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A specific phobia is an intense and irrational fear of a specified object or situation. A phobia is an excessive and overwhelming fear that results in avoidance or extreme distress. Some phobias are centered on a specific fear object, while others are complex and tied to different situations or circumstances. Phobias affect about 19 million adults, and women are two times more likely than men to have a specific phobia. Some people experience multiple specific phobias simultaneously. Approximately 75% of people with a specific phobia fear more than one object or situation. A fear and a phobia are not the same, so it's important to know the difference. Many people experience fears or aversions to objects or situations, but this does not necessarily mean that they would be diagnosed with a specific phobia. Therapists cannot use a lab test to make this diagnosis, so they and other mental health professionals consult the DSM-5 (Diagnostic and Statistical Manual, 5th Edition). This guide provides diagnostic criteria for specific phobia from the American Psychiatric Association. Unreasonable, excessive fear: The person exhibits excessive or unreasonable, persistent and intense fear triggered by a specific object or situation. Immediate anxiety response: The fear reaction must be out of proportion to the actual danger and appears almost instantaneously when presented with the object or situation. Avoidance or extreme distress: The individual goes out of their way to avoid the object or situation, or endures it with extreme distress. Life-limiting: The phobia significantly impacts the individual's school, work, or personal life. Six months duration: In children and adults, the duration of symptoms must last for at least six months. Not caused by another disorder: Many anxiety disorders have similar symptoms. A doctor or therapist would first have to rule out similar conditions such as agoraphobia, obsessive-compulsive disorder (OCD), and separation anxiety disorder before diagnosing a specific phobia. Natural/environment type: These are phobias of nature, weather, and environmental events or situations. These can include the fear of dogs (cynophobia), snakes (ophidiophobia), and insects (entomophobia). Injury type: This type of fear is related to a fear of physical harm or injury. These include a fear of the dentist (dentophobia) or injections (trypanophobia). Animal type: These fears are centered on animals or insects. This can include the fear of spiders (arachnophobia), insects (myriaphobia), and birds (ornithophobia). Other types: Fears that don't fit into the other four types are included in this category. This can include things such as a fear of dolls, vomiting, or loud sounds. There are a number of different factors that can contribute to the development of specific phobias. These include: Temperament: Research suggests that people who exhibit more behavioral inhibition have a higher risk for a variety of anxiety disorders, including specific phobias. Genetics: People who have a family member with an anxiety disorder or phobia are more likely to also develop some type of phobia. Experiences: Stressful or traumatic experiences can also play a role in the formation of a phobia. A single incident of being bitten by a dog, for example, can play a role in the development of a fear of dogs. While specific phobias can be serious and debilitating, effective treatments are available. These can help reduce or even eliminate symptoms. They include: While medication is not usually used on its own to treat phobias, it may sometimes be prescribed to help people manage physical and emotional reactions associated with phobias. Such medications are usually most effective when paired with psychotherapy. There are a number of psychotherapy techniques that may be used to treat phobias, but exposure therapy and cognitive-behavioral therapy (CBT) are the two that are more commonly used. Exposure therapy involves gradual and progressive exposure to the feared object or situation. Such exposure is paired with relaxation strategies until the fear reaction is reduced or extinguished. Cognitive-behavioral therapy involves helping people learn to identify and then change the automatic negative thoughts that contribute to phobic reactions. The DSM-5 states that people with specific disorders also have an elevated risk for suicide. These phobias also tend to commonly occur alongside other mental health conditions including panic disorder, post-traumatic stress disorder (PTSD), and substance use disorder. Because of this, getting appropriate treatment is essential. If you have decided it's time to seek professional help for your fear, take some time to prepare yourself for your first appointment. To make the most of your appointment, and help your therapist determine if you have a fear or a phobia, create three lists: Symptoms: Make a list of physical and psychological symptoms, including your trigger, how you cope with your fear, and things that make your anxiety better or worse. Personal life: Make a list of anything stressful going on in your life, including relationship issues or trouble at work. Listing new situations that seem like a positive thing, including promotion or a budding romance, is also important, as good news can cause anxiety, too. Medication and supplements: Make a list of all medication and supplements you take regularly, such as vitamins and herbal teas. These substances can affect your mental state and interfere with treatment. While you're in the therapist's office, you have an opportunity to ask questions. Worried you won't be able to think of any on the spot? Here are some you can use: What options for treatment do you recommend? How can I best manage my other health conditions while in treatment? If I follow the recommended treatment plan, how much improvement can I expect to see, and when? People who have a specific phobia may be aware that their fears are irrational, but knowing this doesn't mean that their fear isn't very real and often debilitating. Specific phobias are common, and are often rooted in the primal, instinctual fears that many people (even those without a diagnosis of phobia) experience and understand. It is important to remember that effective treatments are available that can help relieve these fears and the symptoms they cause. Verywell Mind uses only high-quality sources, including peer-reviewed studies, to support the facts within our articles. Read our editorial process to learn more about how we fact-check and keep our content accurate, reliable, and trustworthy. Anxiety and Depression Association of America. Facts & statistics. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th ed. Washington, DC; 2013. Perelman School of Medicine at the University of Pennsylvania. Specific phobias. Fox NA, Pine DS. Temperament and the emergence of anxiety disorders. *J Am Acad Child Adolesc Psychiatry*. 2012;51(2):125-128. doi:10.1016/j.jaac.2011.10.006 Van Houtem CM, Laine ML, Boomsma DI, Ligthart L, van Wijk AJ, De Jongh A. A review and meta-analysis of the heritability of specific phobia subtypes and corresponding fears. *J Anxiety Disord*. 2013;27(4):379-88. doi:10.1016/j.janxdis.2013.04.007 Eaton WW, Bienvenu OJ, Miloyan B. Specific phobias. *Lancet Psychiatry*. 2018;5(8):678-686. doi:10.1016/S2215-0366(18)30169-X Piles of antique dolls or almost-working appliances may be part of a harmless collection, or they could signal a hoarding disorder, say psychiatrists. (Image credit:

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