

TREATMENT OF PHOBIA

Agoraphobia and claustrophobia are defined within the DSM-IV as a subset of panic disorder, involving the fear of incurring a panic attack in wide open spaces, streets, squares, crowds, shopping malls or in closed spaces in train, elevators, plains tunnels, traffic jams.

In the DSM IV: a panic disorder or anxiety disorder is characterized by anxiety in situations where it is perceived to be difficult or embarrassing to escape in case to get a panic attack in those places..

A panic attack is a certain period of intense fear and characterized by the following symptoms palpitations, shortness of breath, chest pain, sweating, trembling, feeling dizzy and fear of fainting. Many patients report a fear of dying or losing control of emotions and/or behaviour. Also called a hyperventilation attack which causes panic.

First there are the panic attacks and then after two or three attacks, the person is going to avoid situations where the panic attacks can possible occur. The so called agoraphobia or claustrophobia situations. In addition, the person usually has thoughts of impending doom. Individuals suffering from an episode have often a strong wish of escaping from the situations that provoked the attack.

The central fear in closed spaces is a fear of having no escape and of being enclosed for example getting a panic attack in a elevator or train (claustrophobia). The central fear of getting a panic attack in open spaces is losing control, afraid of being lost.

Example.

Fear of travelling by train. A patient told that he got a panic attack in the train with the above mentioned symptoms. The next time in the train he was afraid to get another attack. He started to worry about the physical sensations he had while he was travelling and he got a second attack. This led to the vicious circle in which increased worry leads to increased panic related physical symptoms which leads to further increased worry and so on. The patient was generally concerned about losing control, he was afraid that he should faint, should start to shout insanely, and get crazy. To avoid this humiliating and panic-stricken situation he has to get out of the train. But he can't go out before the train stops (claustrophobia). But if the train stops he is totally lost. He stays on a platform far from home in the middle of nowhere (agoraphobia). After that he avoided to travel by train.

What was the man in the train really afraid of? Analysing the behaviour of the man it seemed that he was under severe stress. He was worrying about his work. In the train he was thinking about the fact that he had not finished his work in time. He was extremely afraid to be criticized by his chief for his shortcomings. His anxiety intensified to the point of panic with the accompanying physical feelings and thoughts. The next time he was afraid to travel by train, afraid he was to get again a panic attack. The train before neutral was now associated with panic because of the physical feelings. He went to the doctor to get some medicines to prevent a panic attack.

Mostly the patients are not aware of the underlying problems and are only worrying about the attacks. They try to avoid to speak about the problems at their work or with friends. The panic attacks can spread out to all kind of situations. Agoraphobia is often but not always compounded by a fear of social embarrassment as the agoraphobic fears the onset of a panic attack in public. So it is also called a «*social phobia*».

Treatment. 1. Ask the patient when and under what conditions and circumstances he had his first attack to explore what made the patient so anxious. Because most of the patients think

that they get a attack out of the blue. But questioning the circumstances of the person during the attacks there exists mostly some kind of stress. In this case the patients was worrying about his work and afraid to be criticized by his boss.

2. Ask the patient what kind of symptoms he had: trembling, feeling dizzy, palpitations, shortness of breath. He nearly fainted in the train. Explain the patient tha this incident frightened him and produced anxiety . The train before a neutral stimulus became linked to anxiety and he developed a phobia of travelling by train.

2. Explain the patient how he developed this panic attacks to calm him down.

Fear or other emotions are always accompanied by physical reactions and is nothing to be ashamed of. If you worry about the physical reactions they will intensify. Important to explain the consistency of fear for his boss and his physical reactions. That he focussed on the symptoms and not on his thoughts which led to his fears.

3. Breathing exercises and relaxations skills.

4. Psycho pharmaceutical treatment anti depressants (Mostly commonly used to treat anxiety disorders SSRI (selective serotonin reuptake inhibitor).

