



**Cuyahoga County
Community Mental Health Board**

1400 West 25th Street, 3rd Floor • Cleveland, Ohio • 44113-3199
TEL: (216) 241-3400 • FAX: (216) 861-5067 • TDD/TTY: (216) 241-3983
WEB: www.cccmhb.org

FACTS ABOUT MENTAL HEALTH

The Phobias

Did you know? At least 25% of the American population suffers in some degree from one of the common phobias.

“Phobia” is a term for an unusually and unreasonably strong fear of something, animals, or people. Most of the phobias are so well known that Hollywood has had no trouble making money with movies such as “Arachnophobia” (fear of spiders), “Kojac” (cynophobia, fear of dogs), and countless productions in which cats are equated with demons (felinophobia).

Technically, the phobias are classified as **anxiety disorders**, but only when they share certain features with that large category: (1) The fear is persistent and reliable – that is, there are no significant periods without the disturbance, unless treatment has been started. (2) The affected person is always aware of the disturbance, and often has insight into its origin and mechanism. (3) Either the phobic situation is avoided, or it is endured with intense anxiety. (4) Exposure to the feared object or circumstance provokes an immediate anxiety response. (5) No other significant diagnosis has been made; for example, **panic disorder**, if present, takes precedence over the diagnosis of phobia.

When the phobia concerns a specific object or situation, and when no other diagnosis is present, the problem is called **specific or simple phobia**. The most common simple phobias involve animals, especially dogs, snakes, insects, and mice; other common phobias involve the sight of blood, closed spaces (claustrophobia), heights (acrophobia), and air travel (complicated, of course, by increased security precautions and recent news events).

Social Phobia is very common, especially in males. This is a persistent fear of being in public, so that the person is exposed to close observation by others. Public speaking, eating in front of others, and being unable to urinate in a public restroom, are common examples of this. However, the diagnosis is only made if the problem seriously interferes with occupational functioning or with relationships to others. This qualification is important, since some degree of stress around these circumstances is extremely common.

Treatment efforts have been much in the news lately. Almost always, some attempt at desensitization will be made: that is, the person will be exposed to gradually more intense presentations of the phobic object or circumstance until some degree of “toughness” is acquired toward the cause. Claims of success have recently been made for computer-based **virtual reality** treatment, in which the subject is able to experience a simulated but very realistic situation involving the fear-causing agent. Research on the success rates of this technique is promising, but no long-term studies are yet available. More commonly—and perhaps preferably—your doctor will probably suggest counseling and possibly medication. Success rates are fairly high, and competent treatment can improve your quality of life considerably.

An excellent discussion of the phobias can be found at the Surgeon General’s website:
http://www.surgeongeneral.gov/library/mentalhealth/chapter4/sec2_1.html#treatment