**<http://www.helpguide.org/mental/phobia_symptoms_types_treatment.htm>**

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**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](http://www.helpguide.org/mental/anxiety_therapy.htm) 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 frightened 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.

**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](http://www.helpguide.org/mental/stress_relief_meditation_yoga_relaxation.htm), 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 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](http://www.helpguide.org/mental/anxiety_self_help.htm) 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 an elevator.”
* “I have never actually been in an elevator that has broken down.”
* “There are air vents in an 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.”

From [Lisa Fritscher](http://phobias.about.com/bio/Lisa-Fritscher-41451.htm), former About.com Guide

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<http://phobias.about.com/od/treatment/tp/treatmentoptionsphobias.htm>

# Treatment Options for Phobias

Researchers are still unclear on exactly [what causes phobias](http://phobias.about.com/od/causesanddevelopment/f/phobiacauses.htm). The latest [studies](http://phobias.about.com/od/research/a/geneticsphobias.htm) show that there is likely a complex interaction of factors including [genetics](http://phobias.about.com/od/causesanddevelopment/a/biologicalbasis.htm), brain chemistry, environmental triggers and [learned behavior](http://phobias.about.com/od/causesanddevelopment/a/learningtheory.htm). Consequently, the most successful treatments typically address more than one of these factors. There are currently two major theories on how best to treat phobias, based on differing beliefs about the nature of mental illness.

[**Medication**](http://phobias.about.com/od/treatment/a/phobiamedintro.htm)

The [medical model](http://phobias.about.com/od/glossary/g/medicalmodeldef.htm) places emphasis on the genetic and brain chemistry components of phobias. [Medications](http://phobias.about.com/od/medication/f/savingmoneymeds.htm) are prescribed to balance the chemicals in the brain. There are currently several types of medication that are prescribed for phobias.

In most states, psychologists are not permitted to prescribe medications, although this is slowly changing. However, no mental health practitioner with less than a doctoral degree is permitted to prescribe medication in any state. Those who choose to use medications to treat their phobias must visit a psychiatrist or other doctor for medication management, even if they also see a therapist.

[**Therapy**](http://phobias.about.com/od/treatment/a/theroptphobias.htm)

Many professionals believe that the most important causes of phobias are the environmental triggers and learned behaviors. They argue that a phobia is ultimately a [learned response](http://phobias.about.com/od/glossary/g/learnedrespdef.htm) to a [stimulus](http://phobias.about.com/od/glossary/g/phobicstimdef.htm). By “unlearning” the response and substituting rational reactions, the phobia can be cured. This model favors therapy as a preferred treatment.

Many phobia sufferers are best treated with a combination of medication and therapy. Most psychiatrists do not perform the types of therapy best suited to phobia treatment. Therefore, psychiatrists and therapists often form referral networks to help clients meet both needs. Mental health centers often have a range of mental health specialists on staff, offering their clients a one-stop solution.

[**Alternative Treatments**](http://phobias.about.com/od/treatment/p/alttreatphobias.htm)

Increasingly, mental health professionals and patients are turning to alternative treatments to augment traditional means of treating phobias. Although these treatments have not undergone the rigorous, controlled testing necessary for endorsement by the mainstream medical community, many people find symptom relief through alternative channels. Of course, any alternative treatment should only be undertaken with guidance from a mental health professional.

http://phobialist.com/class.html  
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# Treatment for Phobias

