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PSIXOLOGİYADA FOBİYA PROBLEMİ VƏ PSIXOTERAPİYASI**Tamilla Kərim qızı Məmmədova***Xəzər Universitetinin magistrantı***Orcid:** 0009-0009-5683-2811**E-mail:** tamilla.mammadova2022@khazar.org**Key words:** *anxiety disorder, phobia, treatment, psychotherapy, psychopharmacology***Açar sözlər:** *narahatlıq pozğunluğu, fobiya, müalicə, psixoterapiya, psixofarmakologiya***Ключевые слова:** *тревожное расстройство, фобия, лечение, психотерапия, психофармакология.*

Anxiety is a mood state characterized by worry, fear and somatic symptoms. The term “anxiety” refers to feelings of unease, tension, nervousness, apprehension, that individuals often experience in response to something they view as challenging – public speaking, a job interview, or any number of other stress-inducing events. Although anxiety is an adaptive way of coping with various stressors and problems in the world, when anxious feelings such as worry and fear continually disrupt daily life, it can develop into an anxiety disorder (1).

Anxiety disorders are the most common of mental disorders characterized by persistent and excessive fear, as well as dysfunctional behavioral changes that can significantly disrupt a person's daily life and can affecting people of all ages. According to the American Psychiatric Association, anxiety is a natural reaction to stress and can be beneficial in certain situations, for example during an exam or similar high-pressure situations, where it may enhance focus and performance. This natural reaction is part of the body's fight-or-flight mechanism, and it can alert us to dangers (2, s.7).

According to two primary classification systems, The International Classification of Diseases (ICD-11) by the World Health Organization (3, s.10) and The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by the American Psychiatric Association (APA) there are several types of anxiety disorders: generalized anxiety disorder (GAD), panic disorder, agoraphobia, specific phobia, social anxiety disorder (social phobia), separation anxiety disorder and selective mutism (4, s.2).

Phobia is a most common type of anxiety disorder that causes an individual to experience excessive and irrational fear about a specific object, situation, activity, persons, living creature or place (1). Even though individuals with phobias understand that their fears are not rational, they still struggle to manage the persistent feelings of anxiety and fear, making them feel helpless and out of control (5). According to American Psychiatric Association (APA, 2013) phobias can be divided into three specific types:

1. Specific phobia - is characterized by a persistent fear of certain objects, situations, or activities. People with specific phobia are aware that there is no real danger, yet they feel powerless to stop their irrational fear (6, s.14). Specific phobias often relate to fears of animals, high places, insects, germs, darkness, thunderstorms, public transport, illness, lifts, and procedures related to dentistry or medicine. There are also physical symptoms associated with specific phobias, including increased heart rate, sweating, trembling or shaking,

shortness of breath, feeling dizzy or lightheaded, experiencing chills or hot flashes, chest pain, and numbness (7).

2. Social phobia also known as social anxiety disorder is a severe mental health condition that begins before or during adolescence and characterized by excessive fear of humiliation or rejection in social situations such as public speaking, voicing opinions or interacting with unfamiliar people. Social phobia is associated with significant impairment in social functioning, as well as a reduced quality of life and has physical symptoms such as blushing, trembling, stomach pain, fast breathing, nausea, tense muscles, dry throat, sweating, difficulty speaking, dizziness,, cold or clammy hands, shortness gastrointestinal discomfort (8, s. 6).

3. Agoraphobia is a mental disorder, characterized by symptoms of anxiety and fear of being in situations where escape might be difficult and the person perceives their environment to be unsafe. This situations include public transport, shopping centers, crowds and queues, or simply being outside their home on their own. When a person with agoraphobia is faced with a stressful situation, they often encounter panic attack symptoms. However, that not every individual with agoraphobia has experienced panic attacks in their past (9).

According to DSM-5, there are five subtypes of phobias: animal, natural environment, blood-injection-injury, situational and others fears associated loud sounds or costumed characters (4). Animal and natural environment subtypes were reported to be the most prevalent (6, s. 7).

Based on the specific phobia and associated symptoms, mental health professionals might recommend psychotherapy, medication or their combination. There are several psychotherapeutic approaches for phobias:

- Cognitive Behavioral Therapy is a counseling approach that addresses problems by altering thought patterns and behaviors. It's particularly effective in developing strategies to manage phobias by teaching individuals to recognize negative thoughts that fuel fear. A key component of CBT, especially for treating simple phobias, is gradual exposure to the feared object or situation, known as desensitization or exposure therapy, which aims to reduce anxiety (10).

- Exposure Therapy for phobias is a type of cognitive behavioral therapy and highly effective psychological treatment that helps individuals confront their fears directly to reduce anxiety and avoidance behaviors associated with specific phobias. There are three types of exposure - based treatments such as: in vivo exposure, virtual exposure, systematic desensitization (10). Recent meta-analyses evaluating virtual reality exposure therapy (VRET) for agoraphobia and social phobia indicate its effectiveness is on par with traditional in vivo therapy. Wechsler's 2019 study, underscore VR's capability in treating a range of phobias without significant discrepancies from conventional methods (11). Furthermore, analyses by Morina support VRET as an effective alternative for specific phobias, demonstrating its ability to reduce anxiety and phobia symptoms (12).

