias are generally caused by an event recorded by the amygdala and hippocampus and labeled as deadly or dangerous; thus whenever a specific situation is approached again the body reacts as if the event were happening repeatedly afterward. Treatment comes in some way or another as a replacing of the memory and reaction to the previous event perceived as deadly with something more realistic and based more rationally. In reality most phobias are irrational, in that the subconscious association causes far more fear than is warranted based on the actual danger of the stimulus; a person with a phobia of water may admit that their physiological arousal is irrational and over-reactive, but this alone does not cure the phobia. Phobias are more often than not linked to the amygdala, an area of the brain located behind the pituitary gland in the limbic lobe. The amygdala may trigger secretion of hormones that affect fear and aggression. When the fear or aggression response is initiated, the amygdala may trigger the release of hormones into the body to put the human body into an "alert" state, in which they are ready to move, run, fight, etc. This defensive "alert" state and response is generally referred to in psychology as the fight-or-flight response.

Treatments

Various methods are claimed to treat phobias. Their proposed benefits may vary from person to person.

Some therapists use virtual reality or imagery exercise to desensitize patients to the feared entity. These are parts of systematic desensitization therapy.

Cognitive behavioral therapy (CBT) can be beneficial. Cognitive behavioral therapy allows the patient to challenge dysfunctional thoughts or beliefs by being mindful of their own feelings with the aim that the patient will realize their fear is irrational. CBT may be conducted in a group setting. Gradual desensitisation treatment and CBT are often successful, provided the patient is willing to endure some discomfort.
90% of patients were observed with no longer having a phobic reaction after successful CBT treatment.[14][15][16]

Eye Movement Desensitization and Reprocessing (EMDR) has been demonstrated in peer-reviewed clinical trials to be effective in treating some phobias. Mainly used to treat Post-traumatic stress disorder, EMDR has been demonstrated as effective in easing phobia symptoms following a specific trauma, such as a fear of dogs following a dog bite.[17]

Hypnotherapy coupled with Neuro-linguistic programming can also be used to help remove the associations that trigger a phobic reaction.[18] However, lack of research and scientific testing compromises its status as an effective treatment.

Antidepressant medications such SSRIs, MAOIs may be helpful in some cases of phobia. Benzodiazepines may be useful in acute treatment of severe symptoms but the risk benefit ratio is against their long-term use in phobic disorders.[19]

There are also new pharmacological approaches, which target learning and memory processes that occur during psychotherapy. For example, it has been shown that glucocorticoids can enhance extinction-based psychotherapy.[20]

Emotional Freedom Technique, a psychotherapeutic alternative medicine tool, also considered to be pseudoscience by the mainstream medicine, is allegedly useful.[citation needed]

Another method psychologists and psychiatrists use to treat patients with extreme phobias is prolonged exposure. Prolonged exposure is used in psychotherapy when the person with the phobia is exposed to the object of their fear over a long period of time. This technique is only tested[clarification needed] when a person has overcome avoidance of or escape from the phobic object or situation. People with slight distress from their phobias usually do not need prolonged exposure to their fear.[21]

These treatment options are not mutually exclusive. Often a therapist will suggest multiple treatments.

**Epidemiology**

Phobias are a common form of anxiety disorders. An American study by the National Institute of Mental Health (NIMH) found that between 8.7% and 18.1% of Americans suffer from phobias.[22] Broken down by age and gender, the study found that phobias were the most common mental illness among women in all age groups and the second most common illness among men older than 25.
Non-psychological conditions

The word *phobia* may also signify conditions other than fear. For example, although the term *hydrophobia* means a fear of water, it may also mean inability to drink water due to an illness, or may be used to describe a chemical compound which repels water. It was also once used as a *synonym* for *rabies*, as an aversion to water is one of its symptoms. Likewise, the term *photophobia* may be used to define a physical complaint (i.e. aversion to light due to inflamed eyes or excessively dilated pupils) and does not necessarily indicate a fear of light.

Non-clinical uses of the term

*Main article: List of phobias*

It is possible for an individual to develop a phobia over virtually anything. The name of a phobia generally contains a Greek word for what the patient fears plus the suffix *-phobia*. Creating these terms is something of a *word game*. Few of these terms are found in medical literature. However, this does not necessarily make it a non-psychological condition.

Terms for prejudice or discrimination

A number of terms with the suffix *-phobia* are used non-clinically but have gained public acceptance, though they are often considered buzzwords. Such terms are primarily understood as negative *attitudes* towards certain categories of people or other things, used in an *analogy* with the medical usage of the term. Usually these kinds of "phobias" are described as fear, dislike, disapproval, *prejudice*, *hatred*, *discrimination*, or hostility towards the object of the "phobia". Often this attitude is based on prejudices and is a particular case of most *xenophobia*. These non-clinical phobias are typically used as labels cast on someone by another person or some other group.

Below are some examples:

- **Ephebiphobia** – fear or dislike of *youth* or *adolescents*.
- **Homophobia** – fear or dislike of homosexuals or homosexuality.
- **Islamophobia** - fear or dislike of Muslims.
- **Judeophobia** - fear or dislike of Jews.
- **Xenophobia** – fear or dislike of strangers or the unknown, sometimes used to describe nationalistic political beliefs and movements. It is also used in fictional work to describe the fear or dislike of space aliens.
References


12. ^ Why do we think spiders and snakes are so scary? It just might be evolution, Mark Roth, Pittsburgh Post-Gazette Wednesday, March 07, 2007


List of Phobias

A-
Ablutophobia- Fear of washing or bathing.
Acarophobia- Fear of itching or of the insects that cause itching.
Acerophobia- Fear of sourness.
Achluophobia- Fear of darkness.
Acousticophobia- Fear of noise.
Acrophobia- Fear of heights.
Aerophobia- Fear of drafts, air swallowing, or airbourne noxious substances.
Aeroacrophobia- Fear of open high places.
Aeronausiphobia- Fear of vomiting secondary to airsickness.
Agliophobia- Fear of pain.
Agoraphobia- Fear of open spaces or of being in crowded, public places like markets. Fear of leaving a safe place.
Agraphobia- Fear of sexual abuse.
Agrizoophobia- Fear of wild animals.
Agyrophobia- Fear of streets or crossing the street.
Aichmophobia- Fear of needles or pointed objects.
Ailurophobia- Fear of cats.
Albuminurophobia- Fear of kidney disease.
Alektorophobia- Fear of chickens.
Algophobia- Fear of pain.
Alliumphobia- Fear of garlic.
Allophobia- Fear of opinions.
Altophobia- Fear of heights.
Amathophobia- Fear of dust.
Amaxophobia- Fear of riding in a car.
Ambulophobia- Fear of walking.
Amnesophobia- Fear of amnesia.
Amychophobia- Fear of scratches or being scratched.
Anablephobia- Fear of looking up.
Ancraophobia or Anemophobia- Fear of wind.
Androphobia- Fear of men.
Anemophobia- Fear of air drafts or wind.
Anginophobia- Fear of angina, choking or narrowness.
Anglophobia- Fear of England, English culture, etc.
Angrophobia- Fear of becoming angry.
Ankylophobia- Fear of immobility of a joint.
Anthrophobia or Anthophobia- Fear of flowers.
Anthropophobia- Fear of people or society.
Antlophobia- Fear of floods.
Anuptaphobia- Fear of staying single.
Apeirophobia- Fear of infinity.
Aphenphosmphobia- Fear of being touched. (Haphephobia)
Apipobia- Fear of bees.
Apotemnophobia- Fear of persons with amputations.
Arachibutyrophobia- Fear of peanut butter sticking to the roof of the mouth.
Arachnophobia or Arachnophobia- Fear of spiders.
Arithmophobia- Fear of numbers.
Arrhenophobia- Fear of men.
Arsonphobia- Fear of fire.

Asapiophobe- fear of stupid people

Askimiphobia – Fear of Ugly People
Asthenophobia- Fear of fainting or weakness.
Astraphobia or Astrapophobia- Fear of thunder and lightning.
Astrophobia- Fear of stars and celestial space.
Asymmetriphobia- Fear of asymmetrical things.
Ataxiophobia- Fear of ataxia (muscular incoordination)
Ataxophobia- Fear of disorder or untidiness.
Atelophobia- Fear of imperfection.
Atephobia- Fear of ruin or ruins.
Athazagoraphobia- Fear of being forgotten or ignored or forgetting.
Atomosophobia - Fear of atomic explosions.
Atychiphobia- Fear of failure.
Aulophobia- Fear of flutes.
Aurophobia- Fear of gold.
Auroraphobia- Fear of Northern lights.
Autodysomophobia- Fear of one that has a vile odour.
Automatonophobia- Fear of ventriloquist's dummies, animatronic creatures, wax statues - anything that falsely represents a sentient being.
Automyosphobia- Fear of being dirty.
Autophobia- Fear of being alone or of oneself.
Aviophobia or Aviatophobia- Fear of flying.

