

Coping with Phobias

Ed Beckham, Ph.D. and Cecilia Beckham, L.C.S.W., B.C.D.

It is natural to be afraid in certain types of situations. Fear can even be a very healthy emotion by helping people to avoid danger. The brain is designed to enable the person to recognize threatening situations and to take action to protect themselves. It does this by making the individual feel afraid and activating powerful biological processes in the body. However, for some people this adaptive mechanism has become over-reactive. It is triggered too quickly or without good reason and interferes with one or more important activities of living. Being in the presence of the feared situation or object can bring on more than just a general sense of anxiety. It can actually bring on a panic attack (a sharp, overwhelming wave of anxiety lasting several minutes and accompanied by a variety of physical symptoms). A person may be afraid of bridges even though they have never once experienced danger on a bridge. Or it may be that there is a reason for them to fear the situation due to something that happened in the past. In either case, when fears of situations or objects are excessive and disabling, they are referred to as phobias. Not all fears reach the point of causing a problem and being diagnosable as a phobia. For example, a person may be able to go up into tall buildings but prefer to stay away from the windows because of feeling uneasy. To qualify for a diagnosis of phobia, a fear must

be very strong and persistent

be excessive or unreasonable

be linked to a particular object or situation

interfere with the person's life by causing avoidance

or (if there is not the possibility of avoidance) then it must cause intense distress

Intellectually, the phobic person can recognize that the degree of anxiety they are experiencing is not realistically tied to the actual facts of their situation. Phobias are excessive and irrational. Despite this, the person still feels impelled to avoid the feared circumstances. If they are not able to avoid it, they generally endure it only with great difficulty or through the use of medication. They may be able to drive to work, for example, but only with extreme tension, perspiration, and a high level of fear.

Many persons have some type of fear that interferes with their life in some way. Current estimates are that 13% to 15% of persons in the U.S. have diagnosable phobias. The diagnostic manual (DSM-IV), divides specific phobias into the following types:

Animal Type (e.g., dogs, spiders, snakes)

Natural Environment Type (e.g., heights, storms, water, the dark)

Blood-Injection-Injury type

Situational Type (e.g., airplanes, elevators, enclosed places)

Other Type (e.g., avoidance of situations that might lead to choking, vomiting, or contracting an illness; in children, avoidance may be of loud sounds or costumed characters)

These are some of the objects and situations which are the focus of phobias. However, in a phobia, a person is not simply afraid of a particular thing or set of circumstances. They often are

afraid of their fear as well. That is, it is not just the tall building they are afraid of but the anxiety that they anticipate having at the top.

Did You Know?

Illness or pregnancy can worsen people's fear.

How Do Phobias Develop?

Phobias tend to start in one of two different age periods--either in childhood, or in young adulthood. In early childhood, phobias tend to center around the dark, monsters, loud noises, and animals. Children are also more afraid of injections, and of blood and injury. The tendency to develop phobias in childhood is fairly easy to understand. There is a survival value in a child being afraid of the dark. Especially in the distant past when many wild animals roamed around, a child was very much at risk when being out alone at night. A child was also at risk around certain types of animals, in high places, in deep water, and when trapped into small spaces.

The brain appears to be ready to develop some types of fears more than others, and the majority of phobias are considered "prepared fears." That is, the body and brain are likely to be constructed so as to easily develop certain fears to help protect the organism. Objects and situations which could have been dangerous to primitive humans (heights, injury, wild animals, and so on) will trigger phobias more easily than situations which are more benign, such as sunshine, grass, and household objects.

