Phobias have been defined as "a special form of fear which: (1) is out of proportion to the demands of the situation, (2) cannot be explained or reasoned away, (3) is beyond voluntary control, and (4) leads to avoidance of the feared situation" (Marks, 1969, p.3).

Further, with children one would have to add a fifth criterion, namely, the fear is age inappropriate.
<table>
<thead>
<tr>
<th>PHOBIA</th>
<th>FEARED OBJECT OR SITUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acrophobia</td>
<td>Heights</td>
</tr>
<tr>
<td>Aerophobia</td>
<td>Flying</td>
</tr>
<tr>
<td>Aquaphobia</td>
<td>Open spaces, public places</td>
</tr>
<tr>
<td>Arachnophobia</td>
<td>Spiders</td>
</tr>
<tr>
<td>Ailurophobia</td>
<td>Cats</td>
</tr>
<tr>
<td>Amaxophobia</td>
<td>Vehicles, driving</td>
</tr>
<tr>
<td>Atrichophobia</td>
<td>Hair</td>
</tr>
<tr>
<td>Astraphobia</td>
<td>Lightning</td>
</tr>
<tr>
<td>Batrachophobia</td>
<td>Frogs, tadpoles</td>
</tr>
<tr>
<td>Bleomycophobia</td>
<td>Mite</td>
</tr>
<tr>
<td>Brontophobia</td>
<td>Thunder</td>
</tr>
<tr>
<td>Blennophobia</td>
<td>Slime</td>
</tr>
<tr>
<td>Branimorpha</td>
<td>Cereals</td>
</tr>
<tr>
<td>Claustrophobia</td>
<td>Confined spaces, confinement</td>
</tr>
<tr>
<td>Claustrophobia</td>
<td>Going to bed</td>
</tr>
<tr>
<td>Cubophobia</td>
<td>Dogs</td>
</tr>
<tr>
<td>Chromatophobia</td>
<td>Rosas</td>
</tr>
<tr>
<td>Dementophobia</td>
<td>Insanity</td>
</tr>
<tr>
<td>Dromophobia</td>
<td>Crossing streets</td>
</tr>
<tr>
<td>Emetophobia</td>
<td>Vomiting</td>
</tr>
<tr>
<td>Entomophobia</td>
<td>Insects</td>
</tr>
<tr>
<td>Genophobia</td>
<td>Sex</td>
</tr>
<tr>
<td>Gephyrophobia</td>
<td>Crossing bridges</td>
</tr>
<tr>
<td>Hematophobia</td>
<td>Blood</td>
</tr>
<tr>
<td>Herpetophobia</td>
<td>Reptiles</td>
</tr>
<tr>
<td>Homilophobia</td>
<td>Sermons</td>
</tr>
<tr>
<td>Hyalinophobia</td>
<td>String</td>
</tr>
<tr>
<td>Monophobia</td>
<td>Being alone</td>
</tr>
<tr>
<td>Musophobia</td>
<td>Mice</td>
</tr>
<tr>
<td>Mysophobia</td>
<td>Dirt and germs</td>
</tr>
<tr>
<td>Nudophobia</td>
<td>Nudity</td>
</tr>
<tr>
<td>Nymphaophobia</td>
<td>Nymphs</td>
</tr>
<tr>
<td>Ophidiophobia</td>
<td>Snakes</td>
</tr>
<tr>
<td>Ornithophobia</td>
<td>Birds</td>
</tr>
<tr>
<td>Ophthalmophobia</td>
<td>Dark and night</td>
</tr>
<tr>
<td>Ochlophobia</td>
<td>Crowds</td>
</tr>
<tr>
<td>Ophidiophobia</td>
<td>Snakes</td>
</tr>
<tr>
<td>Ornithophobia</td>
<td>Birds</td>
</tr>
<tr>
<td>Ophthalmophobia</td>
<td>Dark and night</td>
</tr>
<tr>
<td>Ochlophobia</td>
<td>Crowds</td>
</tr>
<tr>
<td>Ophidiophobia</td>
<td>Snakes</td>
</tr>
<tr>
<td>Ornithophobia</td>
<td>Birds</td>
</tr>
</tbody>
</table>
Anxiety disorders are characterized by:

a) fear/anxiety that results in physiological changes such as sweaty hands, dizziness, or heart palpitations
b) the escape and/or avoidance of situations in which fear is likely to occur, and
c) interference by the behaviors with the individual's life.