B-
Bacillophobia- Fear of microbes.
Bacteriophobia- Fear of bacteria.
Ballistophobia- Fear of missles or bullets.
Bolshephobia- Fear of Bolsheviks.
Barophobia- Fear of gravity.
Basophobia or Basiphobia- Inability to stand. Fear of walking or falling.
Bathophobia- Fear of depth.
Batonophobia- Fear of plants.
Batophobia- Fear of heights or being close to high buildings.
Batrachophobia- Fear of amphibians, such as frogs, newts, salamanders, etc.
Belonephobia- Fear of pins and needles. (Aichmophobia)
Bibliophobia- Fear of books.
Blennophobia- Fear of slime.
Bogyphobia- Fear of bogies or the bogeyman.
Bromidrosiphobia or Bromidrophobia- Fear of body smells.
Brontophobia- Fear of thunder and lightning.
Bufonophobia- Fear of toads.

C-
Cacophobia- Fear of ugliness.
Cainophobia or Cainotophobia- Fear of newness, novelty.
Caligynephobia- Fear of beautiful women.
Cancerophobia- Fear of cancer.
Carcinophobia- Fear of cancer.
Cardiophobia- Fear of the heart.
Carnophobia- Fear of meat.
Catagelophobia- Fear of being ridiculed.
Catapedaphobia- Fear of jumping from high and low places.
Cathisophobia- Fear of sitting.
Catoptrophobia- Fear of mirrors.
Cenophobia or Centophobia- Fear of new things or ideas.
Ceraunophobia- Fear of thunder.
Cheatophobia- Fear of hair.
Cheimaphobia or Cheimatophobia- Fear of cold.
Chemophobia- Fear of chemicals or working with chemicals.
Cherophobia- Fear of gaiety.
Chionophobia- Fear of snow.
Chiraptophobia- Fear of being touched.

Chiropophobia- Fear of Chiropractors
Cholerophobia- Fear of anger

Choleraphobia- the fear of cholera.

Chorophobia- Fear of dancing.
Chrometophobia or Chematophobia- Fear of money.
Chromophobia or Chromatophobia- Fear of colors.
Chronophobia- Fear of time.
Chronomentropy- Fear of clocks.
Cibophobia or Sitophobia or Sitiophobia- Fear of food.
Claustrophobia- Fear of confined spaces.
Cleithrophobia or Cleisiophobia- Fear of being locked in an enclosed place.
Cleptophobia- Fear of stealing.
Climacophobia- Fear of stairs, climbing or of falling downstairs.
Clinophobia- Fear of going to bed.
Clithophobia or Cleithrophobia- Fear of being enclosed.
Cnidophobia- Fear of strings.
Cometophobia- Fear of comets.
Coimetrophobia- Fear of cemeteries.
Coitophobia- Fear of coitus.
Contreltophobia- Fear of sexual abuse.
Coprastasophobia- Fear of constipation.
Coprophobia- Fear of feces.
Coulrophobia- Fear of clowns.
Counterphobia- The preference by a phobic for fearful situations.
Cremnophobia- Fear of precipices.
Cryophobia- Fear of extreme cold, ice or frost.
Crystallophobia- Fear of crystals or glass.
Cyberphobia- Fear of computers or working on a computer.
Cyclophobia- Fear of bicycles.
Cymophobia- Fear of waves or wave like motions.
Cynophobia- Fear of dogs or rabies.
Cypridophobia, Cypriphobia, Cyprianophobia, or Cyprinophobia - Fear of prostitutes or venereal disease.

D-
Decidophobia- Fear of making decisions.
Defecaloesiophobia- Fear of painful bowels movements.
Deipnophobia- Fear of dining and dinner conversations.
Dementophobia- Fear of insanity.
Demonophobia or Daemonophobia- Fear of demons.
Demophobia- Fear of crowds. (Agoraphobia)
Dendrophobia- Fear of trees.
Dentophobia- Fear of dentists.
Dermatophobia- Fear of skin lesions.
Dermatosiophobia or Dermatophobia or Dermatopathophobia- Fear of skin disease.
Dextrophobia- Fear of objects at the right side of the body.
Diabetophobia- Fear of diabetes.
Didaskaleinophobia- Fear of going to school.
Dikephobia- Fear of justice.
Dinophobia- Fear of dizziness or whirlpools.
Diplophobia- Fear of double vision.
Dipsophobia- Fear of drinking.
Dishabiliophobia- Fear of undressing in front of someone.
Domatophobia or Oikophobia- Fear of houses or being in a house.
Doraphobia- Fear of fur or skins of animals.
Dromophobia- Fear of crossing streets.
Dutchphobia- Fear of the Dutch.
Dysmorphophobia- Fear of deformity.
Dystychiphobia- Fear of accidents.

E-
Ecclesiophobia- Fear of church.
Ecophobia- Fear of home.
Ecophobia or Oikophobia- Fear of home surroundings.
Eisoptrophobia- Fear of mirrors or of seeing oneself in a mirror.
Electrophobia- Fear of electricity.
Eleutherophobia- Fear of freedom.
Elurophobia- Fear of cats. (Ailurophobia)
Emetophobia- Fear of vomiting.
Enetophobia- Fear of pins.
Enochlophobia- Fear of crowds.
Enosiophobia or Enissophobia- Fear of having committed an unpardonable sin or of criticism.
Entomophobia- Fear of insects.
Eosophobia- Fear of dawn or daylight.
Epistaxiophobia- Fear of nosebleeds.
Epistemophobia- Fear of knowledge.
Equinophobia- Fear of horses.
Eremophobia- Fear of being oneself or of loneliness.
Ereuthrophobia- Fear of blushing.
Ergasiophobia- 1) Fear of work or functioning. 2) Surgeon's fear of operating.
Ergophobia- Fear of work.
Erotophobia- Fear of sexual love or sexual questions.
Euphobia- Fear of hearing good news.
Eurotophobia- Fear of female genitalia.
Erythrophobia, Erytophobia or Ereuthophobia- 1) Fear of redlights. 2) Blushing. 3) Red.

Exeepnosophobia- fear of smart people
Exeepmorosophobia- fear of smart people making a fool of you

F-
Febriphobia, Fibriphobia or Fibriophobia- Fear of fever.
Felinophobia- Fear of cats. (Ailurophobia, Elurophobia, Galeophobia, Gatophobia)
Francophobia- Fear of France, French culture. (Gallophobia, Galiophobia)
Frigophobia- Fear of cold, cold things.

G-
Galeophobia or Gatophobia- Fear of cats.
Gallophobia or Galiophobia- Fear France, French culture. (Francophobia)
Gamophobia- Fear of marriage.
Geliophobia- Fear of laughter.
Geniophobia- Fear of chins.
Genophobia- Fear of sex.
Genuphobia- Fear of knees.
Gephyrophobia, Gephydrophobia, or Gephyosrophobia- Fear of crossing bridges.
Germanophobia- Fear of Germany, German culture, etc.
Gerascophobia- Fear of growing old.
Gerontophobia- Fear of old people or of growing old.
Geumaphobia or Geumophobia- Fear of taste.
Glossophobia- Fear of speaking in public or of trying to speak.
Gnosio phobia- Fear of knowledge.
Graphophobia- Fear of writing or handwriting.
Gymnophobia- Fear of nudity.
Gynephobia or Gynophobia- Fear of women.

H-
Hadephobia- Fear of hell.
Hagiophobia- Fear of saints or holy things.
Hamartophobia- Fear of sinning.
Haphephobia or Haptephobia- Fear of being touched.
Harpaxophobia- Fear of being robbed.
Hedonophobia- Fear of feeling pleasure.
Heliophobia- Fear of the sun.
Hellenologophobia- Fear of Greek terms or complex scientific terminology.
Helminthophobia- Fear of being infested with worms.
Hemophobia or Hemaphobia or Hematophobia- Fear of blood.
Heresyphobia or Hereiophobia- Fear of challenges to official doctrine or of radical deviation.
Herpetophobia- Fear of reptiles or creepy, crawly things.
Heterophobia- Fear of the opposite sex. (Sexophobia)
Hierophobia- Fear of priests or sacred things.
Hippophobia- Fear of horses.
Hippopotomonstrosesquippedaliophobia- Fear of long words.
Hobophobia- Fear of tramps or beggars.
Hodophobia- Fear of road travel.
Hormephobia- Fear of shock.
Homichlophobia- Fear of fog.
Homilophobia- Fear of sermons.
Hominophobia- Fear of men.
Homophobia- Fear of sameness, monotony or of homosexuality or of becoming homosexual.
Hoplophobia- Fear of firearms.
Hydargyrophobia- Fear of mercurial medicines.
Hydrophobia- Fear of water or of rabies.
Hydrophobophobia- Fear of rabies.
Hyelophobia or Hyalophobia- Fear of glass.
Hygrophobia- Fear of liquids, dampness, or moisture.
Hylephobia- Fear of materialism OR the fear of epilepsy.
Hylophobia- Fear of forests.
Hypengyophobia or Hypegiaphobia- Fear of responsibility.
Hypnophobia- Fear of sleep or of being hypnotized.
Hypsiphobia- Fear of height.

I-
Iatrophobia- Fear of going to the doctor or of doctors.
Ichthyophobia- Fear of fish.
Ideophobia- Fear of ideas.
Illyngophobia- Fear of vertigo or feeling dizzy when looking down.
Iophobia- Fear of poison.
Insectophobia - Fear of insects.
Isolophobia- Fear of solitude, being alone.
Isopterophobia- Fear of termites, insects that eat wood.
Ithyphallophobia- Fear of seeing, thinking about or having an erect penis.