The development of a phobia is more likely in persons who have high general levels of anxiety. Another causal factor appears to be life stresses and circumstances. Very frightening situations will sometimes cause phobias to arise. The person can become conditioned to fear a particular situation if it is accompanied by enough pain or danger. But not all phobias can be clearly traced back to traumatic events. Phobias can also result from witnessing the trauma of someone else. Whether the person directly experiences trauma or only witnesses it, there is an automatic type of learning which can occur called "conditioning." It is not learning in the sense of studying something and then trying to remember it. Rather, it is that type of learning which comes from one thing following another. Imagine for example, that a thunderstorm occurs in the middle of the night. Suddenly a bright flash of light illuminates your room. What is your reaction? Many people would then expect a peal of thunder to occur. This is not because they have learned from a classroom or a book that thunder follows lightning. And it is not necessarily because they know that light is faster than sound and that it will take time for the thunder to "catch up" with the lightning flash. It is because their brains have learned in a very instinctive way that one follows the other. If it is a very bright lightning flash, then the body may tense up a little bit waiting for a strong peal of thunder.

Persons may become conditioned by seeing trauma occur to others in real life or in movies or TV shows. For example, one child saw a TV western episode in which a pioneer woman went to a creek to fetch water. She was bitten by a snake and died. The client then began to develop a phobia of snakes which eventually became a major problem in her life. Usually, there is a triggering event of some sort which begins these life long irrational fears. However, sometimes

it can be difficult to remember or to identify them.

Getting Personal

It can be helpful to understand the source of your phobia. First, it may help you to remember that there was a time when the fear did not exist. This may make it seem more possible to you to return to a fear free state. Secondly, it can help you to see that it is really not the situation or object which is to be feared but the particular events which occurred in the past. For example, if you were bitten by a dog, it is not dogs that need to be feared now, but only dog bites and attacks. Thirdly, understanding the cause of the phobia can help to focus the content of your therapy.

Was there a traumatic situation that created your fear? Did you witness something frightening? What was the reaction of others around you to the situation and to your reaction? Did people give you extra attention or nurturing because of your anxiety? Were you allowed to escape any responsibilities because of your fear? For example, if you were young and wanted to avoid people or school because of being afraid, was this accepted, allowed, or encouraged?

If People Can Be Conditioned to Fear Situations, Can't They Be Conditioned to Unlearn Their Fear?

Yes. However, simply being in the feared situation once without anything bad happening does not cause the mind to unlearn the fear. Even when the person who is afraid of heights is able to go up in an elevator over and over again with nothing traumatic happening to them, the fear may persist. Their brain does not necessarily learn that it is safe. Why is that?

The Fear Maintains the Fear

One reason is that the person is having a traumatic experience every time. It's not that the elevator is getting stuck or falling. The fright and the tension being produced by the person's own brain is the negative experience, and these feelings continue to condition the person to be afraid of the situation. The original circumstance which conditioned the phobia could have involved injury, pain, or fear. But now the individual is being re-traumatized every time they are in an elevator. That might seem to make the situation hopeless. If they avoid the phobia, they are conditioned toward further avoidance, and if they don't avoid it they may be seem to be conditioned to have fear by the sheer amount of anxiety that they face each time. Fortunately, however, there are techniques and ways around this problem which will be discussed a little later.

Still another type of conditioning is occurring as well. Persons begin to avoid the situations they are afraid of. This in turn causes them to relax and feel better. If they are in a tall building, they get down. If they are in a car on the freeway, they get the car off the freeway onto a smaller street. When they get away from the situation or object, there is a sense of relief. Now the escape behaviors become conditioned to feel positive. Withdrawal brings a pleasant change from their distress. This reinforces the escape behavior, and the individual is now more likely in the

future to try to leave or avoid the phobic situation.

Phobias Are Sometimes Maintained by Negative Self-Talk

In addition to conditioning processes, phobias are also kept alive and maintained by anxious self-talk. The phobic person might be silently saying things to themselves which only make their fears worse. For example, a person with a flying phobia might be assigned by their supervisor to make a business trip. As they anticipate what will happen on the trip, they might think the following:

Oh no. The boss is going to make me fly to Cleveland. I'm going to have to be on a plane again. There will probably be turbulence just like last time. I hope the pilot doesn't make the stewardesses sit down again. That always frightens me. Things must really be bad when he does that.

Then on the plane, more anxiety provoking thoughts and self-talk may occur, such as:

What was that thump? I don't remember hearing that kind of thump before. Maybe there is something wrong with the plane. What would happen if the engines went out? The plane would simply fall out of the sky. I would be terrified. We would plummet to the ground and smash into it nose down. The pilot would be totally out of control. There would be pandemonium among the passengers, and I would be filled with terror right before I died.

