

Classification System of Phobias - Insight Into the Phobic Puzzle and the Missing Link

To gain real insight into the phobic puzzle, we must first discard our traditional classification system, with its confusing Greek and Latin nomenclature. What we need is a simple, scientifically determined system one that classifies phobias according to their underlying mechanisms, not their obvious triggers.

If we can do this, we will no longer have hundreds of labels that lead us to a never-ending series of dead ends. Instead, we will have a system that classifies all phobias according to three key types. The first two types are as follows:

Type 1: REALISTIC PHOBIAS

Type 1 phobias develop after the traumatic exposure to a real and present danger. For example, one night, while walking down the street, a woman is brutally mugged. This incident sticks in her mind and develops into an uncontrollable fear of walking the streets at night. Her phobia would be considered to have a realistic basis.

Here are a few more examples of realistic phobias: a man develops a fear of knives after being stabbed; a woman develops a fear of horses after being thrown from one; a child develops a fear of flying insects after being stung by a swarm of bees, etc.

Type 2: NEUROTIC PHOBIAS

Type 2 phobias develop "all in the mind," through a series of subconscious or unconscious Freudian processes.

These phobias are generally related to some repressed childhood trauma, usually sexual and/or aggressive in origin, and are triggered by some symbolic reminder of that trauma during a current emotional conflict. An example here would be helpful.

A young girl's parents discover that she is masturbating and scold her severely. They frighten her further by warning her that girls who masturbate become prostitutes. This warning, and the fear associated with it, sticks in the girl's subconscious mind, remaining active and alive for many years to come. As a result, she is now vulnerable to developing phobias.

When this girl grows up, any number of sexual triggers may cause her fear and anxiety to resurface during a period of emotional stress. She may, for example, become afraid of walking the streets alone, since subconsciously or unconsciously she symbolically associates this "street walking" with the behavior of prostitutes. Or she may develop a fear of trains and cars, because subconsciously or unconsciously she sees these objects as phallic or sexual symbols. All of these fears would be considered to have a neurotic Type 2 basis.

Notice in the examples I have given how completely different underlying mechanisms can result in the development of agoraphobia.

The traditional phobic classification system would have grouped the Type 1 agoraphobic and the Type 2 agoraphobic together because both women seem to fear the same thing. That system also would have implied that both women should receive similar treatment.

But using our new classification system, it is clear that the phobias of these two women are related in name only. It is also clear that each woman requires a completely different treatment approach if she is to overcome her phobia, an approach dependent upon the specific underlying mechanisms determining that phobia.

Everything makes perfect sense so far? Good. But there is one last giant piece still missing from the phobic puzzle. You see, most clinicians would probably agree that all phobias can be classified as either Type 1, Type 2, or a combination of the two. They would also agree that Type 2, neurotic mechanisms probably account for the vast majority of all phobic behavior, with Type 1, realistic mechanisms accounting for just a small minority. But clinical evidence suggests that Type 1 and Type 2 mechanisms together may account for less than 10 percent of all phobic behavior!

What about the other 90 percent? They are Type 3 phobias.

TYPE 3 PHOBIAS: THE MISSING LINK

Neurotic and realistic factors may be entirely responsible for some phobias, and they may contribute to others. But the vast majority of phobias can be traced to a physiological problem: a malfunction within the inner-ear system! The inner-ear system plays an important role in modulating and controlling anxiety