J-
Japanophobia- Fear of Japanese.
Judeophobia- Fear of Jews.

K-
Kainolophobia- Fear of novelty.
Kainophobia- Fear of anything new, novelty.
Kakorrhaphiophobia- Fear of failure or defeat.
Katagelophobia- Fear of ridicule.
Kathisophobia- Fear of sitting down.
Kenophobia- Fear of voids or empty spaces.
Keraunophobia- Fear of thunder and lightning.
Kinetophobia or Kinesophobia- Fear of movement or motion.
Kleptophobia- Fear of stealing.
Koinoniphobia- Fear of rooms.
Kolpophobia- Fear of genitals, particularly female.
Kopophobia- Fear of fatigue.
Koniophobia- Fear of dust. (Amathophobia)
Kosmikophobia- Fear of cosmic phenomenon.
Kymophobia- Fear of waves.
Kynophobia- Fear of rabies.
Kyphophobia- Fear of stooping.

L-
Lachanophobia- Fear of vegetables.
Laliophobia or Lalophobia- Fear of speaking.
Leprophobia or Lepraphobia- Fear of leprosy.
Leukophobia- Fear of the color white.
Levophobia- Fear of things to the left side of the body.
Ligyrophobia- Fear of loud noises.
Lilapsophobia - Fear of tornadoes and hurricanes.
Limnophobia- Fear of lakes.
Linophonophobia- Fear of string.
Liticaphobia- Fear of lawsuits.
Lockiophobia- Fear of childbirth.
Logizomechanophobia - Fear of computers.
Logophobia- Fear of words.
Luiphobia- Fear of lues, syphilis.
Lutraphobia- Fear of otters.
Lygophobia- Fear of darkness.
Lyssophobia- Fear of rabies or of becoming mad.

M-
Macrophobia- Fear of long waits.
Mageirocophobia- Fear of cooking.
Maieusiophobia- Fear of childbirth.
Malaxophobia- Fear of love play. (Sarmassophobia)
Maniapobia- Fear of insanity.
Mastigophobia- Fear of punishment.
Mechanophobia- Fear of machines.
Medomalacuphobia- Fear of losing an erection.
Medorthophobia- Fear of an erect penis.
Megalophobia- Fear of large things.
Melissophobia- Fear of bees.
Melanophobia- Fear of the color black.
Melophobia- Fear or hatred of music.
Meningitophobia- Fear of brain disease.
Menophobia- Fear of menstruation.
Merinthophobia- Fear of being bound or tied up.
Metallophobia- Fear of metal.
Metathesiophobia- Fear of changes.
Meteorophobia- Fear of meteors.
Methyphobia- Fear of alcohol.
Metrophobia- Fear or hatred of poetry.
Microbophobia- Fear of microbes. (Bacillophobia)
Microphobia- Fear of small things.
Misophobia- Fear of being contaminated with dirt of germs.
Mnemophobia- Fear of memories.
Molysmophobia or Molysomophobia- Fear of dirt or contamination.
Monophobia- Fear of solitude or being alone.
Monopathophobia- Fear of definite disease.
Motorphobia- Fear of automobiles.
Mottephobia- Fear of moths.
Musophobia or Murophobia- Fear of mice.
Mycophobia- Fear or aversion to mushrooms.
Mycrophobia- Fear of small things.
Mycophobia- Fear of darkness.
Myrmecophobia- Fear of ants.
Mysophobia- Fear of germs or contamination or dirt.
Mythophobia- Fear of myths or stories or false statements.
Myxophobia- Fear of slime. (Blennophobia)

N-
Nebulaphobia- Fear of fog. (Homiclrophobia)
Necrophobia- Fear of death or dead things.
Nelophobia- Fear of glass.
Neopharmaphobia- Fear of new drugs.
Neophobia- Fear of anything new.
Nephophobia- Fear of clouds.
Noctiphobia- Fear of the night.
Nomatophobia- Fear of names.
Nosocomephobia- Fear of hospitals.
Nosophobia or Nosemaphobia- Fear of becoming ill.
Nostophobia- Fear of returning home.
Novercaphobia- Fear of your step-mother.
Nucleomituophobia- Fear of nuclear weapons.
Nudophobia- Fear of nudity.
Numerophobia- Fear of numbers.
Nyctohylophobia- Fear of dark wooded areas, of forests at night.
Nyctophobia- Fear of the dark or of night.

O-
Obesophobia- Fear of gaining weight. (Pocrescophobia)
Ochlophobia- Fear of crowds or mobs.
Ochophobia- Fear of vehicles.
Octophobia - Fear of the figure 8.
Odontophobia- Fear of teeth or dental surgery.
Odynophobia or Odynephobia- Fear of pain. (Algophobia)
Oenophobia- Fear of wines.
Oikophobia- Fear of home surroundings, house.
Olfactophobia- Fear of smells.
Ombrophobia- Fear of rain or of being rained on.
Ommetaphobia or Ommatophobia- Fear of eyes.
Oneirophobia- Fear of dreams.
Oneirogmophobia- Fear of wet dreams.
Onomatophobia- Fear of hearing a certain word or of names.
Ophidiophobia- Fear of snakes. (Snakephobia)
Ophthalmophobia- Fear of being stared at.
Optophobia- Fear of opening one's eyes.
Ornithophobia- Fear of birds.
Orthophobia- Fear of property.
Osmophobia or Osphresiophobia- Fear of smells or odors.
Ostraconophobia- Fear of shellfish.
Ouranophobia- Fear of heaven.

P-
Pagophobia- Fear of ice or frost.
Panthophobia- Fear of suffering and disease.
Panophobia or Pantophobia- Fear of everything.
Papaphobia- Fear of the Pope.
Papyrophobia- Fear of paper.
Paralipophobia- Fear of neglecting duty or responsibility.
Paraphobia- Fear of sexual perversion.
Parasitophobia- Fear of parasites.
Paraskavedekatriaphobia- Fear of Friday the 13th.
Parthenophobia- Fear of virgins or young girls.
Pathophobia- Fear of disease.
Patroiphobia- Fear of heredity.
Parturiphobia- Fear of childbirth.
Peccatophobia- Fear of sinning. (imaginary crime)
Pediculophobia- Fear of lice.
Pediophobia- Fear of dolls.
Pedophobia- Fear of children.
Peladophobia- Fear of bald people.
Pellagrophobia- Fear of pellagra.
Peniaphobia- Fear of poverty.
Pentheraphobia- Fear of mother-in-law. (Novercaphobia)
Phagophobia- Fear of swallowing or of eating or of being eaten.
Phalacrophobia- Fear of becoming bald.
Phallophobia - Fear of a penis, esp erect.
Pharmacophobia - Fear of taking medicine.
Phasmophobia - Fear of ghosts.
Phengophobia - Fear of daylight or sunshine.
Philemaphobia or Philematophobia - Fear of kissing.
Philophobia - Fear of falling in love or being in love.
Philosophobia - Fear of philosophy.
Phobophobia - Fear of phobias.
Photoaugliaphobia - Fear of glaring lights.
Photophobia - Fear of light.
Phonophobia - Fear of noises or voices or one's own voice; of telephones.
Phronemophobia - Fear of thinking.
Phthiriophobia - Fear of lice. (Pediculophobia)
Phthisiophobia - Fear of tuberculosis.
Placophobia - Fear of tombstones.
Plutophobia - Fear of wealth.
Pluviophobia - Fear of rain or of being rained on.
Pneumatophobia - Fear of spirits.
Pnigophobia or Pnigerophobia - Fear of choking of being smothered.
Pocrescophobia - Fear of gaining weight. (Obesophobia)
Pogonophobia - Fear of beards.
Poliosophobia - Fear of contracting poliomyelitis.
Politicophobia - Fear or abnormal dislike of politicians.
Polyphobia - Fear of many things.
Poinephobia - Fear of punishment.
Ponophobia - Fear of overworking or of pain.
Porphyrophobia - Fear of the color purple.
Potamophobia - Fear of rivers or running water.
Potophobia - Fear of alcohol.
Pharmacophobia - Fear of drugs.
Proctophobia - Fear of rectum.
Prosophobia - Fear of progress.
Psellismophobia - Fear of stuttering.
Psychophobia - Fear of mind.
Psychrophobia - Fear of cold.
Pteromerhanophobia - Fear of flying.
Pteronophobia - Fear of being tickled by feathers.
Pupaphobia - fear of puppets
Pyrexioaphobia - Fear of Fever.
Pyrophobia - Fear of fire.
Q-

R-
Radiophobia- Fear of radiation, x-rays.
Ranidaphobia- Fear of frogs.
Rectophobia- Fear of rectum or rectal diseases.
Rhabdophobia- Fear of being severely punished or beaten by a rod, or of being severely criticized. Also fear of magic.(wand)
Rhypophobia- Fear of defecation.
Rhytiphobia- Fear of getting wrinkles.
Rupophobia- Fear of dirt.
Russophobia- Fear of Russians.