The phobic person may also build their fear by images as well as by thoughts which are in words. For example, one person who was afraid of flying imagined that the plane would literally just fall out of the sky. Another imagined that her plane would crash nose down with its tail sticking up into the air. For aerodynamic reasons, these events are extremely unlikely to occur, but such mental images can play an important role in maintaining the hold that phobias have on people.

Another reason why fears don't go away from being exposed to the object of anxiety is that the exposure isn't long enough. Consider getting into an elevator, for example. If you are afraid, your anxiety builds, but within 20-30 seconds, you are likely to be out of it and feeling very relieved. There is not enough time for the brain to go through its cycle of feeling afraid and then registering relief that nothing bad is happening in the situation. It can take up to thirty to 45 minutes, or even more for this to happen. In normal, everyday life situations, the person walks out of the elevator after a relatively short period of time and feels better, reinforcing the idea that being in an elevator is a threatening situation and that getting out of them is the way to be "safe."

Things to Do

Go the library or bookstore (or get on the internet). Read everything you can about your particular fear. Identify your misconceptions. If you are afraid of something in particular (such as dying of a spider bite), find out how often that occurs in reality. If you find that something which you are afraid of does occur frequently in real life, such as

a fatal car crash, learn everything you can about how to be a safer driver and to prevent accidents. Persons with a flying phobia have misconceptions about how airplanes work. Gain all the knowledge you can about whatever you fear.

FAQ: Frequently asked questions

What are the most common types of phobias?

Typical phobias include fears of animals (such as snakes and spiders), transportation (particularly airplanes and busy highways), blood and illness, elevators, heights, and dental procedures.

Is there such a thing as a “normal” phobia?

Many fears are considered “prepared” fears. That is, the mind can become afraid of certain things more easily than others, and because of this certain types of fears are more common. It is not unusual therefore to find people with excessive anxiety about snakes and spiders. On the other hand, the definition of a phobia is that it interferes with the person’s life and that they recognize the fear as unreasonable. For this reason, no phobia could ever really be considered “normal.”

How important is medication for treating phobias?

Medication is not the preferred treatment for phobias. Behavior therapy, and to some extent, cognitive therapy, are much preferable. If, however, you need to be able to deal with the situation (e.g., flying on a business trip) before you can obtain behavior therapy for your fear, then medication may be a useful temporary measure.

Getting Personal

There are a variety of types of phobias. Which of the following fears do you have?

- | | |
|---|--|
| <input type="checkbox"/> Dogs (Cynophobia) | <input type="checkbox"/> Blood (Hemophobia) |
| <input type="checkbox"/> Snakes (Ophidiophobia) | <input type="checkbox"/> The number 13 |
| <input type="checkbox"/> Spiders (Arachnophobia) | <input type="checkbox"/> (Triskaidekaphobia) |
| <input type="checkbox"/> Water (Aquaphobia or
Hydrophobia) | <input type="checkbox"/> Things associated with doctors
and their offices |
| <input type="checkbox"/> Insects (Acarophobia or
Entomophobia) | <input type="checkbox"/> (Iatrophobia) |
| <input type="checkbox"/> Animals (Zoophobia) | <input type="checkbox"/> Dentists (Dental phobia) |
| <input type="checkbox"/> High places (Acrophobia) | <input type="checkbox"/> Being in front of people (social
phobia) |
| <input type="checkbox"/> Bridges (Gephyrophobia) | <input type="checkbox"/> Fear of the dark (Nyctophobia
or scotophobia) |
| <input type="checkbox"/> Travel (Hodophobia) | |
| <input type="checkbox"/> Airplanes (Aviophobia) | |

What else are you afraid of that is not on the list? _____



Points to Ponder

Certain phobias, particularly towards certain animals (such as spiders, roaches, rats), might be more accurately called states of disgust rather than actually being fears of the danger posed by these animals.

How Are Phobias Treated?