Simple or specific phobias have been quite effectively treated with behavior therapy (Marks, 1987). The behaviorists involved in classical conditioning techniques believe that the response of phobic fear is a reflex acquired to non-dangerous stimuli. The normal fear to a dangerous stimulus, such as a poisonous snake, has unfortunately been generalized over to non-poisonous ones as well. If the person were to be exposed to the non-dangerous stimulus time after time without any harm being experienced, the phobic response would gradually extinguish itself. Also, this assumes that the person does not also experience the dangerous stimulus during that same extended period of time. In other words, one would have to come across ONLY non-poisonous snakes for a prolonged period of time for such extinction to occur. This is not likely to occur naturally, so behavior therapy sets up phobic treatment involving exposure to the phobic stimulus in a safe and controlled setting. Foa and Kozak (1986) call this **exposure treatment**, so called because the patient is exposed to the phobic stimulus as part of the therapeutic process. One simple form of exposure treatment is that of **flooding**, where the person is immersed in the fear reflex until the fear itself fades away. Some phobic reactions are so strong that flooding must be done through one's imagining the phobic stimulus, rather than engaging the phobic stimulus itself.

Some patients cannot handle flooding in any form, so an alternative classical conditioning technique is used called **counter-conditioning** (Watson, 1924). In this form, one is trained to substitute a relaxation response for the fear response in the presence of the phobic stimulus. Relaxation is incompatible with feeling fearful or having anxiety, so it is said that the relaxation response counters the fear response. This counter-conditioning is most often used in a systematic way to very gradually introduce the feared stimulus in a step-by-step fashion known as **systematic desensitization**, first used by Joseph Wolpe (1958). This desensitization involves three steps: (1) training the patient to physically relax, (2) establishing an anxiety hierarchy of the stimuli involved, and (3) counter-conditioning relaxation as a response to each feared stimulus beginning first with the least anxiety-provoking stimulus and moving then to the next least anxiety-provoking stimulus until all of the items listed in the **anxiety hierarchy** have been dealt with successfully.

Biofeedback instrumentation has often been used to ensure that the patient is truly well-relaxed before going the next higher item in the anxiety hierarchy. Several indexes have been used in this adjunctive approach, including pulse rate, respiration rate, and electrodermal responses.

Also, systematic desensitization can be paired with **modeling**, an application suggested by social learning theorists. In modeling, the patient observes others (the "models") in the presence of the phobic stimulus who are responding with relaxation rather than fear. In this way, the patient is encouraged to imitate the model(s) and thereby relieve their phobia. Combining live modeling with personal imitation is sometimes called participant modeling (Bernstein, 1997).

Rothbaum et. al. (1995) reports using a virtual-reality helmet being worn by the patient which then displays a phobic situation which is controlled and monitored by the therapist. The scene might be one of driving a car over a high bridge, while pulse rate is being monitored by the therapist. When the pulse rate gets too high, the scene is either shut down or frozen in frame to allow the therapist to counter-condition relaxation to replace the fear and anxiety response.

Systematic desensitization in a variety of forms has been commonly used to treat specific phobias and, in some cases, can be achieved in a single therapeutic session (Ost, 1989; Zinbarg & others, 1992).

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<http://www.fearintofreedom.com/articles/phobia-treatment.html>

Phobia Treatment Options

**Strength in Numbers - Support Groups**  
Joining a support group can be another method to cope with a phobia. If you are in a large city, there may be a live group of people that meet on a regular basis. If you have Internet access, you can find forums and newsgroups that offer support for just about every kind of phobia that you can imagine. If you can't find one, you can start one yourself.

*Benefits of Support Groups*  
Support groups can be helpful because at the very least you learn that you're not alone! It is not uncommon for someone with a phobia to also experience feelings of sadness, intense isolation, or even depression. Knowing that there are others like you who have experienced the same phobia and related problems can provide a sense of comfort. You can find a lot of compassion and understanding from a support group. People can share stories about how the phobia has affected their life, and also about various treatment methods.

*Potential Problems With Support Groups*  
Support groups can become quite a community. The potential downside that I see with support groups is that it is possible for people to fulfill their need for connection and understanding to such a strong degree, that it becomes more important than their need to be rid of the phobia or problem.

Many people who suffer severe symptoms from a phobia do not talk about it. They feel embarrassed, and it is not uncommon for someone with a phobia to feel very lonely and isolated, and think that they are somehow unique in having this phobia. Imagine after years of not only suffering from the phobia - but suffering from the isolation - they find an entire group of people with their exact same problem!