S-
Samhainophobia: Fear of Halloween.
Sarmassophobia- Fear of love play. (Malaxophobia)
Satanophobia- Fear of Satan.
Scabiophobia- Fear of scabies.
Scatophobia- Fear of fecal matter.
Scelerophobia- Fear of bad men, burglars.
Sciophobia Sciaphobia- Fear of shadows.
Scoleciophobia- Fear of worms.
Scolionophobia- Fear of school.
Scopophobia or Scoptophobia- Fear of being seen or stared at.
Scotomaphobia- Fear of blindness in visual field.
Scotophobia- Fear of darkness. (Achluophobia)
Scriptophobia- Fear of writing in public.
Selaphobia- Fear of light flashes.
Selenophobia- Fear of the moon.
Seplophobia- Fear of decaying matter.
Sesquipedalophobia- Fear of long words.
Sexophobia- Fear of the opposite sex. (Heterophobia)
Siderodromophobia- Fear of trains, railroads or train travel.
Siderophobia- Fear of stars.
Sinistrophobia- Fear of things to the left, left-handed.
Sinophobia- Fear of Chinese, Chinese culture.
Sitophobia or Sitiophobia- Fear of food or eating. (Cibophobia)
Snakephobia- Fear of snakes. (Ophidiophobia)
Soceraphobia- Fear of parents-in-law.
Social Phobia- Fear of being evaluated negatively in social situations.
Sociophobia- Fear of society or people in general.
Somniphobia- Fear of sleep.
Sophophobia- Fear of learning.
Soteriophobia - Fear of dependence on others.
Spaceophobia- Fear of outer space.
Spectrophobia- Fear of specters or ghosts.
Spermatophobia or Spermophobia- Fear of germs.
Spheksophobia- Fear of wasps.
Stasibasiphobia or Stasiphobia- Fear of standing or walking. (Ambulophobia)
Staurophobia- Fear of crosses or the crucifix.
Stenophobia- Fear of narrow things or places.
Stygiophobia or Stigiophobia- Fear of hell.
Suriphobia- Fear of mice.
Symbolophobia- Fear of symbolism.
Symmetrophobia- Fear of symmetry.
Syngenesophobia- Fear of relatives.
Syphilophobia- Fear of syphilis.

T-
Tachophobia- Fear of speed.
Taeniophobia or Teniophobia- Fear of tapeworms.
Taphephobia Taphophobia- Fear of being buried alive or of cemeteries.
Tapinophobia- Fear of being contagious.
Taurophobia- Fear of bulls.
Technophobia- Fear of technology.
Teleophobia- 1) Fear of definite plans. 2) Religious ceremony.
Telephonophobia- Fear of telephones.
Teratophobia- Fear of bearing a deformed child or fear of monsters or deformed people.
Testophobia- Fear of taking tests.
Tetanophobia- Fear of lockjaw, tetanus.
Teutophobia- Fear of German or German things.
Textophobia- Fear of certain fabrics.
Thaasophobia- Fear of sitting.
Thalassophobia- Fear of the sea.
Thanatophobia or Thantophobia- Fear of death or dying.
Theatrophobia- Fear of theatres.
Theologicophobia- Fear of theology.
Theophobia- Fear of gods or religion.
Thermophobia- Fear of heat.
Tocophobia- Fear of pregnancy or childbirth.
Tomophobia- Fear of surgical operations.
Tonitrophobia- Fear of thunder.
Topophobia- Fear of certain places or situations, such as stage fright.
Toxiphobia or Toxophobia or Toxicophobia- Fear of poison or of being accidentally poisoned.
Traumatophobia- Fear of injury.
Tremophobia- Fear of trembling.
Trichinophobia- Fear of trichinosis.
Trichopathophobia or Trichophobia or Hypertrichophobia- Fear of hair.
(Chaetophobia)
Triskaidekaphobia- Fear of the number 13.
Tropophobia- Fear of moving or making changes.
Trypanophobia- Fear of injections.
Tuberculophobia- Fear of tuberculosis.
Tyrannophobia- Fear of tyrants.

U-
Uranophobia- Fear of heaven.
Urophobia- Fear of urine or urinating.

V-
Vaccinophobia- Fear of vaccination.
Venustrophobia- Fear of beautiful women.
Verbophobia- Fear of words.
Verminophobia- Fear of germs.
Vestiphobia- Fear of clothing.
Virginophobia- Fear of rape.
Vitricophobia- Fear of step-father.

W-
Walloonphobia- Fear of the Walloons.
Wiccaphobia: Fear of witches and witchcraft.

X-
Xanthophobia- Fear of the color yellow or the word yellow.
Xenophobia- Fear of strangers or foreigners.
Xerophobia- Fear of dryness.
Xylophobia- 1) Fear of wooden objects. 2) Forests.

Y-

Z-
Zelophobia- Fear of jealousy.
Zeusophobia- Fear of God or gods.
Zemmiphobia- Fear of the great mole rat.
Zoophobia- Fear of animals.

Extras

1. Peladophobia - Fear of Bald People
2. Pogonophobia - Fear of Beards
3. Defecaloesiophobia - Fear of Bowel Movements
4. Alliumphobia - Fear of Garlic
5. Anablephobia - Fear of Looking Up
6. Eisoptrophobia - Fear of Mirrors or looking in a mirror
7. Chrometophobia - Fear of Money
8. Pentheraphobia - Fear of Mother-in-Law (probably more common than you'd think)
9. Arithmophobia - Fear of Numbers
10. Phronemophobia - Fear of thinking (...I think I know a few people with this)
11. Cacophobia - Fear of Ugliness
12. Pteronophobia - Fear of being tickled by feathers
13. Ergophobia - Fear of work
14. Anuptaphobia - Fear of staying single
15. Ephebiphobia - Fear of teenagers
16. Gymnophobia - Fear of nudity
17. Hobophobia - Fear of bums
18. Kathisophobia - Fear of sitting down
19. Leukophobia - Fear of the Color White
20. Mnemophobia - Fear of Memories
21. Novercaphobia - Fear of Step Mother (Not to be confused with Pentheraphobia)
22. Octophobia - Fear of the figure 8
23. Rectophobia - Fear of rectal disease
24. Somniphobia - Fear of Sleep
25. Sesquipedalophobia - Fear of long words
26. Symmetrophobia - Fear of Symmetry
27. Asymmetriphobia - Fear of asymmetrical things
28. Xerophobia - Fear of dryness
29. Euphobia - Fear of good news
30. Dendrophobia - Fear of Trees
31. Heliophobia - Fear of the Sun
32. Anthrophobia - Fear of flowers
33. Hydrophobia - Fear of Water
34. Papyrophobia - Fear of Paper
35. Emetophobia - Fear of vomiting
36. Osmophobia - Fear of Smells
37. Consecotaleophobia - Fear of Chop Sticks
38. Hexakosioihexekontahexaphobia - Fear of the number "666"
39. Emetrophobia - Fear of vomiting
40. Tetraphobia - Fear of the number 4
42. Acerophobia - Fear of Soursness
43. Agyrophobia - Fear of Crossing the Street
44. Amnesiphobia - Fear of Amnesia
45. Ataxophobia - Fear of Untidiness
46. Aulophobia - Fear of Flutes
47. Athazagoraphobia - Fear of being Forgotten
48. Arachibutyrophobia - Fear of Peanut Butter sticking to the roof of your mouth
49. Anthropophobia - Fear of people

**Ambulophobia:** The fear of walking is often confused for a person, who is downright lazy and just does not want to walk.

**Pteronophobia:** This is for all those people who are morbidly fearful of being tickled by a feather. Wonder, from where did that fear originate?

**Selenophobia:** It refers to the fear of the Moon. Well, hopefully we do not have too many aspiring astronauts with this problem.

**Gamophobia:** This refers to the fear of marriage. I think most men around the world have it. Even if they don't, be wary, you may soon be hit with this excuse, "Sorry honey, it's not that I don't want to marry you. I'm afraid I have an incurable case of gamophobia."

**Hippopotomonstrosesquippedaliophobia:** I know it may sound like a joke, but people afflicted with Hippopotomonstrosesquippedaliophobia are ironically afraid of long words! Personally, I believe that there should be an award for people who can correctly spell it.

**Linonophobia:** This has got to be the silliest phobia ever. A morbid fear of strings! I am sure, all the cats in the world do not have it.

**Euphobia:** This is the fear of hearing good news. Now why in the world would anyone be fearful of that, beats me!

**Vestiphobia:** Commonly known as the fear of clothing. Well, for all those people getting ideas, the phobia does not really seem to affect single, young, athletic women.

**Syngenesophobia:** The fear of relatives could certainly be more common than we think, especially if you have those zany aunts and uncles.

**Aphenphosmphobia:** The fear of being touched. I am sure my cat suffers from this. However, I am not sure that a person afflicted with this phobia would be good romance material.

**Cacophobia:** The fear of ugliness, cacophobia, can easily gain sympathetic ears. The people suffering from this will withdraw, react strangely, or limit their responses to ugly characters, people, inconsistent or asymmetric objects and other strange items that they may encounter. I am sure this phobia makes many plastic surgeons around the world, very happy.

**Novercaphobia:** Also known as the fear of stepmother, Novercaphobia, is an unusual phobia that may have originated from fairy tales. I guess the people with this phobia read 'Snow White and the Seven Dwarfs' a few times too many.
Epistemophobia: This is also referred to as the fear of knowledge. I am assuming these people took the words 'Ignorance is bliss', quite seriously. It can also be a very handy excuse for all those people in high school, who want to cut class.

