

IN PSYCHFUL

THE NEWSLETTER

BY THE DEPARTMENT OF PSYCHOLOGY



phobia





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DEAR READERS

Fears are usually irrational and persistent in people's dictionary but what of these feelings go so strong that an individual become paranoid? Phobias can originate from the most basic things like dancing (Chorophobia) to the most difficult encounters like opening your eyes! (Optophobia)

This edition of "INPSYCHFUL", monthly newsletter of the psychology department brings you the most interesting insight to the weird world of prodigious phobias

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Fear or Phobia?

Genre of Phobia

**Space, heights and
the Spiders**

Do you have a Phobia?

Social Phobia

Systematic Desensitization

Slow Steady

Student's Section

Editorial Team

FEAR OR PHOBIA?



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The terms 'fear' and 'phobia' are often confused and used interchangeably in layman terms. However, both are very different from each other.

Fear is a general response of being scared of something/towards a threatening object or situation. Fears generally develop from some unpleasant experience with a particular thing/in a particular situation. For instance, a person may develop a fear of dogs after being bitten by a dog. Fears also may develop by observing behaviours of other people around the individual; for example, a child becoming fearful of lizards by observing his/her mother freak out every time she spots one.

Fear is a normal emotional reaction and it is possible to manage it with rational thinking, reasoning and trying to calm down. Fears cause us a certain amount of stress temporarily but they do not necessarily interfere with our normal day to day functioning.

Phobias, on the other hand, can be defined as irrational fear towards anything, even things that are not a threat. An experiential basis for the development of phobias is also not vital. Dealing with phobias is extremely difficult. Rational thinking or distractions don't help much in this case. Moreover, phobias have a tendency to hinder the normal day to day functioning of the individual. A phobic person will always be on his guard, fretting over the possibility of encounter with the feared object.

If a person has a fear of flying, he'd feel hesitant and anxious about boarding a flight, but he can be eventually made to calm down and take a flight whenever necessary. However, if a person is phobic to flying, his fear responses would be way more extreme. He might suffer physical difficulties like breathlessness, sweating or panic attacks on a flight. If the degree of their phobia is higher, they would even avoid flying itself and choose other alternatives for travelling, or even drop important family vacations or business trips in case of no possible alternatives. An extreme scenario may also be that they're not able to visit airports to even drop someone off.

The primary diagnosis of phobia could be self-analysis of how much a fear is impacting your daily life. If a fear of an object prolongs for a long time with irrational intensity, it is advised to consult mental health professionals so that they can provide correct understanding and devise a proper coping process for you and help you through it.

-Nandini Ashra

GENRE OF PHOBIAS

A phobia is more than a simple fear. We live in a world where variety of things lie. We don't realise but start to develop a feeling of terror or alarm in our body as soon as the situation or thing approaches. In today's time there are more than 400 types of phobias existing.

There are some phobias which are not heard and believed that they can be scaring too. Some are~

- 1) Arachibutyrophobia - Fear of peanut butter sticking to the roof of your mouth
- 2) Nomophobia - Fear of being without your mobile phone
- 3) Arithmophobia - Fear of numbers
- 4) Plutophobia - Fear of money
- 5) Ablutophobia - Fear of bathing
- 6) Globophobia - Fear of balloons
- 7) Chaetophobia - Fear of hair
- 8) Vestiphobia - Fear of clothing
- 9) Ergophobia - Fear of work
- 10) Deipnophobia - Fear of dining with others

These are some fears which people don't even realise they develop and aren't considered serious

But phobias can create a mental trauma and a panic in the body of person when not diagnosed. We should never neglect the symptoms and try to notice the connection between them that why the fear occurs and does it occur every time you encounter the same situation.

No Fun, Fun Fact

Hippopotomonstrosesquippedaliophobia is one of the longest words in the dictionary — and, in an ironic twist, is the name for a fear of long words.

SPACE, HEIGHTS AND THE SPIDERS

PHOBIA: A phobia is an overwhelming and debilitating fear of an object, place, situation, feeling or animal.

1. Claustrophobia (fear of enclosed spaces)- overwhelmed with thoughts about being in a confined space. When one has claustrophobia, they feel anxious about being in an enclosed or tight-fitting space. They may have trouble concentrating and functioning.

- About 12.5% of the population has claustrophobia
- Some symptoms of claustrophobia are: (sweating, shaking, breathing fast, dizziness, dry mouth, numbness, fear of losing control or fainting)
- Treatment: Exposure therapy and cognitive behavioral therapy are the two main treatments for claustrophobia.