Anxiety Disorders DSM V

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Panic Attack (Specifier)
- Agoraphobia
- Generalized Anxiety Disorder
- Substance/Medication-Induced Anxiety Disorder
- Anxiety Disorder Due to Another Medical Condition
- Other Specified Anxiety Disorder
- Unspecified Anxiety Disorder
The DSM anxiety disorders

- Panic disorder, with or without agoraphobia (300.21)
- Agoraphobia without a history of panics (300.00)
- Social phobia (300.23)
- Specific phobia (300.29)
- Generalized anxiety disorder
- Obsessive-compulsive disorder
- Post-traumatic stress disorder

Diagnostic criteria for 300.29 Specific Phobia DSM IV - TR

A. Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).

B. Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situational bound or situationally predisposed Panic Attack.

C. The person recognizes that the fear is excessive or unreasonable. Note: In children, this feature may be absent.

D. The phobic situation(s) is avoided or else is endured with intense anxiety or distress.

E. The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

F. In individuals under age 18 years, the duration is at least 6 months.

G. The anxiety, Panic Attacks, or phobic avoidance associated with the specific object or situation are not better accounted for by another mental disorder, such as Obsessive-Compulsive Disorder (e.g., fear of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of school), Social Phobia (e.g., avoidance of social situations because of fear of embarrassment), Panic Disorder with Agoraphobia, or Agoraphobia Without History of Panic Disorder.

Social phobia (social anxiety disorder)

A. A persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be embarrassing and humiliating.

B. Exposure to the feared situation almost invariably provokes anxiety, which may take the form of a situational bound or situationally predisposed Panic Attack.

C. The person recognizes that this fear is unreasonable or excessive.

D. The feared situations are avoided or else are endured with intense anxiety and distress.

E. The anxiety, or avoidance is persistent, typically lasting 6 or more months.

F. The fear, anxiety, or avoidance is not due to direct physiological effects of a substance (e.g., drugs, medications) or a general medical condition (i.e., better accounted for by another mental disorder).
DSM V — Specific Phobias

- Marked and out of proportion fear within an environmental or situational context to the presence or anticipation of a specific object or situation.
- Exposure to the phobic stimulus provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed panic attack.
- The person recognizes that the fear is out of proportion.
- The phobic situation(s) is avoided or else is endured with intense anxiety or distress.
- The avoidance, partial or complete avoidance of the feared situation(s) interferes significantly with the person’s normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

Spesifikk type

- Animal Type
- Natural Environment Type (e.g., heights, storms, water)
- Blood-Injection-Injury Type
- Situational Type (e.g., airplanes, elevators, enclosed places)
- Other Type (e.g., phobic avoidance of situations that may lead to choking, vomiting, or contracting an illness; in children, avoidance of loud sounds or costumed characters)

References

Hva forårsaker fobier?

- Forskning antyder at både genetiske og miljømessige faktorer bidrar til oppstarten på fobier. Spesifikke fobier har vært assosiert med et fryktfullt første møte med det fobiske objekt eller situasjon. Spørsmålet er fremdeles om en betingelsesaksponering er nødvendig eller om fobier kan utvikle seg hos personer som er genetisk predisponert.

Hvem blir “rammet” av fobier?

- Angsttilstander er vanlig i alle aldre. Forekomsten av angsttilstander av spesifikke fobier hos barn og ungdom er estimert til 1 prosent som det laveste og 9.2 prosent som det høyeste. Ettersom spesifikke fobier ofte starter i barndommen, så er det viktig at de blir skilt fra normal utviklingsmessig frykt. Sosiale fobier er estimert til å forekomme hos opp til 1.4 prosent av barn og tenåringer. Panikkforstyrrelser kan utvikles i enhver alder, men starter ofte i senesence eller i ung voksen alder. På dette området gjenstår det mye forskning.

The phobic disorders are compromised of three disorders:

- Agoraphobia (without history of panic disorders),
- Specific Phobia (formerly simple phobia), and
- Social Phobia.
### Phobic Disorders

<table>
<thead>
<tr>
<th>Description</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agoraphobia</td>
<td>Ranging from 1–3%</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>Ranging from 10-11.3%</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>Ranging from 3–13%</td>
</tr>
</tbody>
</table>

#### Subtypes of Specific Phobias

<table>
<thead>
<tr>
<th>Description</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Type</td>
<td>This subtype should be specified if the fear is cued by animals or insects. This subtype is generally of childhood onset.</td>
</tr>
<tr>
<td>Natural Environment Type</td>
<td>This subtype should be specified if the fear is cued by objects in the natural environment, such as storms, heights, or waters. This subtype is generally of childhood onset.</td>
</tr>
<tr>
<td>Blood-Injection-Injury Type</td>
<td>This subtype should be specified if the fear is cued by seeing blood or an injury or by receiving an injection or other invasive medical procedures.</td>
</tr>
<tr>
<td>Situational Type</td>
<td>This subtype should be specified if the fear is cued by a specific situation such as public transportation, tunnels, bridges, elevators, flights, hospitals, etc.</td>
</tr>
</tbody>
</table>