Panophobia: I think we should all spare a thought for the people with a fear of everything. Well, what can I say, phanophobes seem to fear everything, from fearing the fear to the fear of managing the phobia. And you thought only you had the bad days?

Peniaphobia (poverty fear, being poor fear, poverty phobia, being poor phobia, fear of poverty, fear of being broke, fear of being poor, fear of having no money, phobia of poverty, phobia of being poor, phobia of having no money, phobia of having no money).
"The prevalent fear of poverty among the Educated Classes is the worst moral disease from which our civilization suffers."

“William James”
Phobias and Fears
SYMPTOMS, TREATMENT, AND SELF-HELP

Almost everyone has an irrational fear or two—of mice, for example, or your annual dental checkup. For most people, these fears are minor. But, when fears become so severe that they cause tremendous anxiety and interfere with your normal life, they’re called phobias. The good news is that phobias can be managed and cured. Self-help strategies and therapy can help you overcome your fears and start living the life you want.

IN THIS ARTICLE:
- What is a phobia?
- Normal fear vs. phobias
- Common types of phobias
- Signs and symptoms
- When to seek help
- Face your fears
- Learn relaxation techniques
- Challenge negative thoughts

What is a phobia?

Barbara’s fear of flying
Barbara is terrified of flying. Unfortunately, she has to travel a lot for work, and this traveling takes a terrible toll. For weeks before every trip, she has a knot in her stomach and a feeling of anxiety that won’t go away. On the day of the flight, she wakes up feeling like she’s going to throw up. Once she’s on the plane, her heart pounds, she feels lightheaded, and she starts to hyperventilate. Every time it gets worse and worse.

Barbara’s fear of flying has gotten so bad that she finally told her boss she can only travel to places within driving distance. Her boss was not happy about this, and Barbara’s not sure what will happen at work. She’s afraid she’ll be demoted or lose her job altogether. But better that, she tells herself, than getting on a plane again.

A phobia is an intense fear of something that, in reality, poses little or no actual danger. Common phobias and fears include closed-in places, heights, highway driving, flying insects, snakes, and needles. However, we can develop phobias of virtually anything. Most phobias develop in childhood, but they can also develop in adults.
If you have a phobia, you probably realize that your fear is unreasonable, yet you still can't control your feelings. Just thinking about the feared object or situation may make you anxious. And when you’re actually exposed to the thing you fear, the terror is automatic and overwhelming.

The experience is so nerve-wracking that you may go to great lengths to avoid it — inconveniencing yourself or even changing your lifestyle. If you have claustrophobia, for example, you might turn down a lucrative job offer if you have to ride the elevator to get to the office. If you have a fear of heights, you might drive an extra twenty miles in order to avoid a tall bridge.

Understanding your phobia is the first step to overcoming it. It’s important to know that phobias are common. Having a phobia doesn’t mean you’re crazy! It also helps to know that phobias are highly treatable. You can overcome your anxiety and fear, no matter how out of control it feels.

“Normal” fear vs. phobias

It is normal and even helpful to experience fear in dangerous situations. Fear is an adaptive human response. It serves a protective purpose, activating the automatic “fight-or-flight” response. With our bodies and minds alert and ready for action, we are able to respond quickly and protect ourselves.

But with phobias the threat is greatly exaggerated or nonexistent. For example, it is only natural to be afraid of a snarling Doberman, but it is irrational to be terrified of a friendly poodle on a leash, as you might be if you have a dog phobia.

<table>
<thead>
<tr>
<th>The difference between normal fear and a phobia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Normal fear</strong></td>
</tr>
<tr>
<td>Feeling anxious when flying through turbulence or taking off during a storm</td>
</tr>
<tr>
<td>Experiencing butterflies when peering down from the top of a skyscraper or climbing a tall ladder</td>
</tr>
<tr>
<td>Getting nervous when you see a pit bull or a Rottweiler</td>
</tr>
<tr>
<td>Feeling a little queasy when getting a shot or when your blood is being drawn</td>
</tr>
</tbody>
</table>

**Normal fears in children**

Many childhood fears are natural and tend to develop at specific ages. For example, many young children are afraid of the dark and may need a nightlight to sleep. That doesn't mean they have a phobia. In most cases, they will grow out of this fear as they get older.
If your child’s fear is not interfering with his or her daily life or causing him or her a great deal of distress, then there’s little cause for undue concern. However, if the fear is interfering with your child’s social activities, school performance, or sleep, you may want to see a qualified child therapist.

### Which of my child’s fears are normal?

According to the Child Anxiety Network, the following fears are extremely common and considered normal:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Fears</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years</td>
<td>Loud noises, strangers, separation from parents, large objects.</td>
</tr>
<tr>
<td>3-6 years</td>
<td>Imaginary things such as ghosts, monsters, the dark, sleeping alone, strange noises.</td>
</tr>
<tr>
<td>7-16 years</td>
<td>More realistic fears such as injury, illness, school performance, death, natural disasters.</td>
</tr>
</tbody>
</table>

### Common types of phobias and fears

There are four general types of phobias and fears:

- **Animal phobias.** Examples include fear of snakes, fear of spiders, fear of rodents, and fear of dogs.
- **Natural environment phobias.** Examples include fear of heights, fear of storms, fear of water, and fear of the dark.
- **Situational phobias (fears triggered by a specific situation).** Examples include fear of enclosed spaces (claustrophobia), fear of flying, fear of driving, fear of tunnels, and fear of bridges.
- **Blood-Injection-Injury phobia.** The fear of blood, fear or injury, or a fear of needles or other medical procedures.

### Common phobias and fears

- Fear of spiders
- Fear of snakes
- Fear of heights
- Fear or closed spaces
- Fear of storms
- Fear of needles and injections
- Fear of public speaking
- Fear of flying
- Fear of germs
- Fear of illness or death

Some phobias don’t fall into one of the four common categories. Such phobias include fear of choking, fear of getting a disease such as cancer, and fear of clowns.

### Social phobia and fear of public speaking

**Social phobia**, also called social anxiety disorder, is fear of social situations where you may be embarrassed or judged. If you have social phobia you may be excessively self-conscious and afraid of humiliating yourself in front of others. Your anxiety over how you will look and what others will think may lead you to avoid certain social situations you’d otherwise enjoy.

Fear of public speaking, an extremely common phobia, is a type of social phobia. Other fears associated with social phobia include fear of eating or drinking in public, talking to strangers, taking exams, mingling at a party, and being called on in class.
Agoraphobia is another phobia that doesn’t fit neatly into any of the four categories. Traditionally thought to involve a fear of public places and open spaces, it is now believed that agoraphobia develops as a complication of panic attacks.

Afraid of having another panic attack, you become anxious about being in situations where escape would be difficult or embarrassing, or where help wouldn’t be immediately available. For example, you are likely to avoid crowded places such as shopping malls and movie theaters. You may also avoid cars, airplanes, subways, and other forms of travel. In more severe cases, you might only feel safe at home.

Signs and symptoms of phobias

The symptoms of a phobia can range from mild feelings of apprehension and anxiety to a full-blown panic attack. Typically, the closer you are to the thing you’re afraid of, the greater your fear will be. Your fear will also be higher if getting away is difficult.

Physical signs and symptoms of a phobia

- Difficulty breathing
- Racing or pounding heart
- Chest pain or tightness
- Trembling or shaking
- Feeling dizzy or lightheaded
- A churning stomach
- Hot or cold flashes; tingling sensations
- Sweating

Emotional signs and symptoms of a phobia

- Feeling of overwhelming anxiety or panic
- Feeling an intense need to escape
- Feeling “unreal” or detached from yourself
- Fear of losing control or going crazy
- Knowing that you’re overreacting, but feeling powerless to control your fear

Symptoms of Blood-Injection-Injury Phobia

The symptoms of blood-injection-injury phobia are slightly different from other phobias. When confronted with the sight of blood or a needle, you experience not only fear but disgust.

Like other phobias, you initially feel anxious as your heart speeds up. However, unlike other phobias, this acceleration is followed by a quick drop in blood pressure, which leads to nausea, dizziness, and fainting. Although a fear of fainting is common in all specific phobias, blood-injection-injury phobia is the only phobia where fainting can actually occur.

When to seek help for phobias and fears

Although phobias are common, they don’t always cause considerable distress or significantly disrupt your life. For example, if you have a snake phobia, it may cause no problems in your everyday activities if you live in a city where you are not likely to run into one. On the other hand, if you have a severe phobia of crowded spaces, living in a big city would pose a problem.
If your phobia doesn’t really impact your life that much, it’s probably nothing to be concerned about. But if avoidance of the object, activity, or situation that triggers your phobia interferes with your normal functioning or keeps you from doing things you would otherwise enjoy, it’s time to seek help.

**Consider treatment for your phobia if:**

- It causes intense and disabling fear, anxiety, and panic.
- You recognize that your fear is excessive and unreasonable.
- You avoid certain situations and places because of your phobia.
- Your avoidance interferes with your normal routine or causes significant distress.
- You’ve had the phobia for at least six months.

**Self-help or therapy for phobias: which treatment is best?**

When it comes to treating phobias, self-help strategies and therapy can both be effective. What’s best for you depends on a number of factors, including the severity of your phobia, your insurance coverage, and the amount of support you need.