2. ACROPHOBIA(Fear of Heights)- A person with acrophobia experiences intense fear and anxiety when they think of tall heights or are positioned at a significant height. They often avoid situations or places that involve heights.

- About 5% of the world population has Acrophobia
- Some symptoms of Acrophobia are- (rapid heartbeat when looking at height, Fearing that something negative will happen in a high place such as falling or being trapped in a high place, feeling sick or dizzy, trembling)
- Treatment: There is currently no cure for acrophobia, but exposure therapy, a form of psychological therapy, is successful in treating it. Exposure therapy is considered the first-line treatment for specific phobias in general.

3. Arachnophobia (Intense fear of spiders)- when one has Arachnophobia they feel anxious about seeing or thinking about spiders or spider webs.

- About 3% to 15% of the population has Arachnophobia.
Arachnophobia is more common in females than males.
- Some Symptoms of Arachnophobia are- (sweating or shaking, tightness in the chest, choking feeling, dry mouth, trouble breathing or breathing fast)
- Treatment: Cognitive behavioral therapy (CBT) and exposure therapy are the two main treatments for arachnophobia.

-Khushi Garg

DO YOU HAVE A PHOBIA?

A specific phobia involves an intense, persistent fear of a specific object or situation that's out of proportion to the actual risk.

No matter what phobia you have, it's likely to produce these types of reactions:

- ~ An immediate feeling of intense fear, anxiety and panic when exposed to or even thinking about the source of your fear.
- ~ Worsening anxiety as the situation or object gets closer to you in time or physical proximity
- ~ Doing everything possible to avoid the object or situation or enduring it with intense anxiety or fear
- ~ Difficulty functioning normally because of your fear
- ~ Physical reactions and sensations, including sweating, rapid heartbeat, tight chest or difficulty breathing
- ~ Feeling nauseated, dizzy or fainting around blood or injuries
- ~ In children, possibly tantrums, clinging, crying, or refusing to leave a parent's side or approach their fear

Causes may include:

1) Negative experiences. Many phobias develop as a result of having a negative experience or panic attack related to a specific object or situation.

2) Genetics and environment. There may be a link between your own specific phobia and the phobia or anxiety of your parents — this could be due to genetics or learned behaviour.

3) Brain function. Changes in brain functioning also may play a role in developing specific phobias.

4) Experiencing long-term stress

Stress can cause feelings of anxiety and depression. It can reduce your ability to cope in particular situations. This might make you feel more fearful or anxious about being in those situations again. Over a long period, this could develop into a phobia.

SOCIAL PHOBIA



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The core symptomatology of social anxiety disorder (SAD), as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013), is fear or intense anxiety about the social situation(s) in which others may scrutinize the individual. The person experiences a significant fear of showing embarrassing reactions in a social situation, of being evaluated negatively by people they are not familiar with, and a desire to avoid finding themselves in the situations they fear. [Bruch MA, 1995].

CAUSES

Like many other mental health conditions, social anxiety disorder likely arises from a complex interaction of biological and environmental factors. Possible causes include:

- **Inherited traits:** Anxiety disorders tend to run in families. However, it isn't entirely clear how much of this may be due to genetics and how much is due to learned behavior.
- **Brain structure:** A structure in the brain called the amygdala (uh-MIG-duh-duh) may play a role in controlling the fear response. People who have an overactive amygdala may have a heightened fear response, causing increased anxiety in social situations.
- **Environment:** A social anxiety disorder may be a learned behavior — some people may develop significant anxiety after an unpleasant or embarrassing social situation. Also, there may be an association between social anxiety disorder and parents who either model anxious behavior in social situations or are more controlling or overprotective of their children.

DIAGNOSIS

The diagnostic criteria for this condition include:

- having a persistent fear about one or more social situations that might involve scrutiny from others (such as conversations, social interactions, being observed, or performing in front of others)
- having a fear of acting in a way that others will judge negatively or that might lead to rejection or offense (such as a fear of seeming anxious or of doing something embarrassing)
- avoiding situations that might cause feelings of anxiety

-Khushi Gupta

SYSTEMATIC DESENSITIZATION

Systematic desensitization therapy is a type of behavioral therapy used to treat anxiety disorders, post-traumatic stress disorder (PTSD), phobias, and a fear of things like snakes or spiders. The aim of this therapy is to change the way you respond to objects, people, or situations that trigger feelings of fear and anxiety. You will learn coping tools to help you stay relaxed and calm (Medically Reviewed by Dan Brennan, MD on June 15, 2021).

The Four Steps of Systematic Desensitization

Step 1:-

The therapist teaches the patient relaxation skills, such as tensing and then relaxing muscle groups and, also, breathing from the diaphragm.

