UNDERSTANDING YOUR DIAGNOSIS

Phobias

Also called Specific Phobia

A phobia is intense fear of one specific thing or situation, and it is one of the most treatable conditions there is.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 8 adults	Usually in childhood	Yes - often in a few visits	About 19 million US adults

What this is

- A phobia is strong, automatic fear of one particular thing - flying, needles, heights, dogs, storms, elevators.
- You probably know the fear is bigger than the real danger. Knowing that does not switch it off, and that is normal.
- It counts as a disorder only when avoiding the thing costs you something - medical care, work, travel, or peace of mind.
- Most people with one phobia have two or three. That is common and does not mean treatment will take longer.

What it can look and feel like

- The moment you see it, or even think about it, the fear hits within seconds - no build-up and no warning.
- Your heart races, you sweat, you shake, your stomach drops, and you want to get away right this second.
- You plan around it: routes without bridges, jobs without flying, doctors who will not mention needles.
- With blood, needles, or injuries, you may go pale and faint instead of feeling revved up and racing.
- You put off or skip medical care - blood draws, scans, dental work, vaccines - sometimes for years at a time.
- Just knowing it is coming can ruin the days beforehand, even when the event itself lasts ten minutes.
- Children may cry, freeze, cling, or have a tantrum rather than say out loud that they are frightened.

What is happening in your brain and body

- The brain learns fear fast and holds onto it. One bad experience, or watching someone else's, can be enough.
- The amygdala, your brain's alarm center, reacts before the thinking part of your brain has time to weigh in.
- Fear of blood or needles works differently: your blood pressure drops instead of rising, which is why people faint.
- People learn fear of snakes, spiders, and heights especially easily - old wiring that once kept our ancestors alive.
- Every time you avoid the thing, the relief teaches your brain the fear was right, so the fear grows stronger.

What can make it more likely

- About **30 percent** of the risk is inherited, so having a parent with a phobia makes one more likely for you.
- A frightening event - a dog bite, bad turbulence, a painful blood draw - can start it in a single moment.
- You can also learn a phobia by watching someone else be terrified, or by being warned about it over and over.
- Avoidance is what keeps it going. Nothing ever happens to prove the fear wrong, because you never stay long enough.

What to expect

- Phobias respond to treatment faster than almost anything else in mental health. Think weeks, not years.
- **One-session treatment** lasting up to three hours clears many animal and needle phobias for good.
- Fear can flicker back later, especially in a new setting. A short refresher practice usually settles it again.
- You do not have to end up loving the thing. Success means you can do what you need to do anyway.

What helps

Treatment works. Most people get better.

Talking therapies

- **Exposure therapy** is the treatment. You face the thing in small planned steps, with support, until it loses power.
- You and your therapist build a ladder from easiest to hardest, and nobody pushes you off the top of it.
- **Virtual reality** works well for flying, heights, and spiders when the real thing is hard to arrange safely.
- For blood and needle fears you learn **applied tension** - tensing muscles to hold blood pressure up so you do not faint.
- Watching your therapist do it first, then doing it together, helps children and very avoidant adults get started.

Medicines

- There is no medicine for phobias, and most people do not need one. **Exposure therapy** does the actual work.
- Taking a calming pill right before an exposure session blocks the learning, so it is discouraged during treatment.
- For one unavoidable event, such as urgent surgery or a scan, a single calming dose may be reasonable.
- Any dose is worked out with your prescriber, and it is a bridge for that day, not a treatment for the phobia.
- **Antidepressants** are used only when you also have depression or another anxiety condition alongside the phobia.

Everyday things that help

- Practice between sessions. Homework practice is what separates fast progress from slow, stalled progress.
- Vary it - different places, times, and versions of the thing - so the new calm carries over into real life.
- Drop the safety props: gloves, looking away, gripping someone's arm. They quietly keep the fear alive.
- Tell your dentist, nurse, or scan technician. Many will slow down and build the visit around your plan.
- Parents: stop removing the spider or cancelling the shot. Kind, steady practice helps more than rescue does.

Get help right away if

- If you think about ending your life, call or text **988** in the US, or go to your nearest emergency room.
- Get help now if fear is making you skip medical care you actually need, such as a scan or surgery.
- If you faint around blood or needles, tell your clinician so visits can be done lying down.

Questions to ask your care team

- *How many sessions of exposure would you expect this to take for me?*
- *Can we practice in real life, or would virtual reality work better for this fear?*
- *I faint around needles - can we use applied tension at my next blood draw?*
- *How do I keep this from creeping back a year from now?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.