---

### Frykt, fobi og angst

- Frykt har en spesifikk fokus. Den er som regel episodisk og avtar eller opphører avhengig av om "faren" blir fjernet eller at personen fjernes fra "fare".
- Intens, men irrasjonell frykt blir betegnet som en fobi, som for eksempel klaustrofobi (intens frykt for lukkede rom/steder), sprøytefobi osv.
- I sin reneste form er angst diffus, ikke relatert til objekter, ubehegelig og vedvarende.
### frykt
- spesifikk fokus av truende stimuli
- uhåndterlig forbindeelse mellom trussel og frykt
- uvær antydet spening
- identifisert trussel
- avtar når trussel fjernes
- starten er gjenkalvable
- trusselen har et begrenset område
- trusselen kommer umiddelbart

### angst
- kilden for trusselen er uklar
- usikker forbindeelse mellom angst og trussel
- langvarig
- usikker identifisert trussel
- vedvarende
- usikker start
- usikker grense
- trusselen kommer sjelden umiddelbart

---

John B. Watson and Rosalie Rayner published the first conditioning experiment of emotional behavior:

"Those experiments would seem to show conclusively that directly conditioned emotional responses as well as those conditioned by transfer persist, although with a certain loss in the intensity of the reaction for a longer period than one month. Our view is that they persist and modify personality throughout life."

(Watson & Rayner, 1920, p. 12).

---

"Hard-headed" vs. "soft-hearted".

William James (1890) suggested that psychologists could be divided into two groups: the "hard-headed" and the "soft-hearted". The first group are data-oriented and highly skeptical. The "soft-hearted", on the other hand, are less methodologically rigorous and more interested in thought experiments than empirically oriented. Behavior therapists have generally been thought of as being the hard-headed type.

(O'Donohue & Krasner, 1995).
Different behavioral paradigms each of which holds that phobias are learned through:

- Respondent conditioning
- Operant conditioning
- Two-factor theory of learning

The golden rule

"Try never to leave a situation until the fear is going down"
(Mathews, Gahle, & Johnston, 1981)

Importance and implications of stimulus equivalence research

There is a rapidly growing area of research under the general heading of stimulus equivalence that has important implications for understanding some very basic and important issues in the fields of learning and cognition. These include the untrained acquisition of novel stimulus functions, symbol behavior, the development of concepts or categories, and the development and behavioral effects of beliefs, expectations, and schemas. This research also has implications for understanding the development and treatment of several clinical disorders including substance abuse, anxiety disorders, and depression.

(Dougher, 1998, p. 577)
On the basis of what we know from the implications of research on equivalence and transfer of functions:

"A step back to the lab and basic science could be one of the most exciting steps forward for our field because such a step seeks to reestablish the link between basic science and clinical interventions – a hallmark of good behavior therapy, past and present."

(Forsyth & Eifert, 1998, p. 61)

Fears are acquired by a process of conditioning

"Neurotic reactions, like all others, are learned reactions and must obey the laws of learning."

Eysenck, 1960, p. 5

Studie av Di Nardo et al. (1988)

- 2/3 av de som hadde vært utsatt for en betingingshendelse med hund utviklet fobiske reaksjoner.
  - Over halvparten hadde blitt påført smerte.
  - I kontrollgruppen var 2/3 av de som hadde vært utsatt for en betingingshendelse med hund som ikke utviklet fobiske reaksjoner.
  - Over halvparten hadde blitt påført smerte.

- Over halvparten hadde blitt påført smerte.

- Over halvparten hadde blitt påført smerte.
Ohman (1987)

- Inspirert av Seligmans arbeid fra 1971 om "prepared fears".
- Ohman og hans kolleger har konkludert med i sin forskning at mennesker er "prepared to acquire fears to particular stimuli".

Slides based on Arntzen & Almaas (1997) are not included.


Conclusion

The procedure was shown to be effective in reducing phobic reactions in the presence of dogs and cats. The results showed that training with three exemplars of both dogs and cats, respectively, were needed to obtain generalization effects to novel exemplars. Furthermore, the treatment of phobic reactions to one category of animals had effects across animals. The phobic reactions did not occur during long-term follow-up probes conducted 72 months after the completion of the intervention.