People do not generally seek out help from a therapist or doctor if they do not have other psychological problems in addition to their phobia. Most individuals try to simply work around their fears or hope that they will go away. However, this puts an unnecessary level of stress on them both mentally and physically. There are now very effective means of treating this problem. Some of these techniques include:

- education about the of anxiety and phobias
- learning about the objects of fears (e.g. airplanes, spiders)
- cognitive therapy skills to challenge negative thoughts
- relaxation skills
- systematic desensitization
- direct exposure to the sources of anxiety

The primary treatment for phobias is through gradual behavioral exposure to the feared situation or object. To get to this point, however, there is often considerable preparation that must occur first. Cognitive therapy and relaxation skills make it easier to go through the desensitization and exposure procedures.

Cognitive Therapy--Working on Your Negative Thinking

Phobias almost always involve irrational negative thoughts. It is not that the feared situations could not happen. Rather, it is that the anticipated dangers are extremely unlikely to occur. Believing that a particular plane is going to crash or that an elevator which one is riding in will plummet causing the person to be injured is not logical when the actual frequencies of these events is considered. Usually, the phobic person will calmly and easily engage in behavior which is higher risk. For example, a person afraid of flying might be willing to drive 3,000 miles to avoid a single plane flight--even if they know that they are likely to be safer on the airline.

Cognitive therapy techniques provide a step by step means of challenging and decreasing negative thinking. Learning techniques to work on negative thoughts is a good first step in

dealing with phobias. It is often not an adequate treatment in itself, but it makes it easier to proceed with the later steps of treatment. The reason for this is that phobias probably originate in parts of the brain which are less involved in the logical processing of information and more dependent on automatic and emotional processing. Nevertheless, cognitive therapy can give a person some extra coping skills and ways of remaining calm. This in turn can be very helpful as they are going through some of the other aspects of treatment, such as approaching the feared situation. It is not easy to put oneself into circumstances where there will almost certainly be anxiety and fear at first. Moreover, it may be counterproductive for a person to become extremely anxious during their real life exposure experiences. By lowering anxiety, cognitive therapy enables people to remain in a situation until desensitization can begin to occur. If the phobic person simply enters the feared circumstances and leaves, this would reinforce their phobia and avoidance behavior.

Cognitive therapy techniques are discussed extensively in Chapter/handout #3, "Coping with Negative Thinking." Here is an example of how the four column technique could be used by a person with an elevator phobia.

Objective Situation (The "Event")	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
Approaching an elevator, needing to ride it to a different floor	This elevator looks rickety. I wonder if it's safe. It's probably not. It might get stuck between floors. I think it could crash. I would die. Or I could suffocate if it became stuck between floors.	Fear Perspiration Muscle tension Avoidance of the elevator Using the stairs to climb 10 floors	What is the evidence for my fear? I've never known anyone to be trapped in an elevator or to be in an elevator crash. I'm fortune telling. I'm predicting the future. I'm really not very good at that. How many times have I ridden an elevator and it became stuck? Zero. How many times have I ridden on one and there was a crash or an injury? Even a hangnail? Zero.

One client with an elevator phobia had a dilemma because she was moving to a larger city where

she would have to use them all the time. After learning cognitive therapy and other techniques to further reduce anxiety, she progressed to direct exposure to elevators. She was asked to make a prediction before every elevator ride as to what would happen. The first few times, she invariably predicted that it would crash. Every prediction of hers proved wrong. The therapist then bet a dollar with her each time she rode on it. Since her negative thoughts were that it would crash, she was made to take that side of the bet. After she lost several dollars, her thoughts about the likelihood of it crashing began to change noticeably.

Behavior Therapy

Relaxation has been discussed in chapter/handout #5 “Coping with Worry and Anxiety” as a useful means of treating a variety of types of anxiety disorders. While relaxation can be useful with phobias, it is exposure to the feared situation which is most helpful. However, relaxation techniques are still be useful in making easier for the person to approach and remain in the experience.

