



# Phobia

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## Abstract

Phobias, multiple and very varied, are usually referred to neurotic functioning. However, phobogenic processes are located at the crossroads of various pathologies of mental functioning, and certain phobias can reflect more archaic functioning. Phobias are linked to anxiety, an unpleasant affect intrinsic to the human condition.

Although not all anxieties become phobias, it is because there is prior anxiety that a phobia is created. As soon as, invested impulsively, the ego and the object are distinguished, anxiety is experienced. If this can be linked to a representation, then, thus weighted, be projected outside, to become fear, fear of something, the place of perceptive projection becomes the phobogenic object. The subject can then avoid anxiety as long as he does not encounter the perception that has become phobogenic, and as long as the connection between anxiety and perception remains solid.

The earliest phobogenic situations are those of solitude, darkness and silence, the princeps phobias of the small child that Freud describes in *Inhibition, Symptom, Anxiety* (1926). The child desires the presence of his mother and she is not there, nor anyone nor anything. Once the representation of the object of desire is repressed, anxiety remains. To populate the emptiness of the room that is suddenly too small or too large, the slightest perception becomes phobogenic; including the moon or the beating of the heart. Better a ghost, an imaginary mouse, than the deafening silence of no one. A shadow, a noise, however phobogenic they may be, come to populate the nothingness.

**Keywords:** Mental Illness; Phobia; Anxiety; Disorder

## Introduction

A phobia is a form of anxiety disorder in which anxiety is focused on a specific object, situation or activity that is not justified. While some forms are generally alleviated by avoidance strategies, others can seriously disrupt daily life [1-3].

Everyone can have fears, even minor phobias: preferring stairs to elevators, changing sides when you see a dog, being afraid of flying. Most of the time, we live with these fears and contain them, but on the other hand, when fear paralyzes us in the absence of real danger, takes on disproportionate dimensions, monopolizes our thoughts and

negatively influences our behaviors and choices, it becomes pathological, and that is phobia.

The phobic person realizes that his fear is excessive and irrational, but he cannot resist the need to avoid the object of his fear. The phobia becomes serious when it forces the affected person to restrict his activities and his quality of life suffers [4].

## The Different Types of Phobias

- **Simple Phobia:** A simple phobia is an abnormal, excessive and unjustified fear of an object or situation: fear of certain animals, heights, airplanes, water, mirrors,



needles, etc. There are said to be more than six thousand types of simple phobias! Some are quite common, such as the fear of enclosed spaces, others are rarer and may seem strange.

- Most people live with their phobia by implementing avoidance strategies. For example, someone with an insect phobia would prefer to live in an apartment in the city rather than in a house in the countryside.
- Simple phobias are quite common. They affect 10% to 20% of the population and concern twice as many women as men. These phobias often begin in childhood or late adolescence.
- Simple phobias, which are more common in children, often disappear after adolescence. When a simple phobia appears during adulthood, its impact on daily life tends to diminish over time, often thanks to increasingly complex avoidance strategies.
- **Agoraphobia:** People with agoraphobia fear being in public places from which they feel they cannot escape; for example, on public transport, shopping centers, in queues or in theatres. Some agoraphobics stay at home for years, only going out occasionally, accompanied by a trusted relative. People with panic disorder sometimes develop agoraphobia, but some agoraphobics do not experience this type of disorder.
- Agoraphobia affects 8% to 10% of the population to varying degrees of severity. It often appears between the ages of 18 and 35. Among agoraphobics, 80% are women [5].
- Untreated agoraphobia tends to get worse. The person goes out less and less and their anxiety increases. Exhausted by this phobia, many agoraphobics develop depression and seek relief in alcohol, drugs or anti-anxiety medications.
- **Social Phobia:** Social phobia is a serious and sometimes very disabling form of phobia. It is characterized by the fear of being observed and judged by others, or of being embarrassed or humiliated by one's own actions. It manifests itself by an unreasonable fear of one or more social situations: fear of speaking in front of a group, of speaking to strangers, of eating in front of others, of approaching a person of the opposite sex or of going to school. In the latter case, we speak of school phobia. Social phobia strongly interferes with work or school and can lead to depression.
- Social phobia is also quite common. Three percent of the population suffer from a severe form and one in ten people suffer from a less severe form. Social phobia is the only form of anxiety that affects men and women equally. This disorder occurs most often in young adults.

The manifestations of untreated social phobia become more pronounced over time. They increasingly interfere with social and professional life. Depression occurs in 60% of

social phobic, as do many cases of alcohol dependence. Other anxiety disorders may also occur.

### The Causes of Phobias

The existence of genetic factors in the appearance of phobias has not been demonstrated. Education and family environment seem to play an important role. A phobic father or mother can transmit to his or her child an emotional vulnerability that will predispose him or her to phobias.

Simple phobias are often linked to traumatic events in childhood, whether real or imagined. A phobia of dogs can develop in a child who has really been bitten, but also in a child who has imagined being attacked by a dog.

The onset of agoraphobia is often linked to the repeated occurrence of panic attacks, but it can appear gradually, without being linked to panic disorders.

Social phobia can originate from a situation experienced, but it can also develop following the observation of the behavior of other people (for example the humiliation of an individual by a group). It is often preceded by marked shyness during childhood. Growing up in a withdrawn family, with little social contact, and in which the judgment of others is excessively important can induce a predisposition to social phobia.

### Treatments for Phobias

When they disrupt daily life, phobias require psychotherapy. Cognitive and behavioral therapies combined with relaxation techniques are often effective. In the case of social phobia, drug treatment may be combined with psychotherapy.

The choice of the type of therapy is made according to the motivations of the phobic person, the time and energy that they can invest in it. If their main objective is to quickly eliminate their symptoms, they can choose cognitive and behavioral therapy. If they wish to do in-depth work on themselves to identify the origins of their disorder, they will instead opt for a longer, analytically inspired therapy. Hypnotherapy can also find its place in the treatment of phobias.

The objective of cognitive and behavioral therapies is to reduce or eliminate the symptoms that accompany the phobia. They can relieve people affected in a few months. These therapies consist of gradually exposing the patient to the situation that triggers the fear, until they succeed in controlling their anxiety. This desensitization first calls on the patient's imagination (they are asked to imagine the

feared situation), before actually confronting them with the object of their phobia, while helping them to control their reactions. Learning breathing and relaxation techniques can effectively complement therapy.

The treatment of social phobias sometimes involves role-playing techniques. The distressing situation is acted out with the psychotherapist and possibly other patients suffering from the same disorder as partners. The therapist gives advice on how to deal with the situation, and the scene is replayed until the patient's behavior is more appropriate and he feels able to react by controlling his anxiety.

## How to Help Someone with a Phobia?

Living with a phobic person can create many frustrations. The behavior of those around you is essential to identify the phobia, encourage the person with the phobia to see a doctor, and support them during their treatment.

Identifying a phobia can be difficult, even for those close to you. Avoidance strategies can be carefully concealed. When you realize that a loved one suffers from a phobia, it is essential to discuss it without judging them, and to assess with them the impact of the illness on their life and that of those around them. If the symptoms are not very disabling,

they must be respected and not tried to force the phobic person to face the situations that make them anxious. It is even perfectly acceptable to make their life easier. If the repercussions of this phobia cause suffering, it is essential to make the sick person understand that effective treatments can provide rapid relief.

- And remember: phobia is not a shameful illness.

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