What may happen is that the group can create what is called a "secondary gain." Secondary gain is any "covert advantage that is not directly related to the professed desired outcome." So the person is not consciously aware of this secondary gain, but it nonetheless motivates their behavior, often in a self-destructive way.

**Seeking Help From A Practitioner**  
If your phobia has been persistent and is causing problems with your day to day life, it may be best to seeking help from someone who has been trained. Professional help can be divided into two categories:

1. Traditional Western approaches, and
2. Complementary / Alternative approaches.

The biggest potential challenge with either approach is finding a practitioner who is competent at helping clients produce the results. Whether someone is a licensed health care practitioner, or is a lay-person with a brochure offering an alternative treatment, does not necessarily mean that they can help you.

Ask about their training and their success rates. Ask around in your community to find out about the practitioner's reputation and ask to talk with previous clients about their experience. Make sure that your practitioner has a solid history of helping people create the results that they want.

**Traditional Western Approaches**  
Traditional approaches for treating a phobia generally include two specific types: psychotherapy (talk therapy) and prescribing medication. Not all traditional therapists will prescribe (or are qualified to prescribe) medications to treat phobias. There are various forms of psychotherapy available.

If you choose the route of traditional treatment for your phobia, the doctor will spend time taking your case history, evaluating your symptoms, and making a diagnosis.

Treatment options can vary, depending upon what you are diagnosed with. Phobias, (except for Social Phobia) are typically diagnosed as Generalized Anxiety Disorder.

If you have been treated previously, the doctor will want to know specific details about that treatment. For example, if you were on medication, he will want to know the dosage level, whether it was increased or decreased, and how long you took it. If you had psychotherapy, what kind of therapy was it, how frequently did you see the therapist, and for how many sessions?

**Psychotherapy**  
Psychotherapy involves talking with a licensed mental health care professional such as a psychiatrist, psychologist, social worker, or counselor. There are several forms of therapy that may be used.

If you chose to work with a therapist, be sure to ask the following questions:

1. How many people have you treated with who had the same phobia as I do?

2. What was the result? What percentage showed improvement? What percent found total relief?

3. On average, how long did it take? (How many sessions over how much time).

4. What is the cost per session? What will my total cost be?

5. Do you prescribe medications along with your treatment? Are medications optional, or do you consider them to be necessary to produce results? If you prescribe medications, how much do they cost? How long do I need to take them? What are the potential side effects - short term and long term? Do I have to avoid any other medications, foods, beverages, or activities while taking the medications? Can they be addictive? What do you do to make sure that I don't experience withdrawal symptoms?

Note that therapists can charge between $50 - $300 (or more) per hour for their professional services. It may be possible to find a therapist who works on a sliding fee scale depending on your income. It may also be possible to find a free therapist through social services provided in your community. It would be very unusual for a therapist to offer a money-back guarantee.

**Psychoanalysis**   
Up until about the 1960's, phobias, like other emotional disorders, were treated almost exclusively by psychoanalysis, which is the school of psychology founded by Sigmund Freud. Freud believed that unconscious conflict is seen as the source of anxiety, and that the subconscious mind consisted of a "seething cauldron of conflicting impulses, urges, and wishes" (Rathus, 1996). The goal of therapy is to help patients gain insight into their deep-seated conflicts and find socially acceptable ways of expressing these wished and gratifying their needs.

Techniques used during psychoanalysis may include free association, dream analysis, and analysis of the relationship between the patient and the therapist. Some therapists may take a more directive approach with their patients by actively provoking or suggesting sources of conflict.