The Two Types of Exposure

There are two different ways that people can be exposed to a situation--one is in their imagination and one is in real life. The second one is usually called “in vivo” exposure (pronounced “in veevo”). There will increasingly be a third option in the future--virtual reality simulations on computers for all types of phobias which will be extremely lifelike and therefore can provide a transition between desensitization in a person’s imagination and direct exposure.

Systematic desensitization uses relaxation along with a simple graded series of steps in the imagination--a “hierarchy”. The hierarchy is a ladder of experiences taking the person one level at a time from the easiest to the most feared scenario. It deconditions the person using relaxation and exposure to the phobic situation in their imagination. The person is only exposed to a little bit of the frightening situation at a time.

Here is an example of such a hierarchy for a person with a phobia of driving on freeways. By each level of the hierarchy, there is a number. This is the SUDS--the subjective units of distress, on a scale from 0 to 100.

Stephanie's Hierarchy
0--Looking at my car from the front porch of my house.
10--Getting into my car
20--Starting my car; feeling the engine humming and vibrating
30--Having a car behind me on a residential street
40--Being at an intersection; having cars on both sides of me while I am stopped and waiting for the light to change.
50--Being at an intersection; driving through it; cars are on both sides of me.
60--Being on an access ramp to the freeway; accelerating.
70--Actually driving on the freeway; cars on one side of me.
80--Moving from the access ramp to the freeway itself; having to merge with traffic.
90--Being on the freeway with cars on both sides of me
100--Being on the freeway with cars on both sides and one or two are changing lanes right in front of me.

Things to Do

What phobia do you need to work on? In working on your fears, it may be best for you to start with one that is actually the least frightening. In this way, you can learn the process and develop feelings of success and mastery. Later, you can go on to work on a more difficult phobia, if you have more than one.

Now it's time for you to construct your own hierarchy for your own phobia. In doing this, start with something related to your phobia but which does not cause you any anxiety at all. For example, if you are afraid of flying, you may be able to think of sitting in the lounge at the airport without any anxiety. Place this situation on the "0" line. Now, think of the most threatening situation which you want to be able to tolerate. This will go on the "100" line. Put down the situation which would cause the greatest fear which you would reasonably want to overcome. Then, once the 0 and the 100 steps have been set, begin to fill in the other rungs of the ladder. Try to fill in adjacent steps with images involving small changes in anxiety level. Avoid having large changes in anxiety in a single step.

Your Hierarchy
0--
10--
20--
30--
40--
50--
60--
70--
80--
90--
100--



Time for Practice **Applying the Hierarchy in Your Own Life**

Systematic desensitization is usually performed in the office with the guidance of a therapy. If you are going to apply it to yourself, following these guidelines.

Go slow. This is not a race.

Don't try to do too much at once. It is more important that you stick with it than to do everything quickly.

Take three to four steps at a time but no more. Then gradually add a step at a time, like this:

Week 1: levels 0, 10, 20

Week 2: levels 10, 20, 30

Week 3: levels 20, 30, 40

...

and so on

Try taping your voice and then replaying it to take yourself through the images. Start the tape with instructions to yourself on relaxing. Spend enough time with this phase to make sure that you are calm as you imagine the scenes.

Spend about 15-30 minutes per desensitization session.

Spend five seconds in the first scene, then relax fifteen seconds (or until fully relaxed again). Spend ten seconds in the scene, then relax fifteen seconds. Spend fifteen seconds in the scene then relax. If you are feeling comfortable in the imagined scenario, you can spend longer.

Have a peaceful scene ready in your mind. If you have difficulty relaxing between the different images, go to your peaceful scene (such as a grandparent's house). Stay there until you feel calm. Then go back to the anxiety provoking image and continue.

As days and weeks go by, you will start to adapt and will be able to tolerate imagining a scene without anxiety. You may want to alter the image in some way. Rather than simply thinking about yourself being in it, try imagining that you are handling it very well and skillfully. Imagine someone important to you praising you for handling it masterfully.