5. Systematical desensitization (Joseph Wolpe)

In order to extinguish fear and anxiety responses to specific phobias the individual must first be taught relaxation skills. He or she is taught to use them in an established hierarchy of fears. The goal of this process is that an individual will learn to cope and overcome the fear in each step of the hierarchy and to overcome the avoidance pattern by gradually exposing patients to the phobic object until it can be tolerated.

Next Step

Exploring the cognitions which leads to the panic attacks

Situation: In the train

Thought: I am afraid my boss is not satisfied with my performance

Emotion: Nervous, anxious

Physical: Reaction heart beating

Situation: Patient realizes that his heart is beating faster

Thought: What is wrong with me

Emotion: Anxiety intensified

Physical: Reactions heart pounds and hyperventilates

Cognitive Therapy

Identify core beliefs and assumptions

Identify patient's core beliefs and assumptions to know how these beliefs and assumptions influenced the perceptions of his current situations and his behaviour.

To conceptualize the underlying problems it is of important to know:

- In which circumstances was the patient when he got the first panic attack?
How did he face this situation, and which cognitions did he have in this situation?
- See above: his thoughts.
- What existential life, environmental or life issues are currently facing the client and how is he is dealing with them.
- He was worrying about losing his job and afraid of being criticized.
- What aspects of the client's family history affect the clients current problems.
- His father was never satisfied. He was always punishing him.
- Are there significant early developmental derailments or traumas in clients life that appear to be related to the current presentation of the client's problem.

His father was always criticizing him and abused him

The core beliefs

- I am bad;
- I am incompetent;
- I am weak.

Conditional assumptions

- If I do what others want I'll be okay and I'll fail when I make own decisions.
- I upset people when I do things wrong.
- Extremely dependent on the approval of others.
- If I say no people don't like me.

What are his beliefs about others

- Others are strong and capable.

Therapy interfering beliefs

(The therapist has to be aware of the fact that early developmental difficulties will likely emerge in the relationship between therapist and client).

In this case:

He was trying too hard to please the therapist for fear of being rejected. The word he used the most was: Sorry

Underdeveloped coping strategies;

- Solving problems independently. Ability to set limits. To be assertive

Overdeveloped coping strategies

- Relying on others: the others are more competent.
- Overly subjugating himself to dominating others. He exactly did what his boss asked.
- Being meek and submissive: pleasing everybody, never say no.

How to modify core beliefs

It is important to explore /examine how the patient has perceived the negative reactions of his father. How he began to attribute negative qualities to himself and how he developed negative views of himself. The goal of cognitive therapy is to help the patient to reorganize the thinking processes.

Therapist and patients have to elaborate single events which trigger automatic thoughts to know how to challenge them to more appropriate thoughts.

Cognitive model

1. single event;
2. distressing thoughts automatic thoughts;
3. memory;
4. image;
5. emotion (consequences);
6. behavior;
7. physiological sensations;
8. Mental sensations.

Next in the process: To learn the patient to modify assumptions and inner beliefs.

The therapist helps the patient to learn to label the cognitive errors in order to respond to client's thoughts more effectively.

How to deal with the therapeutic alliance

- using positive reinforcement. I' am glad you It is impressive that...
- using — self-disclosure (how you dealt with a similar problem).
- disagreeing with the patients negative self-view. If a patient says for example: «I never feel better». You can say: «I am sure that if my father treated me how he had treated you I also should believe that I am hopeless too. But while you may believe that you're bad because of how your dad treated you. I want you to know that I don't believe you're bad not for a minute».

Role-playing is effective to explore on the spot patient's automatic thoughts, to modify negative thoughts and to learn to react more effectively in problematic situations.

What is important in any case. Be aware of therapeutic relationship. For example when a patient fears that the therapist would reject him/her, or the patient who feels controlled or who is skeptical about therapy. Most patients do not present such difficulties. But it is important to be prepared for the variety of ways in which the therapeutic relationship may be tested.

The therapist needs to determine whether patients are feeling vulnerable, controlled, and so

on. In the case patient was over pleasing the therapist has to know how to deal with it.

Literature:

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4. Judith S. Beck , Cognitive Therapy for challenging problems.
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6. F. Saphiro : an Integrative Psychotherapy Approach.