Historically, psychoanalysis and related forms of psychotherapy prove disappointing in the treatment of phobias. There can be other benefits such as resolving conflict, decreasing general anxiety, and identifying and changing thoughts and feelings associated with panic attacks or avoiding the object or situation that triggers the phobia. But the symptoms of the phobia itself often remains. Freud acknowledged the limitations of pure psychoanalysis in treating phobias, saying: "One can hardly ever master a phobia if one waits 'til the patient lets the analysis influence him to give it up...One succeeds only when one can induce them through the influence of the analysis to go about alone and to struggle with their anxiety while they make the attempt."

**Cognitive-Behavioral Therapy (CBT)**  
Cognitive psychologists believe that we must venture into the realm of mental processes in order to understand human nature. Behaviorists believe that our actions are conditioned by our past experiences and situations, rewards, and punishments, rather than by conscious choice. Combining these two theories gives us the Cognitive-Behavior approach, or CBT.

Research has shown that CBT can be effective for several anxiety disorders, in particular panic disorder and social phobia. It is made of up two parts. The cognitive part helps patients to understand and change their thinking patterns that prevented them from overcoming their fears.

The behavioral aspect is used to change people's reactions to anxiety-provoking situations. This is done primarily through exposure, in which people confront the objects or situations that they fear.

Another behavioral technique is to teach relaxation techniques, such as deep breathing, to the patient.

One study of a 28-week treatment program, including 16 sessions of CBT combined with antidepressant medication, indicated that "about 80 percent" of people with social phobia alleviated their symptoms. It did not state whether they were required to remain on medication or not.

**Behavioral Therapy**  
Behavioral therapy has been used effectively to treat phobias without the cognitive component. This usually involves gradual exposure, perhaps beginning with pictures or audio recordings. Eventually, the patient may be exposed to the actual object or situation, usually with the therapist tagging along for support and guidance.

In either CBT or in behavioral therapy, exposure will only be done when you are ready, with your permission, and gradually. Neither one of these therapies have any adverse side effects, other than the temporary discomfort of increased anxiety.

The main downside to these therapies is that they generally last about 12 weeks. If you are working privately with a therapist at $50-$75 for each 1-hour session, and you need 10 to 15 sessions, this can come out to $500 - $1,125. If you are working in a group therapy situation, sessions are usually much less expensive.

**Medication**  
It is important for you to realize that "medications won't cure an anxiety disorder." That quote comes straight from the National Institute of Mental Health website. Medications will only help mask your symptoms, which can help you to function in the short term. This does not stop many doctors from saying that medications will "treat" your phobia. In severe cases, medication may be beneficial to reduce intense symptoms enough for someone to function in day-to-day life while beginning other forms of treatment. Medications may also be prescribed to help with other forms of generalized anxiety disorder that may be present along with a phobia, including depression, obsessive-compulsive disorder, or panic attacks.

However, in the big picture long range view, there are several potential problems with using medications to "treat" a phobia.

First of all, medications can take time to work in your body. It can sometimes take up to several weeks before you could see the symptoms of your phobia begin to fade. If you need immediate relief from symptoms, certain medications may not be helpful. Be sure to ask the physician how long you can expect to wait until the medication takes

Second, it may be helpful to read the results of the drug study for your specific problem before you take the drug. Analysis of the statistics provided can help you determine whether or not you want to take this particular drug.

For example, in a double-blind 12-week study of Escitalopram (an SSRI) in the treatment of social anxiety disorder, the abstract stated that there was a "statistically superior therapeutic effect for escitalopram compared with placebo." That is true - almost 40% more patients responded to the drug than to the placebo.

When you look at the numbers, however, you will find that only 54% of the people receiving the drug showed improvement. That means that it *didn't* help 46% - or nearly half - of the people enough to be statistically significant.

Every drug study that is properly conducted according to FDA regulations will include two sections in the final report: "Adverse events" and "extremely adverse events." "Adverse events" are "side effects." Almost every drug has side effects, and most of the time they are not desirable. At best, they can be mildly annoying, like nausea, apathy, or feeling jittery. At worst they can impair your ability to think clearly, cause sexual dysfunction, seizures, or even death.