Direct (In Vivo) Exposure

After the person is able to go through their fear hierarchy in their imagination (which can take several sessions), then treatment proceeds to real life exposure (in vivo). Desensitization in the imagination is less effective than direct exposure, but it is a very valuable step toward the final goal. With in vivo exposure, the person is again gradually introduced to what they are afraid of but this time in real life. No matter how much systematic desensitization a person has experienced, they must ultimately encounter the phobia face to face for treatment to be successful. Direct exposure is generally considered by behavior therapists to be the Cadillac of treatments. That is, it is believed to have the strongest effect in decreasing anxiety. An example of this type of exposure experience for someone afraid of riding in elevators would be to begin by approaching an elevator but not riding it. On a subsequent occasion, the person could choose a particular elevator to ride which seemed least threatening to them and ride it only one floor. They might also choose to have someone with them on that occasion. Then on future days, they could choose different elevators and ride several floors at a time in order to fully desensitize their anxiety. This might need to be done on five, ten, or fifteen different occasions in order for the person to become desensitized.



Time for Practice **Applying the Hierarchy in Your Own Life**

Now that you have your hierarchy established and you have completed your systematic desensitization, it is time to start approaching your fear. This may be the most difficult

step of your treatment, and it may be the point when you most need a therapist or friend to encourage you to stay with the program.

Usually, there is no need to hurry through this part. One or two steps a week in the hierarchy are sufficient. If you feel that you are ready to move more quickly, there is no problem with that, but make sure that you are not inadvertently sabotaging your progress by taking on too much too quickly. Use a gradual approach. Just as with systematic desensitization, the point is to encounter the situation and the anxiety it produces but not to the point that you are re-conditioned to feel anxious or to be newly sensitized to it. If you overwhelm yourself by going too fast, then you are likely to leave the situation too early and thus further condition yourself to be afraid.

You may want to have a friend with you at first, if that helps you stay relaxed. This may seem like a crutch. There is nothing wrong with a crutch. We all use one when we have a broken leg. But a crutch is only a temporary measure until we get stronger. After you are stronger, do the same exercises without a friend's help. Use the same relaxation and pleasant imagery that you used before to help yourself feel relaxed in the real life situation.

Set up your hierarchy. The hierarchy you used for systematic desensitization may work here. However, because of practical issues in the real world, you may have to develop a new series of steps. Some individuals do not have the opportunity for gradual exposure and must experience the situation as a whole. Flying on commercial airlines is such a situation. Unless the cooperation of an airline can be obtained or a commercial flying phobia course can be taken, getting onto a plane is usually an all or nothing process. For security reasons, people are not usually allowed onto a commercial airliner unless they are going to take a full trip. There is no chance just to walk on board or sit in the seat and hear the engines. On the other hand, driving in heavy traffic can generally be arranged in steps (for example, by driving at different times of the day) so that the individual experiences only a certain amount of the feared situation at a time.

Reward yourself after each success experience. Focus on the successful component of each experience even if you did not succeed in some ways. Try to see each attempt as being at least one step forward from the last. What went better this time? What was easier? Focus on some positive aspect of the most recent exposure experience. Just because you were not able to fully complete a hierarchy step does not mean that particular day was a waste or a failure. That would "overgeneralizing" or "all or nothing" thinking. A person might say to themselves, "I wasn't able to go across the bridge, but I was able to start to walk across it, which is more than I've done before. I still deserve to pat myself on the back or give myself a reward."

Once you have successfully completed a step and overcome a part of a phobia, try to practice it often so that you don't lose ground. Never give any of your life back to the anxiety disorder after you have reclaimed it. For example, if your fear is of driving, and you are now able to drive on the main street of your town, practice that behavior often. Anxiety is the enemy. Never give back to the enemy ground that you have taken with great effort.

Tactical retreat from a situation is permissible. If you find that you cannot do a certain step, stop and think it over. Redesign the step so that you can do something that day even if you find that you cannot perform the anticipated step in the hierarchy. Another possibility in that situation would be to practice the previous day's step over again, but trying to stay in it longer or to be more relaxed in it. Then come back to the step that was difficult a few days later.

The amount that you practice on your own is important. In one study, patients who were assigned in vivo exposure homework and completed it fared better six months after treatment was over than patients who didn't do homework.