- Eye Movement Desensitization and Reprocessing (EMDR) therapy use of rhythmic eye movements to help individuals in processing and healing from traumatic events. This approach is often used in the treatment of post-traumatic stress disorder (PTSD), though it has also shown efficacy in treating a range of other mental health issues, such as phobias (13, s.5).

• Mindfulness-based stress reduction, rooted in cognitive-behavioral therapy (CBT) principles, targets the alleviation of stress and anxiety symptoms through enhanced emotional regulation. By focusing on mindfulness techniques that encourage living in the present moment, this approach has been demonstrated to diminish emotional reactivity and lessen negative feelings among individuals suffering from social phobia (14).

The psychopharmacology is more commonly used for treating agoraphobia and social phobia, than specific phobias (10). Pharmacotherapy of phobic disorders includes:

1. Benzodiazepines (BZDs): diazepam, alprazolam, clonazepam and lorazepam.
2. antidepressants-selective serotonin reuptake inhibitors (SSRIs): paroxetine, sertraline, fluoxetine and serotonin nor-adrenaline reuptake inhibitors (SNRIs) venlafaxine.
3. monoamine oxidase inhibitors (MAOIs): phenelzine, moclobemide; β -adrenergic blockers, buspirone, gabapentin, pregabalin and D cycloserine (Singh, 2016).

For treating anxiety disorders, SSRIs (Selective Serotonin Reuptake Inhibitors) are highly favored over other types of antidepressants due to their comparable effectiveness. The selection of a specific SSRI is influenced by its side effects, potential drug interactions, and the patient's history of response to previous treatments (15).

Benzodiazepines are commonly used for managing acute anxiety and panic attacks, particularly for short-term relief in situations like fear of flying. Their effectiveness, is temporary, requiring dosing prior to encountering the phobia trigger. This limited duration of effect means that symptoms often fully return once the medication is discontinued. Additionally, benzodiazepines can cause several side effects, including nausea, headaches, sleep disturbances, stomach upset, sexual dysfunction, and increased anxiety (16).

Benzodiazepines provide effective short-term relief for anxiety but are problematic for long-term phobia management. Additionally, their high potential for dependency and tolerance increases the risk of misuse and withdrawal symptoms, complicating their use in ongoing phobia treatment (10).

Key findings according to Fedoroff & Taylor indicate that pharmacotherapies, particularly BDZs and SSRIs, exhibit significant short-term efficacy in treating social phobia compared to control conditions (17).

Medications, including tricyclic antidepressants, monoamine oxidase inhibitors, and benzodiazepines, can effectively treat phobic disorders like agoraphobia, especially when combined with behavioral therapy. However, their effectiveness may be hindered by high dropout rates and a risk of relapse after discontinuation, highlighting the need for careful selection and integration of both pharmacological and behavioral treatments (16).

Relevance of the article. This article is highly relevant as it addresses the prevalent issue of anxiety disorders, which are common across all ages and can severely disrupt daily life.

Scientific novelty of the article. This article introduces new insights into the comparative effectiveness of psychotherapy and psychopharmacology, offering a detailed analysis of modern therapeutic methods such as virtual reality exposure therapy and advancements in psychopharmacology.

Practical significance and application of the article. Practically, the findings from this article can greatly assist clinicians in optimizing treatment plans for phobia patients.

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T.K. Məmmədova**Fobiyaların müalicəsində psixoterapiya və psixofarmakologiyanın effekti
Xülasə**

Bu məqalə psixoterapiya və psixofarmakologiyadan istifadə edərək fobiyaların - gündəlik həyata əhəmiyyətli dərəcədə mane olan ciddi irrasional qorxuların müalicəsini araşdırır. Məqalə, koqnitiv davranış terapiyası (CBT), ekspozisiya terapiyası, zehinlilik terapiyası və göz hərəkətinin desensitizasiyası və yenidən işlənməsi (EMDR) kimi müxtəlif terapevtik üsulları, həmçinin benzodiazepinlər, SSRI və MAOİlər daxil olmaqla farmakoloji variantları əhatə

edir. Nəticə olaraq, məqalənin təhlili bu müalicə yanaşmalarının fobiya əlamətlərini effektiv şəkildə idarə etdiyini və bu narahatlıq pozğunluqlarının yaratdığı məhdudiyyətləri aradan qaldıra biləcəyini təsdiqləyir.

Т.К. Мамедова

Эффективность психотерапии и психофармакологии в лечении фобии
Резюме

В этой статье исследуется лечение фобий-сильных иррациональных страхов, которые существенно мешают повседневной жизни с помощью психотерапии и психофармакологии. В нем рассматриваются различные терапевтические методы, такие как когнитивно-поведенческая терапия (КПТ), экспозиционная терапия, терапия осознанности и десенсибилизация и переработка движениями глаз (ДПДГ), а также фармакологические варианты, включая бензодиазепины, СИОЗС и ИМАО. В заключение, анализ статьи подтверждает, что эти подходы к лечению эффективно контролируют симптомы фобий и могут преодолеть ограничения, налагаемые этими тревожными расстройствами.

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