As a general rule, self-help is always worth a try. The more you can do for yourself, the more in control you’ll feel—which goes a long way when it comes to phobias and fears. However, if your phobia is so severe that it triggers panic attacks or uncontrollable anxiety, you may want to get additional support.

The good news is that therapy for phobias has a great track record. Not only does it work extremely well, but you tend to see results very quickly—sometimes in as a little as 1-4 sessions. However, support doesn’t have to come in the guise of a professional therapist. Just having someone to hold your hand or stand by your side as you face your fears can be extraordinarily helpful.

**Phobia treatment tip 1: Face your fears, one step at a time**

It’s only natural to want to avoid the thing or situation you fear. But when it comes to conquering phobias, facing your fears is the key. While avoidance may make you feel better in the short-term, it prevents you from learning that your phobia may not be as frightening or overwhelming as you think. You never get the chance to learn how to cope with your fears and experience control over the situation. As a result, the phobia becomes increasingly scarier and more daunting in your mind.

**Exposure: Gradually and repeatedly facing your fears**

The most effective way to overcome a phobia is by gradually and repeatedly exposing yourself to what you fear in a safe and controlled way. During this exposure process, you’ll learn to ride out the anxiety and fear until it inevitably passes.

Through repeated experiences facing your fear, you’ll begin to realize that the worst isn’t going to happen; you’re not going to die or “lose it”. With each exposure, you’ll feel more confident and in control. The phobia begins to lose its power.

Successfully facing your fears takes planning, practice, and patience. The following tips will help you get the most out of the exposure process.
Climbing up the “fear ladder”

If you’ve tried exposure in the past and it didn’t work, you may have started with something too scary or overwhelming. It’s important to begin with a situation that you can handle, and work your way up from there, building your confidence and coping skills as you move up the “fear ladder.”

Facing a fear of dogs: A sample fear ladder

- **Step 1**: Look at pictures of dogs.
- **Step 2**: Watch a video with dogs in it.
- **Step 3**: Look at a dog through a window.
- **Step 4**: Stand across the street from a dog on a leash.
- **Step 5**: Stand 10 feet away from a dog on a leash.
- **Step 6**: Stand 5 feet away from a dog on a leash.
- **Step 7**: Stand beside a dog on a leash.
- **Step 8**: Pet a small dog that someone is holding.
- **Step 9**: Pet a larger dog on a leash.
- **Step 10**: Pet a larger dog off leash.

- **Make a list.** Make a list of the frightening situations related to your phobia. If you’re afraid of flying, your list (in addition to the obvious, such as taking a flight or getting through takeoff) might include booking your ticket, packing your suitcase, driving to the airport, watching planes take off and land, going through security, boarding the plane, and listening to the flight attendant present the safety instructions.

- **Build your fear ladder.** Arrange the items on your list from the least scary to the most scary. The first step should make you slightly anxious, but not so frightening that you’re too intimidated to try it. When creating the ladder, it can be helpful to think about your end goal (for example, to be able to be near dogs without panicking) and then break down the steps needed to reach that goal.

- **Work your way up the ladder.** Start with the first step (in this example, looking at pictures of dogs) and don’t move on until you start to feel more comfortable doing it. If at all possible, stay in the situation long enough for your anxiety to decrease. The longer you expose yourself to the thing you’re afraid of, the more you’ll get used to it and the less anxious you’ll feel when you face it the next time. If the situation itself is short (for example, crossing a bridge), do it over and over again until your anxiety starts to lessen. Once you’ve done a step on several separate occasions without feeling too much anxiety, you can move on to the next step. If a step is too hard, break it down into smaller steps or go slower.

- **Practice.** It’s important to practice regularly. The more often you practice, the quicker your progress will be. However, don’t rush. Go at a pace that you can manage without feeling overwhelmed. And remember: you will feel uncomfortable and anxious as you face your fears, but the feelings are only temporary. If you stick with it, the anxiety will fade. Your fears won’t hurt you.

If you start to feel overwhelmed...

While it’s natural to feel scared or anxious as you face your phobia, you should never feel overwhelmed by these feelings. If you start to feel overwhelmed, immediately back off. You may need to spend more time learning to control feelings of anxiety (see the relaxation techniques below), or you may feel more comfortable working with a therapist.

Phobia treatment tip 2: Learn relaxation techniques

As you’ll recall, when you’re afraid or anxious, you experience a variety of uncomfortable physical symptoms, such as a racing heart and a suffocating feeling. These physical sensations can be frightening themselves—and a large part of what makes your phobia so distressing. However,
by learning and practicing relaxation techniques, you can become more confident in your ability to tolerate these uncomfortable sensations and calm yourself down quickly.

Relaxation techniques such as deep breathing, meditation, and muscle relaxation are powerful antidotes to anxiety, panic, and fear. With regular practice, they can improve your ability to control the physical symptoms of anxiety, which will make facing your phobia less intimidating. Relaxation techniques will also help you cope more effectively with other sources of stress and anxiety in your life.

**A simple deep breathing relaxation exercise**

When you’re anxious, you tend to take quick, shallow breaths (also known as hyperventilating), which actually adds to the physical feelings of anxiety. By breathing deeply from the abdomen, you can reverse these physical sensations. You can’t be upset when you’re breathing slowly, deeply, and quietly. Within a few short minutes of deep breathing, you’ll feel less tense, short of breath, and anxious.

- Sit or stand comfortably with your back straight. Put one hand on your chest and the other on your stomach.
- Take a slow breath in through your nose, counting to **four**. The hand on your stomach should rise. The hand on your chest should move very little.
- Hold your breath for a count of **seven**.
- Exhale through your mouth to a count of **eight**, pushing out as much air as you can while contracting your abdominal muscles. The hand on your stomach should move in as you exhale, but your other hand should move very little.
- Inhale again, repeating the cycle until you feel relaxed and centered.

Try practicing this deep breathing technique for five minutes twice a day. You don’t need to feel anxious to practice. In fact, it’s best to practice when you’re feeling calm until you’re familiar and comfortable with the exercise. Once you’re comfortable with this deep breathing technique, you can start to use it when you’re facing your phobia or in other stressful situations.

**Phobia treatment tip 3: Challenge negative thoughts**

**Learning to challenge unhelpful thoughts** is an important step in overcoming your phobia. When you have a phobia, you tend to overestimate how bad it will be if you’re exposed to the situation you fear. At the same time, you underestimate your ability to cope.

The anxious thoughts that trigger and fuel phobias are usually negative and unrealistic. It can help to put these thoughts to the test. Begin by writing down any negative thoughts you have when confronted with your phobia. Many times, these thoughts fall into the following categories:

- **Fortune telling.** For example, “This bridge is going to collapse;” “I’ll make a fool of myself for sure;” “I will definitely lose it when the elevator doors close.”
- **Overgeneralization.** “I fainted once while getting a shot. I’ll never be able to get a shot again without passing out;” “That pit bull lunged at me. All dogs are dangerous.”
- **Catastrophizing.** “The captain said we’re going through turbulence. The plane is going to crash!” “The person next to me coughed. Maybe it’s the swine flu. I’m going to get very sick!”

Once you’ve identified your negative thoughts, evaluate them. Use the following example to get started.

**Negative thought:** “The elevator will break down and I’ll get trapped and suffocate.”

*Is there any evidence that contradicts this thought?*
"I see many people using the elevator and it has never broken down."
"I cannot remember ever hearing of anyone dying from suffocation in a elevator."
"I have never actually been in a elevator that has broken down."
"There are air vents in a elevator which will stop the air running out."

**Could you do anything to resolve this situation if it does occur?**

"I guess I could press the alarm button or use the telephone to call for assistance."

**Are you making a thinking error?**

"Yes. I’m fortune telling, as I have no evidence to suggest that the elevator will break down."

**What would you say to a friend who has this fear?**

"I would probably say that the chances of it happening are very slim as you don’t see or hear about it very often."

Source: Mood Juice

It’s also helpful to come up with some positive coping statements that you can tell yourself when facing your phobia. For example:

- "I’ve felt this way before and nothing terrible happened. It may be unpleasant, but it won’t harm me."
- "If the worst happens and I have a panic attack while I’m driving, I’ll simply pull over and wait for it to pass."
- "I’ve flown many times and the plane has never crashed. In fact, I don’t know anyone who’s ever been in a plane crash. Statistically, flying is very safe."

**Expectancy, false galvanic skin response feedback, and systematic desensitization in the modification of phobic behavior.**

Lick, John


**Abstract**

Compared systematic desensitization and 2 pseudotherapy manipulations with and without false galvanic skin response feedback after every session suggesting improvement in the modification of intense snake and spider fear. Ss were 36 spider- and snake-phobic 18-59 yr old women. Results indicate no consistent differences between the 3 treatment groups, although all treatments were significantly more effective than no treatment in modifying physiological, behavioral, and self-report measures of fear. A 4-mo follow-up showed stability in fear reduction on self-report measures for the 3 treatment groups. Overall results contradict a traditional conditioning explanation of systematic desensitization. An alternate explanation for the operation of systematic desensitization emphasizing the motivational as opposed to conditioning aspects of the procedure is discussed. (33 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)
The Use of CES Cranial Electrotherapy Stimulation In the Treatment of Post Traumatic Stress Disorder

Post Traumatic Stress Disorder is known to be a very difficult syndrome to treat in that traumatic memories that are normally sequestered in a separate, sometimes amnesic part of the brain can appear in nightmares, or in sudden flashbacks during the waking state. These are accompanied by a very intense body-wide sympathetic neurological response during which the patient experiences a very strong and frightening state of panic. If these continue unabated, the syndrome can progress and become a much more difficult problem to treat.