With all of the problems that can arise from taking medications, if I had a choice I would rather keep the phobia!

**Complementary / Alternative Treatment Options**For many years, anything that was not officially sanctioned by the medical community was referred to as "alternative." As there is increasing acceptance of these methods by Western medical practitioners, these forms of treatment are being referred to as "complementary." Treatment options for phobias that are not traditionally used or acknowledged by Western medical professionals are included in this section. However, some doctors, psychiatrists, and psychologists are beginning to utilize complementary forms of treatment in their practice.

Traditional psychologists will point out that rigorous clinical studies have not been conducted to prove the efficacy of these methods. I believe the main reason for this is that drug companies have not found a way to make huge profits from doing so. However, there is enough empirical data to show that these forms of treatment can be very effective. A person's individual results means more to that person than a thousand clinical studies. Regardless of that, I believe it is important for each person to thoroughly research all of the methods of treatment available, and to make their own educated decision as to which methods will best suit them.

**Energy Psychology**   
Energy Psychology is a new approach to therapy that dramatically reduces emotional distress and restores emotional well-being by clearing the flow of the body's "energy system." Energy Psychology is also known as "energy-based psychotherapy," or simply "energy therapy."

It has been very effective in treating phobias because it is safe, effective and long lasting. Best of all, the client plays an active part in their own treatment, and has complete control over the process.

Energy psychology is based on the centuries old philosophy that there are lines of energy, called meridians, that run through the body. Every negative emotion that we experience is simply a blockage of energy somewhere in the body. Furthermore, the symptoms of blocked energy can include emotions such as fear, anxiety, etc. and behaviors such as avoidance or neurosis.

All of these symptoms can fade away on their own if you simply clear the blocked energy. This is done by tapping on a series of points on the body, usually while focusing on the specific problem, either as an image, or by saying a word or sentence out loud. When your energy is balanced and runs clear, your emotional distress goes away on its own. There is no need to explore it, analyze it, or therapize it in any way. It's simply gone.

Side-effects to energy therapy seem to very extremely rare. An informal survey of 250 therapists asking for descriptions of significant abreactions with EFT or TFT reported only 20 cases of abreactions out of an estimated 10,000 applications of the energy tapping procedures. This approximates 2/10 of 1%. This includes the use of energy therapy for all purposes, not just phobias.

The most important aspect of finding a practitioner who is using Energy Therapy is to make sure they are experienced. There can be subtleties involved that only experienced practitioners can address. Relief can usually be found in one or two sessions. Rates can vary from $35 - $150 or more per session, depending on the experience of the practitioner.

**Neuro-Linguistic Programming**  
Neuro Linguistic Programming (NLP) was developed by Richard Bandler and John Grinder in the early 70's. Much of early NLP was based on the work of Virginia Satir, a family therapist; Fritz Perls, founder of Gestalt therapy; Gregory Bateson, an anthropologist; and Milton Erickson, M.D., a hypnotist. NLP was specifically created in order to allow us to understand how verbal and nonverbal communication affect the human brain. It gives all of us the opportunity to not only communicate better with others, but also learn how to gain more control over what many considered to be automatic functions of our own neurology.

What that all means is that every behavior has a specific structure. If you know what that structure is, you can change it, and you can change it quickly. It is not necessary to analyze the reasons or causes of a behavior, only to change it to what you want. In other words, it's about results.

NLP has several "presuppositions," or what you might call operating principles. Two of these that are Important to phobia relief are:

1. The resources an individual needs in order to effect a change are already within them.
2. The ability to change the process by which we experience reality is more often valuable than changing the content of our experience of reality.

NLP became infamous early on with what was called the "Fast Phobia Cure" in which lifelong phobias were cured in less than one hour.

NLP practitioners can usually help a client eliminate a phobia in one hour. If you are seeing an NLP practitioner who is also a licensed mental health care professional, they make take up to ten or twelve sessions, and include NLP methods as part of their cognitive or CBT process.