Step 2:-

A hierarchy of the patient's fears is constructed. The hierarchy ranges from imagined scenes which arouse mild anxiety to scenes that evoke intense fear.

Step 3:-

Desensitization begins, the patient relaxes, vividly imagines fear arousing scenes starting with those that are only mildly anxiety-provoking. Desensitization proceeds through intense fear-arousing scenes.

Step 4:-

The Therapist encourages the patient to confront fears (beginning with the milder ones) in real life.

For Example

A spider phobic might regard one small, stationary spider 5 meters away as only modestly threatening, but a large, rapidly moving spider 1 meter away as highly threatening.

The client reaches a state of deep relaxation, and is then asked to imagine (or is confronted by) the least threatening situation in the anxiety hierarchy.

-Chetna Malhotra

SLOW AND STEADY

Exposure therapy is the most effective type of psychotherapy for treating specific phobias. Your doctor might occasionally suggest additional treatments or medications. Actually, treating the avoidance behaviour that has grown over time rather than trying to understand the origin of a phobia is more crucial. The purpose of treatment is to enhance quality of life so that your fears no longer restrict you. You'll notice that your anxiety and dread are lessened and no longer controlling your life as you learn new ways to regulate and relate to your reactions, thoughts, and feelings. Typically, one single phobia is treated at a time.

PSYCHOTHERAPY

You can better handle your particular phobia by speaking with a mental health expert. The most successful therapies are exposure therapy and cognitive behavioural therapy.

The goal of exposure therapy is to alter how you react to the thing or circumstance that gives you anxiety. You might be able to learn to control your anxiety by gradually and repeatedly exposing yourself to the cause of your particular phobia and the associated thoughts, feelings, and sensations. If you're frightened of elevators, for instance, your therapy might proceed from simply thinking about using an elevator to viewing elevator images, approaching elevators, and finally using an elevator. After that, you might ride up several floors before getting into a busy elevator.

Exposure and cognitive behavioural treatment (CBT) are both used.

Lifestyle and home remedies

Ask your doctor or other health care professional to suggest lifestyle and other strategies to help you manage the anxiety that accompanies specific phobias. For example:

Mindfulness strategies may be helpful in learning how to tolerate anxiety and reduce avoidance behaviors.

Relaxation techniques, such as deep breathing, progressive muscle relaxation or yoga, may help cope with anxiety and stress.

Physical activity and exercise may be helpful in managing anxiety associated with specific phobias.

-Laiba Ansari

DECOLONIZING PSYCHOLOGY



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The department of psychology had a guest lecture on 28th June on the topic 'Decolonizing Psychology'. The guest was ms. Radhika Goel -a counselling psychologist who taught in a manner which developed interest of students. A weird topic all of us thought but were assured it would be interesting. Decolonizing as the word suggests freeing of colonies, and we were made to understand how psychology being a western subject needs to have a more understanding at a regional level.

while studying such a beautiful subject as psychology it is important for students to acknowledge and empathise the client's situation as much important it is to question **why this School of Psychology?**

For example we cannot pick a research done on teenagers in the US and apply it on the teenagers in India, a country that is not developed and is culturally poles apart. Similarly it is the same with disorders, as PTSD was mainly classified as a disorder during the Vietnam war, its classifications can not be compared to a person who experiences PTSD due to different reasons.

we might be obsessed with the way psychology is formed but as a student or a human it is important to question and seek for answers!

this is what decolonizing psychology means .

which provided students with the ability to question what they are learning and how psychology have evolved!

No fun, Fun fact

Plutophobia

People with plutophobia may fear wealthy people or fear becoming wealthy themselves. They generally dread money and having to deal with it.



POSTER MAKING

To inspire and encourage students to be creative, as well as to assist them in honing their abilities, the Department of Psychology conducted a "poster making activity " and students participated with enthusiasm and showed there talent on how Media impacts on Gaming Disorder,Body. Image Issue, Cybercrime ,Stereotypes ,Role in Destigmatization. And to see how much the Students created the idea of media potraying and how media literates is just as much fascinating after looking at their posters

From the idea of body shaming to the idea of gaming disorder to the stereotypes, shows how much understanding the students have of there surrounding. This competition was held to encourage students to present there talent and how beautifully they have showcase it on paper.



No Fun , Fun Fact

Oikophobia

It is the fear of houses, being in a house, home surroundings and certain items in a house — be it the toaster, oven, refrigerator or dishwasher.



No Fun , Fun Fact

Genuphobia

a fear of knees, may be repulsed by how knees look. Or they may worry about their vulnerability to knee injuries

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