Therapists are taught to avoid inciting these states of recall until and unless the patient can quickly be brought out of them if they threaten to get out of control. To do that, the patient is taught how to switch mentally into a "safe place," or to concentrate intensely on specific items in the here and now, using whatever other stress reduction procedures he and the therapist have worked out in advance, such as meditation, deep breathing exercises, and the like. When a patient in therapy begins to experience a flashback that is becoming too intense, he is taught immediately to go to this safe place, and thus turn off the traumatic experience.

There is a published CES study in which it was found that phobic patients cannot experience a fear response when CES is being applied, and usually for a time after cessation of the treatment.1 Thereby lies a potentially important use of CES in the treatment of PTSD.

The usual, non CES treatment involves slowly but surely bringing out parts of the traumatic memory as the patient can tolerate them, until the whole memory is back into awareness and can be integrated back into the personality. That process can go forward no faster than the patient can handle the memories called forth during the therapeutic process, sometimes requiring years of therapy. The use of CES during the therapeutic process might well block the patient’s fear and its attendant stress reaction in a manner that would allow the patient and therapist to bring forward elements of the memory at a much faster rate, and therefore shorten the time of therapy significantly, and with much less trauma to the patient.

In addition, having a personal CES unit in his home, and also even available at other times, could be seen by the patient as very emotionally supportive, and thus intensely therapeutic. Just knowing that it was available should reduce the patient’s stress significantly, since he would know that he always had a means at hand to stop or block the trauma when it was in the process of emerging from his subconscious in too great an intensity to handle by other means.

Cranial Electrotherapy Stimulation Review: A Safer Alternative to Psychopharmaceuticals in the Treatment of Depression

Marshall F. Gilula MD & Daniel L. Kirsch PhD

pages 7-26

ABSTRACT
The use of Cranial Electrotherapy Stimulation (CES) to treat depression and anxiety is reviewed. The data submitted to the Federal Drug Administration (FDA) for approval of medication in the treatment of depression are compared with CES data. Proposed method of action, side-effects, safety factors, and treatment efficacy are discussed. The results suggest there is sufficient data to show that CES technology has equal or greater efficacy for the treatment of depression compared to antidepressant medications, with fewer side effects. A prospective research study should be undertaken to directly compare CES with antidepressant medications and to compare the different CES technologies with each other.
After achieving Institutional Review Board approval and informed consent, 31 persons responded to public media announcements requesting subjects who had been medically diagnosed as having 1 or more phobias. 25 were females (81%). The age ranged from 26 – 66 (mean of 48.69) with an average length of time since their phobia was diagnosed as 16.33 years (range 1 – 44 years). 65% (N = 20) were on medications, and of these, 60% (N = 12) were taking alprazolam. Each subject served as his/her own control. The authors cited an earlier study that reported internally elicited phobic thoughts produced as much and, at times, greater subjective anxiety, fear, and physiological activity than similar thoughts triggered externally by pictures or verbal statements about phobic objects. The subjects were asked to imagine themselves in their phobic stimulus situation and rate their fear on a 7 point scale. Following 30 minutes of Alpha-Stim CES stimulation, and while the stimulation was still on, they were asked to frighten themselves as before. 1 subject left the study before the program began, citing increased situational anxiety as the reason. 4 subjects, appearing to be elated, rated their end-of-study fear as 0, which was not on the scale. That left a useable N of 26. While 77% (N = 20) rated their fear as moderate to extreme going into the study, 85% (N = 22) rated their fear from very low to none following the CES stimulation (mean of 3.33 ± 1.22 pretest to 1.96 ± 0.76 post test). The results reached significance of P<.0001.

The authors concluded that from their data it appears that CES may be successfully instituted while patients are on medication. By the same measure, CES appears to be equally as effective without supportive medication and might be a useful tool with which to withdraw patients from such medication should the physician desire. Since CES devices are portable, its use by the patient in most phobic stimulus situations would appear feasible.

No negative side effects were reported.
The graph shows that prior to the CES, 77% of the phobic persons rated their achieved fear as moderate to extreme, while following the CES, 85% rated their fear as very low or none.
USE EDUCTOR CES FOR FEAR, PHOBIA AND PARANOIA

EVIDENCE BASED

Sending in an auto-focused sophisticated pulse different for each patient based on their personal electrical needs.

If you need more information on the SCIO and purchase details please get in touch with us
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web: www.qxsubspace.com | e-mail: info@qxsubspace.com
THE USE OF CRANIAL ELECTROTHERAPY STIMULATION TO BLOCK FEAR PERCEPTION IN PHOBIC PATIENTS

RAY B. SMITH¹ AND FRANK N. SHIROMOTO²

¹Life Balance International, Draper, Utah and ²Private Practice Consultant, Huntington Beach, California

ABSTRACT

Cranial electrotherapy stimulation (CES) involves small pulses of electrical current (1.5 mA or less) across the head. It is a known treatment for depression, anxiety, and insomnia. Chance clinical observations suggested that CES might be effective in reducing fear perception in phobic patients. This study was designed to investigate this possible effect. Thirty-one persons responded to public media announcements requesting subjects for a phobia treatment project. They were asked to imagine themselves in their worst phobic situation, then rate their fear on a scale from no fear to extreme fear. They were then given 30 minutes of CES, after which they were asked to frighten themselves again and to rate the fear as before. The patients were successful in generating a fear response, which, in turn, appeared to be mitigated by CES.

INTRODUCTION

Among the approaches for the treatment of fear in phobic patients, varied success has been claimed for biofeedback,¹² desensitization,⁴ aversion relief,⁶ and combinations of behavior and/or cognitive therapies,⁵ including relaxation therapy.⁷ All of these are time consuming and require great attention to detail by the patient and therapist alike.

The treatment of phobic patients can be a long and taxing process for the physician or other therapist. Among pharmaceutical approaches, antidepressant drugs are said to be of particular benefit,⁸ as is at least one cardiovascular medication.⁹ However, even the newer tricyclic antidepressants are not without their risk to the patient, requiring the physician to be conscientious in the regulation of dosage and alert to the numerous possible negative side effects.¹⁰ They may also take days or weeks to begin to be effective.

Recently, the authors serendipitously observed that cranial electro-
therapy stimulation (CES) appeared to control anger and rage states in some adolescent psychiatric inpatients, and dental fear in others. Only two reports of the effects of CES in behavioral states, other than generalized anxiety and depression, have been reported in the literature,\textsuperscript{14} and these involved its successful use in an attention-to-task disorder in hyperactive patients.\textsuperscript{12,13}

Dymond and coworkers had earlier studied the intracerebral flow of CES current in man and found that, while the current spread throughout the brain, it canalized along the limbic system.\textsuperscript{14} This makes it likely that CES current could impact specific emotions or their perception by the patient. We decided to test its effects on the perception of fear in phobic patients.

**PATIENTS AND METHODS**

The study was held at an outpatient treatment facility. A physician provided medical orders for the use of CES and an investigational review board supervised the implementation of the protocol. All patients provided written informed consent to participation in the study.

Thirty-one people responded to public media advertising for volunteers who had been medically diagnosed as having one or more phobias. Women comprised 81\% of the sample (n = 25). The average age was 48.69 years (range, 26 to 66 years), and the average length of time since their phobia had been diagnosed was 16.33 years (range, one to 44 years). Only 25 subjects were willing to list their primary phobia. Of these, 32\% listed social and/or agoraphobia (n = 8), while the next largest group listed driving (20\%, n = 5). Flying (n = 3) was next in frequency with one person each listing water, nocturnal, signing name, snakes, death, doctors, hospitals, and being abandoned.

Sixty-five percent (n = 20) of the subjects were on medication, and of these, 60\% were taking alprazolam (n = 12), either alone or in combination with other medications.

Subjects were seated side by side on a single row of church pews, facing a well-lighted, open gym area. We took advantage of May's finding that internally elicited phobic thoughts produced as much and, at times, greater subjective anxiety, fear, and physiological activity than similar thoughts triggered externally by pictures or verbal statements about phobic objects.\textsuperscript{12} To have them generate their phobic response, we therefore asked the subjects to close their eyes and place themselves in their most fearful phobic situation. They were requested to generate as much fear as they could, then rate their fear on a seven-point scale (1 = no fear to 7 = extreme fear).

The subjects then received CES for 30 minutes with a CES device,
which produces 0.5 bi-phasic, square wave pulses per second (pps). Current intensity was limited to 600 μA via electrodes clipped to the ear lobe of each ear. The duty cycle was 100%. The subjects set their own stimulation amplitude, most of them to the maximum available. At the end of the 30 minutes, and with the CES current still on, the subjects were asked to again close their eyes and generate as much fear as possible. They then rated their fear level achieved, as before.