Pricing varies greatly. "Celebrity" NLP practitioners such as Tony Robbins have charged upwards of thousands of dollars for a single one-hour session. Not-so famous practitioners can be found at more affordable rates of $125 - $250 per session. Some practitioners charge "by the result" and not "by the hour." Most of the time they will give you the opportunity to test their work to make sure you have the result that you want.

**Hypnotherapy**   
Hypnotherapists help their clients go into a deep state of relaxation. Contrary to popular belief, clients are not in a deep sleep-like state, but are in a state of enhanced awareness. While in this state, the conscious mind is less active, and the therapist is able to directly suggest ideas, concepts, and lifestyle changes to the patient's subconscious mind.

The goal of hypnotherapy in phobia treatment is to reprogram the patterns of negative behavior.

Hypnosis, or hypnotic trance, in and of itself, is not dangerous. However, the biggest challenge with hypnosis as an effective treatment method is finding a competent practitioner. However, this is true with any therapist. It is best to find someone through referrals or someone you know who has achieved positive results.

**EMDR**   
EMDR stands for "Eye Movement Desensitization and Reprocessing" and was developed by the American psychologist Francine Shapire, PhD in 1987. There are eight phases to EMDR. Specific to EMDR are phases three through six. The client is told to focus on the image, negative thought, and body sensations related to the phobia while simultaneously moving their eyes back and forth. Although eye movements are used most commonly, other types of stimulation can be applied, including auditory tones or tapping.

After using EMDR, clients generally report that the emotional distress related to the memory has been eliminated, or greatly decreased, and usually result in spontaneous behavioral change.

According to the EMDR Institute, ". . .since EMDR is a treatment for distressing memories and related pathologies, it may be most effective in treating anxiety disorders which follow a traumatic experience (e.g., dog phobia after a dog bite), and less effective for those of unknown onset (e.g., spider phobia)."

As with any form of psychotherapy, there may be a temporary increase in anxiety which using EMDR. According to the EMDR institute this may include:

1. distressing and unresolved memories may emerge
2. some clients may experience reactions during a treatment session that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations
3. subsequent to the treatment session, the processing of incidents/material may continue, and other dreams, memories feelings, etc., may emerge.

Because of this, if you are going to use EMDR as a treatment, it is recommended that you find a licensed mental health care practitioner who is trained in EMDR, rather than a lay-practitioner. It can take anywhere from 3 to 14 sessions to see results. This includes 1-2 "preliminary sessions" and 3-12 sessions using the EMDR technique.

**Self-support Techniques**   
There are a number of other techniques that can be used along with any other method. These techniques can be thought of as holistic, because they can help improve your overall level of health and fitness. They include:

* yoga,
* meditation,
* aerobic exercise,
* strength training,
* relaxation techniques, and
* proper nutrition.

While these strategies may not in and of themselves cure a phobia, individuals who are physically weak or malnourished may be more susceptible to the effects of panic attacks or other types of anxiety.

**Conclusion and Recommendations**  
There are many different methods for treating phobias. I encourage every person to do their own research and compare the cost of treatment, time (how long it will take), and effectiveness. Also, if you choose to seek professional help (whether it is through a traditional or alternative practitioner) be sure to ask about their experience.

Generally, without knowing about your specific situation, if you have been suffering from a phobia that you have not been able to get a handle on for yourself, here is what I recommend.

1. Start with Energy Psychology, or NLP. These methods have been proven to

a. produce results very quickly,   
b. have lasting results, and   
c. usually cost significantly less compared to other methods.

2. See a hypnotherapist and / or EMDR practitioner.

3. Seek out the help of a Cognitive-Behavior therapist

4. Take medications only if absolutely necessary.

If you have any comments or questions, please feel free to [contact me](http://www.fearintofreedom.com/cs.html).

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