Expect that your progress will not be smooth. Instead, it is likely to be somewhat up and down but with overall progress over a period of weeks. By keeping a record of your successes, it will be easier to see how much are accomplishing, and you will be less likely to become discouraged.

It is important to have enough time for the exposure to work

Extinction in a single lengthy exposure session is more effective than a series of short exposures. For this reason, your therapist may want to have an extended session from time to time. It is important that the exposure session ends with your anxiety decreased. Having too short a session could be worse than no session at all. In addition to being exposed for enough time, it is also important to be exposed to a variety of different situations (different elevators, different freeways, and so on). In that way the brain can learn that it is the general situation is safe and not just a particular elevator or freeway.

Modeling and Guided Mastery

Therapists often use two other techniques in conjunction with systematic desensitization and in vivo exposure. In modeling, the therapist actually performs the feared task side by side with the client (such as touching something "dirty" or handling a harmless snake). This can make it easier for the client to try it. Another technique is for the therapist to guide the client in their imagination to think of how it would look and feel to successfully deal with the problem. The therapist may help the client break down the task into subgoals which can be mastered more easily. The purpose of the guided mastery technique to help the client learn what to do as well as to learn that it is safe to do it. For example, if the person is having difficulty driving on the freeway because of anxiety, the therapist might help them visualize each step that has to be performed, such as getting onto the access ramp, speeding up, looking around, making the lane transition, and so on. The therapist might also have the person visualize themselves doing this smoothly and competently.

Giving Up Phobias--The Problem of "Secondary Gain"

After a person has had a phobia for a while, the fear may be further strengthened because it either leads to a need being met or makes life slightly easier in some way. This is called "secondary gain." The person may not be able to drive to work, and so his wife may have to take him there, resulting in more attention and time together with her. A person may be receiving disability

benefits for anxiety, and though the compensation may be small, there may be a reluctance to give up the safety of a guaranteed income for something which is less secure. When we are treated for a phobia, we need to face the possibility that our overall daily tasks and problems may become more burdensome or stressful in some ways after the phobia is gone. People may come to expect more from us after we are rid of excessive fears. Overcoming a phobia does not make life stress free or trouble free. It simply takes away the irrational anxiety from our lives.

On the other hand, our spouse or family members may also have some investment in our problem. Our phobia may make us more dependent upon them. It may reassure them that we are going to be there for them and not leave. If a person overcomes a phobia or agoraphobia, it can cause the spouse to have anxiety about the stability of the relationship.

You need to be prepared to discuss with your therapist all of the foreseeable effects that treatment may have. If a phobia is meeting your needs or your spouse's needs in an unhealthy way, then it will be important to look for better methods of meeting the same needs.

Other chapters in this book which you may find helpful and are relevant to phobias are:

Chapter 2	What is Stress and What is Coping?
Chapter 3	Coping with Negative Thoughts
Chapter 5	Coping with Worry and Anxiety
Chapter 9	Coping with Panic Attacks and Agoraphobia
Chapter 11	Coping with Trauma and Post Traumatic Stress Disorder
Chapter 13	Coping with Social Anxiety
Chapter 17	Understanding and Using Medications for Depression and Anxiety

Further Reading for Clients

- Bourne, E.J. (1995). The anxiety and phobia workbook. New York: MJF Books.
Antony, M.M., & Barlow, D.H., & Craske, M.G. (1995). Mastery of your specific phobia: Client workbook. San Antonio: The Psychological Corporation.

Further Reading for Therapists

- Beck, A.T., and Emery, G. (1981). Anxiety disorders and phobias: A cognitive perspective. New York: Basic Books.
Craske, M. G., Antony, M. M., & Barlow, D. H. (1997). Mastery of your specific phobia, therapist guide. San Antonio, TX: The Psychological Corporation.
Marks, I. (1978). Living with fear. New York: McGraw Hill.
Williams, S.L. (1990). Guided mastery treatment of agoraphobia: Beyond stimulus exposure. Progress in behavior modification, 26, 89-121.