RESULTS

One subject left before the program began, citing increased situational anxiety as the reason. Four subjects, appearing to be elated, rated their end-of-study fear as zero, which was not on the seven-point scale. This left us with 26 patient responses that could be analyzed. The results are shown in the table, where it may be seen that the pre-CES fear level obtained by the total group was a mean of 3.33 ± 1.22. (The scoring range achieved was from 1 to 6 on the seven-point scale.) Their mean post-CES fear level was 1.96 ± 0.76 (with a range of from 1 to 4). A one-way analysis of variance yielded a probability that was off our computer’s range at 0.0000 (STATEX program). A Fisher’s t test of the means fared no better.

Also shown in the table are the group comparisons according to medication status. While there had been no significant differences in the fear levels of the groups when compared against each other, either pre- or post-CES, the group on non-alprazolam medication did not fare as well when compared against itself. One of these patients, who claimed to be taking clonazepam, had high-moderate fear (a score of 4) pre-CES and the same score post-CES. This was the only instance of apparent blocking of CES effects seen in any subject in the study.

<table>
<thead>
<tr>
<th>Group</th>
<th>No. of Subjects</th>
<th>Mean ± SD</th>
<th>F</th>
<th>df</th>
<th>P-Value</th>
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<tr>
<td>Total</td>
<td>26</td>
<td>3.33 ± 1.22</td>
<td>23.38</td>
<td>1.50</td>
<td>0.0001*</td>
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<tr>
<td>Pre-CES</td>
<td>26</td>
<td>1.96 ± 0.76</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-CES</td>
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<td>3.18 ± 1.40</td>
<td></td>
<td></td>
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<tr>
<td>Nonmedicated</td>
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<td>1.82 ± 0.75</td>
<td>8.09</td>
<td>1.20</td>
<td>0.01</td>
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<tr>
<td>Pre-CES</td>
<td>11</td>
<td>3.50 ± 1.32</td>
<td></td>
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<tr>
<td>Post-CES</td>
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<td>1.75 ± 0.66</td>
<td>12.60</td>
<td>1.16</td>
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<td>XANAX-medicated</td>
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<td>3.33 ± 0.81</td>
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<tr>
<td>Pre-CES</td>
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<td>Post-CES</td>
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<td>2.33 ± 0.81</td>
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<td>2.33 ± 0.81</td>
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<tr>
<td>Post-CES</td>
<td>5</td>
<td>2.33 ± 0.81</td>
<td></td>
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</tbody>
</table>

* The computer program yielded four zeros. It was rounded off to 0.0001.
Overall, while 77% of the subjects (n = 20) rated their fear as moderate to extreme going into the study, 85% rated their fear from very low to none following 30 minutes of CES (n = 22).

DISCUSSION

It is not possible to determine the adequacy of our selection among all possible phobic patients, nor did we attempt to. It is unlikely that persons responding to public advertisements mirror the range of the pathology. Also, Lader has shown physiological evidence that patients with specific phobias are different in terms of arousal from other phobic patients, so we may or may not have been dealing with more than one subtype. What we found, however, is that the group of subjects who responded to our advertisements represented a wide range of phobic types, and that with the one exception mentioned above, they responded to CES in a highly significant manner, as measured by the task they performed.

This study was not designed to discover the length of time of the phobic blocking effect, whether it habituates over time, or, indeed, whether the blocking is a placebo effect alone.

This study was also not designed to elicit the mode of action of CES in changing phobic states or perceptions. There is growing clinical evidence that it interferes with many emotions, from extreme sorrow to dental phobia, from anger to elation. If true, that may be due to its interruption of signals along the rhinencephalic pathways in the brain.

It appears unlikely that CES can stand alone in the treatment of something as complicated as phobias. It is more likely that it may be used best as a means of ongoing desensitization therapy, where CES is used to block the fear response while the patient gains more experience with the phobic stimulus. That would allow improvement of function to begin at the start of desensitization therapy instead of near the end of a sometimes long, drawn-out process, as it is currently practiced.

From our data, it would appear that CES may be successfully instituted while patients are still on some form of supportive medication. By the same measure, CES appears to be as effective without supportive medications and might be a useful tool with which to withdraw patients from such medications, should the physician desire.

Since modern CES devices are portable and inexpensive, being about the same size and cost as a transcutaneous electrical nerve stimulation unit, its use by the patient in most phobic stimulus situations would appear feasible. CES devices are prescription devices, however, and the physician should be prepared to supervise their use in the recovery process.
Acknowledgments

The authors wish to thank Jocelyne Shiromoto, M.S.W., for her help with patient flow and data collection.

This project was funded in part by SRS, Inc., Redmond, Washington, and Electromedical Products, Inc., Hawthorne, California.

References:


**Phobic Response**

![Diagram showing the relationship between innate fear stimuli and conditioned responses](image)

The brain subconsciously senses an innate fear stimulus and a fear response is generated. The individual is on a bridge, then the bridge becomes encoded as a conditioned stimulus that can activate the Ce via the innate fear stimulus association. The memory of the bridge is stored and when brought to conscious awareness can generate a fear response.
Natural Cures for Phobias

For anyone who has an extreme fear of flying, chances are the problem only got worse when it was recently reported that terrorists were planning to bomb a US-bound plane. Even though that plot was averted, the mere thought of a bomb on an airplane is enough to keep a person with this type of phobia off any plane.

Phobia is from the Greek word *phobos*, meaning mortal fear. It is the most common anxiety disorder, affecting up to 14% of Americans during their lifetimes. Whether it’s a fear of flying (*aviophobia*), fear of heights (*acrophobia*) or any of the dozens of other phobias, the condition causes a persistent and unreasonable fear that severely limits the sufferer’s ability to freely work, play or socially interact. A rapid heart rate, shortness of breath, trembling and a strong desire to flee are among the common symptoms of phobias. People with phobias often make irrational choices in order to avoid the feared object.

Sadly, many people with phobias go untreated. Others become dependent on sedatives, such as *alprazolam* (Xanax) or *clonazepam* (Klonopin). But there are other options that not only relieve symptoms, but also address the root cause of the problem. **What I recommend...**

**Therapy.** One way to cure or reduce the severity of a phobia is to understand it. Talk therapy, hypnotherapy, exposure therapy and eye movement desensitization and reprocessing (EMDR), a type of mental “reprocessing” of the phobia reinforced by eye movements, can help. Ask your doctor to recommend a mental-health professional specializing in one of these areas.

**Gamma amino-butyric acid (GABA).** This amino acid, available as an over-the-counter supplement, is excellent for treating phobias. Preliminary studies confirm what I have seen in my practice—taking a GABA supplement helps calm the brain and create a sense of well-being while maintaining one’s mental alertness. **Typical dose:** 200 mg up to three times a day or 15 minutes before exposure to the object of your phobia. I prefer a sublingual or chewable form since it’s quickly absorbed.

**Rescue Remedy.** This is a Bach flower remedy, a type of natural medicine made from the distilled essences of five flowers. Available in stores that sell homeopathic and natural medicines, it calms the nervous system and helps ease stress. **Typical dose:** Starting 15 minutes before the fear-inducing event, take four
drops on the tongue. Repeat every 15 minutes for an hour, then take four drops every three hours, if needed. Use Rescue Remedy alone or with GABA. Rescue Remedy contains alcohol, so speak to your doctor if you take medication that interacts with alcohol.

**Strength training and aerobic exercise.** Though not discussed in the medical literature on treating phobias, a combination of strength training and aerobic exercise has enhanced the results for my patients who have tried the approaches described above. Becoming physically strong often leads to mental strength and a sense of control—both of which can lessen or completely cure phobias. Consider starting with an exercise class, such as cycling or Zumba, or work with a personal trainer.

**Source:** Jamison Starbuck, ND, is a naturopathic physician in family practice and a guest lecturer at the University of Montana, both in Missoula. She is past president of the American Association of Naturopathic Physicians and a contributing editor to *The Alternative Advisor: The Complete Guide to Natural Therapies and Alternative Treatments* (Time Life).

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**A Non-Pharmacology Approach**

**CRANIAL ELECTROTHERAPY STIMULATION**

SAFE ■ TESTED ■ PROVEN

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Desijanjacksophobia or Kolpophobia fear of an exposed nipple.
I want to talk to people, but the words just won’t come out.

Social Anxiety Disorder... You are not alone... Get help: www.adaa.org

MY EXTREME ANIMAL PHOBIA
Fridays at 10PM e/p

Exposure Therapy for Phobias
with Reid Wilson, PhD
SYSTEMATIC DESENSITISATION
‘ACROPHOBIA’
Fear of heights

- Standing on top of average building
- Standing on top of small house
- Looking at ‘point-of-view’ shot of being on skyscraper
- Thinking of being on skyscraper

Psychodynamic theories:
Unconscious conflicts between primitive desires and constraints on those desires cause symptoms of mental disorders.

Behavioural theories:
Symptoms of mental disorders are due to reinforcements and punishments for specific behaviours.

Cognitive theories:
People’s ways of interpreting situations, their assumptions about the world, and their self-concepts cause negative feelings and behaviours.

Humanistic and existential theories:
Mental disorders arise when people do not pursue their own values and potentials and, instead, feel they must conform to the demands of others.

Get the help you need today
“Pain is God's Greatest Gift. No Pain, No Gain. Without pain we cannot live. Laughing is the best medicine. The Ultimate Medicine. We laugh to release pain, anger, jealousy, and agony.”

_Desiree Dubount

“Being able to laugh at oneself is the best indicator of mental stability.”

_Will Rodgers_